



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
📞 301 5218 ✉️ jsagati@pahgrp.com

Sarah Sidney Communications Officer
📞 301 5263 ✉️ ssidney@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.

✉️ pphenquiries@pahgrp.com

🌐 www.pahgrp.com

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

Welcome on Board