CARE FOR CAREGIVER ("C4C") MEDICAL INSURANCE SCHEME

2026 APPLICATION FORM

Personal Details (Principal Scheme Holder):

Surname: Title:

First Name: Gender: Male ☐ Female ☐

Work Station: Specialty:

Residential Address:

Tel(W): Tel(M): E-mail:

Date of birth: NRC/Passport Number:

Preferred communication: Call ☐ E-mail ☐ WhatsApp ☐ ALL ☐

Next of Kin

Surname: Title:

First Name: Gender: Male ☐ Female ☐

Relationship:

Residential Address:

Tel(W): Tel(M)obile: Email:

Benefits Package Limits:

Package	Monthly Premium Per Life (ZMW)	Out-patient (ZMW)	In-Patient (ZMW)	Optical (ZMW)	Dental (ZMW)	Maternity (ZMW)
Gold	600	12,000.00	200,000.00	2,000.00	3,000.00	35,000.00

Beneficiaries:

1. Principal Member (No age limit)

   Print Name:.....

2. Beneficiary 1 (Age limit: 70 years old)

   Print Name:.....

   Age at last Birthday ☐ Gender ☐

3. Beneficiary 2 (Less than 21 years old)

   Print Name:.....

   Age at last Birthday ☐ Gender ☐

4. Beneficiary 3 (Less than 21 years old)

   Print Name:.....

   Age at last Birthday ☐ Gender ☐

5. Beneficiary 4 (Less than 21 years old)

   Print Name:.....

   Age at last Birthday ☐ Gender ☐

6. Beneficiary 5 (Less than 21 years old)

   Print Name:.....

   Age at last Birthday ☐ Gender ☐

ATTACHMENTS

1. Copy of ID (NRC or Passport)
2. Portrait Photo of Principle Member (For new members)
3. Completed Application Form
4. Proof of Payment – 40% of Annual Premium upfront (ZMW2,880 per life)

Bank Account Details

Name: Zambia Medical Association Savings

Bank: ABSA

Branch: Longacres

Account Number: 017-1570220

Sort Code: 020017

Swift Code: BARCZMLX

***NB. Remember to use your name as narration on ALL transactions and to email the application documentation and proof of payment to c4c@zma.co.zm**

Member Declaration

I acknowledge that I have read the terms and conditions of the C4C medical scheme. I have understood my obligations and those of the scheme providers and decided to subscribe to this scheme out of my own volition. I further declare that the information provided herein this application is accurate and has not been altered in any way.

Applicant Signature:

Date:

Correspondence

+260 977 486 800

c4c@zma.co.zm