



The General Secretary,
 Zambia Union of Government & Allied Workers,
 Plot 26, Ash road, Opposite Maina Soko Military Hospital,
 Woodlands,
LUSAKA

RE: MEDICAL SUPPORT

Please take note that the above illness/ accident has taken place on _____ at _____ District. This claim notification is hereby submitted by the under signed working in the Ministry of _____ Department of _____ in _____ District on this day.

In accordance with the provisions of UG Medical Humper Policy Guidelines mandates that the support be accorded to a member to receive health support assistance, as per attached proforma, or prescription from a hospital, medical health center or facility.

S/N	Names of Member Patient	Nature of illness/ accident	Required Medical Support

Signature: _____ Name: _____

NRC: _____/_____/____ Employee#: _____

Date of Joining: _____/_____/20__

CC: PEC Secretary _____ Province

CC: DEC Secretary _____ District