



# APPLICATION FORM

Kindly read Addendum notes before completing this form (Section M)

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Policy Number (New)							

Processed by/Date							

Representative Information (Representative Number)							

**Insurer Notes:**

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Approved by:	
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# APPLICATION FORM

## Section A - Applicant Details *(Applicant will be the Policyholder. \*We may request proof of this source.)*

*Source of Funds	Salary		Private Business		Parental Support		If other, please specify						
Title		Initials			Full Names								
Surname													
Physical Address													
Postal Address								Postal code					
Telephone Number	H	Code					W	Code					
Cellphone Number						Fax Number							
E-mail Address													
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age		I.D./Passport Number		
Marital Status	Single			Married			Divorced			Widowed			Common Law
Proposed Date of Joining		0	1	M	M	Y	Y	Y	Y				

## Section B - Employment Details *(Please tick appropriate box / Compulsory for Policyholders belonging to an Employer Group)*

Private		Company			CB no.													
Company Name																		
Telephone Number																		
Company Postal Address																		
Employee Number										Employment Date	D	D	M	M	Y	Y	Y	Y
<b>Management Representation</b>										Date	D	D	M	M	Y	Y	Y	Y
Name										Company Stamp								
Designation																		
Signature of Company Representative																		

## Section C - Policyholder Previous / Current Medical Aid or Medical Insurance Cover

Name of previous / Current Medical Aid / Medical Insurance																														
Membership / Policy Number													Date Joined	D	D	M	M	Y	Y	Y	Y	Date Resigned	D	D	M	M	Y	Y	Y	Y


## Section D - Beneficiaries to be Covered *(Attach copy of ID(s) / full birth certificates)*


I.D. / Passport no	First Name	Surname	Relationship	Gender	Date of Birth								
				F	M	D	D	M	M	Y	Y		
				F	M	D	D	M	M	Y	Y		
				F	M	D	D	M	M	Y	Y		
				F	M	D	D	M	M	Y	Y		
				F	M	D	D	M	M	Y	Y		
				F	M	D	D	M	M	Y	Y		
				F	M	D	D	M	M	Y	Y		
				F	M	D	D	M	M	Y	Y		

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## Section E - Policy Option Selection (Medical Insurance Policy)


Please indicate with an (X) in the appropriate block which cover you wish to select.

	Optional MEDBUX - Choose level of cover									
	Level 1 N\$ 1,000		Level 2 N\$ 2,000		Level 3 N\$ 3,000		Level 4 N\$ 4,000		Level 5 N\$ 5,000	

	Optional MEDBUX - Choose level of cover									
	Level 1 N\$ 200		Level 2 N\$ 300		Level 3 N\$ 400		Level 4 N\$ 500		Level 5 N\$ 700	
	Level 6 N\$ 1,000		Level 7 N\$ 1,500		Level 8 N\$ 2,000		Level 9 N\$ 2,500		Level 10 N\$ 3,000	
	Level 11 N\$ 4,000									

	Optional MEDBUX - Choose level of cover									
	Level 1 N\$ 200		Level 2 N\$ 300		Level 3 N\$ 400		Level 4 N\$ 500		Level 5 N\$ 700	

	Essential Health		Funeral Standard Policy							

	Employer Groups Only									

## Section F - Optional Add-On Policies (Excluding Humanity)

Please mark with an (X) if cover is required.	Effective Date	Please mark with an (X) if cover is required.	Effective Date
*Funeral Standard Policy	D D M M Y Y	3-in-1 Combo (Funeral Cover / Complimed Plus / Hospicash)	D D M M Y Y
*Funeral Select Policy	D D M M Y Y	RescueMe	D D M M Y Y
Complimed Plus	D D M M Y Y		

## Section G - Beneficiary (\*The beneficiary who will be paid the funeral benefit in the event of a death.)

Name	Surname	I.D. / Passport Number	Relationship

## Section H - Bank Details (For Debit Order Premiums or EFT Claim Refunds) (Attach proof of bank account details)

<b>IMPORTANT NOTICE:</b> It is compulsory to supply Prosperity Life with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.)		Effective Date	D	D	M	M	Y	Y	Y	Y
Claims Refund										
Premium Payments via Debit Order Date	1st of every month		20th of every month		25th of every month		26th of every month			
Name of Account Holder										
Bank Name					Bank Branch Name					
Account Number					Bank Branch Code					
Type of Account	Cheque / Current		Savings		Signature of Account Holder					

# APPLICATION FORM

## Section I - Medical History

Supply full details on questions below. Where an answer to a question is "Yes", please provide details in the space provided below.  
Questions pertain to Policyholder and **ALL BENEFICIARIES**.

