

# MediParents Sign Up Form

I/We have read the membership plans for Paradise Private Hospital MediParents and agree to sign up for the following plan/s.

Please tick preferred plan:  Palai  Kokomo

Name: .....

Mobile: ..... Landline: .....

Email: .....

Position: ..... Company: .....

Signed: ..... Date: .....

## Parent Details

Father's Full Name: .....

Father's Date of Birth: ..... Age:  50-60yrs  60-65yrs  65-70yrs  70 +

Mother's Full Name: .....

Mother's Date of Birth: ..... Age:  50-60yrs  60-65yrs  65-70yrs  70 +

Please forward your completed application to Paradise Private Hospital Business & Alliance Team.

**Joy Sagati** Business & Alliance Manager  
☎ 7533 7222 ✉ jsagati@pahgrp.com

**Joseph Demas** Communication Lead  
☎ 7208 5106 ✉ jdemas@pahgrp.com

We appreciate and thank you for choosing Paradise Private Hospital. This is one of our new initiatives and we are proud and delighted for you to sign up to our new MediParents product.

### Conditions

- Minimum fortnightly contributions K50 (Extended to working class siblings). What would be your fortnightly payment: .....
- In an event of death, any existing funds will still be accessed by the living spouse
- If both pass on, the remaining balance will be allocated into a PPH family emergency account plan.
- Annual maintenance fee K100.

☎ 325 6022

✉ pphenquiries@pahgrp.com

🌐 www.pahgrp.com

📍 Taurama Road, 3 Mile,  
Port Moresby, NCD, PNG

## Welcome on Board

# Authority to Deduct

To my Employer: .....

My Name: .....

Position: .....

Department: .....

I have signed up with a new product **MediFamily** with Paradise Private Hospital to support and cater for basic health for my family. I DIRECT and AUTHORISE you to deduct from my Net Pay the sum of ..... (KINA) and pay that amount to Paradise Private Hospital at its Bank account held at Bank of South Pacific, Waigani Drive, Port Moresby.

## Paradise Private Hospital Bank Account Details

**Account Name:** Paradise Private Hospital    **Account Number:** 7028503162    **Account Type:** Cheque  
**Bank:** Bank South Pacific (BSP)    **Branch:** Waigani Banking Center

## Medifamily Account

Membership No: MF .....

This *Directive and Authorization* remains unless it is varied, amended or cancelled by me in writing to my employer.

Signed: ..... Date: .....

## FOR OFFICE USE

Date Received: .....    **New Authority**  **Approved**

Date Dispatched to Salaries Section: .....    Manager's Signature: .....

Receiving Officer's Signature: .....    Date: .....