

# Endorsement Form

confidential

**Purpose of Document:**  
This will enable our team verify accuracy of the monthly billing for your organisation.

<b>Month Applicable:</b>		<b>Company Name:</b>	
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**SECTION A: ADDITIONS, DELETIONS & CHANGE IN PLAN**

Compulsory Fields					Additional Information per Type of Request						
No.	First Name	Family Name	Type of Adjustment (Additions, Deletions or Change in Plan)	Membership No. (Except for Additions)	Additions		Deletion	Change in Plan			
					Cover Start Date	Plan Chosen	Deletion Date	New Plan	Effective Date	New Monthly Premium (MUR)	

**SECTION B: CHANGE OF NAME & BANK ACCOUNT CHANGES**

Compulsory Fields					Additional Information Required		
No.	First Name	Family Name	Type of Adjustment (Change of Name & Bank Account Changes)	Membership No.	Change of Name		Bank Account Changes
					New Registered Name	NIC Attached	Bank Form Attached

\* Kindly submit the duly filled and signed Endorsement Form to Underwriting & Processing Dept, Medscheme, 1st Floor, Tower A, 1Cybercity, Ebene with all relevant forms by the 20th of each month to reflect in the billing for the next month.

HR Representative Name: \_\_\_\_\_

Date: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_