**Non-disclosure of information may result in termination of policyholder insured cover or non-payment of some medical treatment.**

Have you / your spouse or any one of your beneficiaries ever experienced any of the following? **Please mark (X) the relevant box.**

			Answer	
			Yes	No
1	Cardio Vascular	Chest pain/angina, heart attack, heart failure, heart valve disease, rheumatic fever, high blood pressure, (hypertension), high cholesterol, heart murmurs, circulatory problems/disorders, varicose veins, deep vein thrombosis(DVT), or any other heart or circulatory problems.		
2	Respiratory & Breathing	Asthma, difficulty with breathing, bronchospasm, tuberculosis(TB), coughing up blood, emphysema, pneumonia, cystic fibrosis, chronic bronchitis, shortness of breath, any other breathing problems. Smoking.		
3	Bladder & Kidneys	Blood in urine, kidney failure, polycystic kidneys, kidney or bladder infections, removal of kidney(nephretomy), kidney stones, abnormal kidney or urine tests or any other kidney problems.		
4	Reproductive & Gynae	Endometriosis, infertility, ovarian cysts, hysterectomy, abnormal PAP smear, laser treatment, cervix and breast biopsies, fibro-adenosis of the breast, laparoscopies, hormone replacement therapy, prostate infections or surgery, prostate enlargement or any other reproductive problems.		
5	Digestive System	Duodenal ulcers, gastric ulcers, peptic ulcers, hiatus hernia, colon problems, crohn's disease, ulcerative colitis, gall bladder problems, liver problems or any other digestive problems. Obesity.		
6	Ear, Nose & Throat	Deafness, ear infections, sinus problems, nasal surgery, throat surgery, tonsils.		
7	Dental	Orthodontic treatment, dental surgery, speech impairment, harelip, cleft palate, or any other such surgery.		
8	Eyes	Blindness (partial or full), eye surgery, lens implant, cataracts, glaucoma, renitis pigmentosa, retina detachment, impaired vision, or any other eyesight problems.		
9	Endocrine	Diabetes mellitus or insipidus, underactive thyroid, overactive thyroid, thyroid surgery, crushing's syndrome, addison's disease, pituitary gland, gland problems or any other glandular problems.		
10	Back & Muscles	Neck or back problems or operations, recurrent back pain, osteoporosis, ankylosing spondylitis, rheumatoid arthritis, osteo-arthritis, disease, or any other bone or skeletal disorders.		
11	Neurological	Epilepsy, stroke (CVA), migraine, brain or head injuries, spinal cord injuries, paralysis, multiple sclerosis, mental retardation, narcolepsy, motor neuron disease, parkinson's disease, alzheimer's disease, or any other neurological problems.		
12	Psychological	Depression, anxiety, psychosis, suicide attempts, bipolar disorders, manic depression, "stress", schizophrenia, tourette's syndrome, anorexia nervosa, received advice, counselling or hospitalisation for alcohol or drug abuse, attention deficit disorders, Bulimia or any other psychological conditions.		
13	Tumours & Growths	Benign or malignant growths or lumps or tumours including melanoma, lymph gland cancer, leukaemia, breast cancer or any other tumours, growths and cancers.		
14	Blood	Blood or bleeding disorders e.g. haemophilia, christmas factor deficiency, platelet or any other blood clotting disorders.		
15	Skin	Eczema, acne, dermatomyositis, psoriasis, scleroderma, or any other skin disorders.		
16	Sexually Transmitted Disease	Advice, treatments or counselling for any of the following: HIV/AIDS, syphilis, gonorrhoea, herpes, genital ulcers, pelvic infectious disease, genital warts, hepatitis B or any other sexually transmitted disease or disorder.		
17	Hospitalisation	Have you, your spouse or any dependants ever been hospitalised? If yes, provide information below.		
18	Treatment & Surgery	Are you, your spouse or any dependants expecting any medical or dental advice, treatment, or are you planning any such treatment within the next three to six months?		
19	Dangerous Pastimes	Are you, your spouse or any dependants participating in any hazardous sport or occupations, e.g. motor or motorbike or motorboat racing, dragster racing, bungee jumping, skydiving, scuba diving or any other hazardous pursuits?		
20	Pregnancy	Are you, your spouse, or any dependants currently pregnant? Should the answer be "yes", when is the expected date of delivery (yyy/mm/dd)?		
21	Other	Are there any other factors related to you or your beneficiaries' health that is not disclosed above?		
22	Planned Treatment	During the last 12 months, have you, your spouse or any dependants had any treatment or are you planning any treatment within the next six months?		

