

## **GROUP MEDICARE TACAWUN LOST CARD APPLICATION FORM**

### APPLICATION INSTRUCTIONS:

1. To be completed by Employee (For Himself and on behalf of the Dependants).
2. Application Form must be **signed** and **stamped** by your **HR/Admin Manager Coordinator** where indicated (**Page 3**). Without sign and stamped by HR/Admin Manager applications forms cannot be accepted.
3. Be sure **your** (Principal Member) **Sign** and Date. Without your sign applications form cannot be accepted.

### 1. LOST CARD INFORMATION

No	Full Name	Membership No
1		
2		
3		
4		
5		

### 2. DECLARATION

I, the undersigned principal applicant member declare that I/my dependant(s) lost the Medical Card of tacawun Insurance. I also declare that if I find the said medical card at any time in future, I shall return to the tacawun Insurance for cancellation. I also agreed and declare that due to any act of omission or negligence on my part, which may cause loss to the TIA with regard to this Medical Card, I shall indemnify Insurance for such loss.

Date

Signature of Principal Member

### 3. PAYMENT INSTRUCTION (Lost Card will be issued subject to Payment Confirmation)

For each Lost Card Issue Charge:

1. **USD 25** for First Lost    2. **USD 50** for Second Lost    3. **USD 100** for Third and consequent Lost

Dahabshil Account: **HRG37777**
or
Zaad: **410044**

### THIS SECTION FILLED UP BY THE EMPLOYER/ORGANIZATION

Request to TIA for Issuing the above mentioned Lost Card (s)

Stamp of Employer (Mandatory)

Signature of HR/ADMIN Coordinator

Date:

Full Name:

### THIS SECTION FILLED UP BY TACAWUN INSURANCE

FINANCE Department (Pls. Select and Write)				Medical Underwriting Department	
	Payment Confirmed	<b>USD</b>			Confirmed Printing
Signature				Signature	
Full Name				Full Name	