

## HEALTH & WELLNESS CENTRE APPLICATION FOR MATERNITY CLAIM

I would like to apply for maternity reimbursement according to my eligibility as allowed by the University. The details are as follows:

Name of the staff	:
Staff No.	:K/C/D/I/O:
Salary Grade	:Contact No. :
Name of Patient	:
Relationship	:
Name of Hospital	:
Type of Delivery	: Normal/Forceps/Breech/Vacuum/Caesarean
No. of Package	: 1/2/3/4/5
Thank you. Wassalam	
(Signature of Applicat	nt)
Date:	