If the answer to any of the above questions is "Yes", please give a short summary.


## Section J - Exclusions

In accordance with the Terms and Conditions of the insurance policy, the Insurer may impose waiting periods depending on the level of risk ranging from a 3 (three) month waiting period to a lifelong exclusion on new applications. The insurer may decline a new application depending on the level of risk. The policyholder hereby acknowledges his/her understanding of the policy Terms and Conditions and agrees to the applicable waiting period and exclusion that may be imposed.

Signature of Policyholder	
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## Section K - Declaration by Policyholder

In this declaration the singular shall imply the plural.

1	I, the undersigned, hereby apply for myself and my beneficiaries to join as a Policyholder of Prosperity Lifecare Insurance Limited.
2	I declare that this application and declaration together with any statements or representations made by myself, whether in writing or otherwise, are true and correct and I agree that such statement(s) or representation(s), together with any forms, reports or other information completed or supplied by myself, or any other requisite party on my behalf, inclusive of PSEMAS, any other medical aid or medical insurer of which I was a member and any service provider shall form the basis of this agreement and any underwriting effected in regard to my application, in respect of myself of my beneficiary(ies).
3	I agree on behalf of myself and my beneficiaries, to be bound by and to abide to the standard Terms and Conditions and any Rules ordinarily utilised by Prosperity Lifecare Insurance Limited. Prosperity Lifecare Insurance Ltd shall not be bound in any manner by any misrepresentations or undertakings made or given by any person, broker or agent.
4	It is further agreed and understood that, notwithstanding any statements made to the contrary by any person, the policy will not commence and no liability whatsoever will attach to Prosperity Lifecare Insurance Limited unless express written notice of acceptance of risk is given by Prosperity Lifecare Insurance Limited.
5	It is also agreed and understood that the policy will only commence on the 1st day of the month following receipt of payment by Prosperity Lifecare Insurance Limited.
6	I irrevocably authorise and provide informed consent on behalf of myself and beneficiary(ies) as the context permits, any medical practitioner, hospital, medical institution, pathology laboratory or other relevant person to disclose information which may be related to my occupation, physical or mental health, inclusive of the results of any tests to Prosperity Lifecare Insurance Limited and I agree that this authorisation shall remain in force after my death.
7	I indemnify Prosperity Lifecare Insurance Limited and it's creditors, agents and employees against any claim of whatever nature, which may be made against them as a result of or arising out of disclosure, medical information or any costs incurred as a result of being a policy holder of the Insurer.
8	I further accept that the provisions of any declaration made have been read and understood by me and will also apply <i>mutatis mutandis</i> to and form part of this application.
9	I authorise Prosperity Lifecare Insurance Limited to debit my bank account, details of which have been provided to Prosperity Lifecare Insurance Limited, for any amount due in terms of the policy applied for.
10	I undertake to advise Prosperity Lifecare Insurance Limited of any change in the status of health of myself, or any of my beneficiaries, which occurs prior to my receiving acceptance of this policy.
11	I declare that no material fact(s) have been withheld, misstated or concealed by myself or in respect of my beneficiaries and that I herewith unequivocally undertake to disclose all material facts prior to acceptance of the risk and I agree that any misrepresentation, misstatements and / or omission(s) of any material information, particularly in so far as it relates to disclosure of medical information pertinent to risk, will render my policy null and void.
12	I hereby acknowledge that any credit extended by Prosperity Lifecare Insurance Limited to myself or my dependants whilst being a policyholder of Prosperity Lifecare Insurance Limited, will become payable in full upon termination of this policy at Prosperity Lifecare Insurance Limited and that interest may be charged on all amounts owing to Prosperity Lifecare Insurance Limited.
13	I further acknowledge that on termination of this policy, any amounts owing to the Insurer will be deducted from any amounts due to me by my Employer. For this purpose I hereby permit Prosperity Lifecare Insurance Limited to advise my Employer of any amounts due to Prosperity Lifecare Insurance Limited.
14	I acknowledge that in the event of any modification or variation of this standard form, Prosperity Lifecare Insurance Limited will regard this form as being invalid and of no force and effect.
15	I acknowledge that Annual benefit and premium reviews will done at the end of each benefit year and premiums increased at the beginning of each benefit year, without the written consent of the premium payers.
16	I understand that any changes to this document as well as the policy status of myself or any of my beneficiaries will require the completion of the necessary forms.
17	I hereby acknowledge that I have included my current salary advice / 3 month bank statement as well as declared my current insurance and the reason for it.
18	I hereby acknowledge that I understand the process and that over and under insurance was explained to me.
19	I hereby acknowledge that I understand that there is a maximum cover per insured life.
20	I understand and agree to all the above:
Signed at	_____ on this _____ day of _____ 20__
Policyholder Name	_____
Policyholder Signature	_____

**Section L - Documentation** (The following documentation should be certified copies / \*verified copy to accompany the application form as per the Financial Intelligence Act 2012 (FIA) where applicable.)

Namibian Citizen	Yes	No	
ID / Passport of Policyholder		Birth certificates of children (full birth certificate)	
Proof of banking details (Please attach confirmation from the bank)		Proof of full-time study at a registered technikon or university for child dependants 21 to 25 years of age	
Payslip			
Marriage certificate when registering a spouse / ID / Passport of spouse		Medical certificate for mentally/physically disabled children over 21	
Source of funds:			

**\*Verified Copy**

In terms of the Financial Intelligent Act, 2012 (Act 13 of 2012) (FIA Act) in compliance with Section 22 of the FIA Act all documents should be verified, in respect of which we elect to have a certified copy. Brokers/Agents and certain employees may verify/ascertain a copy against the original. To verify a copy without the original is in contravention of the FIA Act and is a criminal offence.

**Identification and Verification: Financial Intelligence Act, 13 of 2012 (FIA)**

I hereby confirm that the information provided to me by the Policyholder, has been verified against the documentation provided and that the identity of the Policyholder has been established and verified as required in terms of Section 21 of the FIA.

Broker / Agent Name		Date	D	D	M	M	Y	Y	Y	Y
Signature of Broker / Agent										

**Section M - Addendum**

Prosperity Lifecare Insurance Ltd hereby extends its sincerest gratitude to you for considering us as your potential Insurer of choice. Kindly note the below details prior to completing the application form. Please do not resign from your current medical aid fund or medical insurer prior to obtaining approval of your application in writing. Should any further information be required in this regard please feel free to contact the Client Services Department at Tel: +264 83 2999 736.

1. It is very important that the application form be completed in full in order to ensure that all due considered information is provided.
2. We urge you to note the importance of the medical history section in respect of which we encourage prospective policyholder to be most forthcoming as any omission or misrepresentation of fact may have serious consequences in respect of this policy.
3. Where Prosperity Lifecare Insurance Ltd elects to effect restrictions or exclusions on the principal policyholder or any of the policyholder's beneficiaries, this will be communicated in writing to yourself for approval of the restrictions/exclusions, once signed off by yourself, the registration process may then be completed.
4. Where a policyholder applies for a policy during the course of a benefit year, it is important to take note that policy benefits will be pro-rated.
5. It may be required that you be requested to provide additional information or undergo medical testing in order to ensure the processing of your application, if this is required you will be duly informed.

**Section N - Politically Exposed Persons ("PEPs") as per the Financial Intelligence Act 13 of 2012**

PEPs are persons who are currently or may have held prominent public function(s) in any country. Where a family member, associate or nominated beneficiary of the proposed policyholder is a PEP, for purposes of this application, you are also a PEP. PEP status is not only relevant to government employees or a person involved in politics. Where you are unclear as to whether yourself or any of your proposed beneficiaries may be a PEP, please inform your broker, advisor or nearest Prosperity Office in order to obtain clarity.

Are you a PEP	Yes	No
Are you or the contact person or any stakeholder (in the case of a legal entity, trust or unincorporated entity) a politically exposed person (PEP)?	Yes	No

Where you have answered "yes" in respect of any of the above, please stipulate the requisite source of funds, being the manner in which income is derived for purposes of legislative compliance (attach source documentation where required).


**Section O - Broker / Agent Review**

The Policyholder hereby acknowledges his/her understanding of the below

- |   |   |
|---|---|
| 1. He/She was in fact seen by the Broker / Agent in person.   | 2. He/She was given a thorough understanding of the policy and the insured cover.   |
| 3. He/She was asked to declare any previous treatment received prior to joining date.   | 4. He/She understands that exclusions and waiting period may be imposed by the Insurer even if found to be pre-existing conditions that were not declared upon joining. |
| 5. He/She understand that treatment may be declined for pre-existing conditions for which treatment was received prior to joining where such conditions were not declared upon application. |   |

Policyholder Signature		Date	D	D	M	M	Y	Y	Y	Y
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