

APPLICATION FORM



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"Please do not use Tippex in the completion of this form - kindly initial where errors have been made and complete accordingly".

Policy Number (New)										Processed by/Date										Representative Information (Representative Number)									
Insurer Notes:															Approved by:														
1																													
2																													

Section A - Employment Details (Please tick appropriate box.)																													
Private										Company										CB Number									
Company Name															Telephone Number														
Employee Number															Employment Date														
															D D M M Y Y Y Y														

Section B - Applicant Details *(Applicant will be the Policyholder. *The Insurer may request proof for the Source of Funds.)																																																											
*Source of Income										Salary										Private Business										Parental Support										Source of funds, please specify																			
Title										Initials										Full Names																																							
Surname																																																											
Previous Names (If any)															Nationality																																												
Physical Address																																																											
Postal Address															Postal code																																												
Telephone Number										(H) Code										(W) Code																																							
Cellphone Number															Fax Number																																												
I.D./Passport Number															Passport Expiry Date																																												
E-mail Address																																																											
Date of Birth										D D M M Y Y Y Y										Age																																							
Marital Status										Single										Married										Divorced										Widowed										Common Law									
Proposed Date of Joining															0 1 M M Y Y Y Y																																												

Section C - Beneficiaries to be Covered (Attach copy of ID(s) / full birth certificates)																																																											
I.D. / Passport no										First Name										Surname										Relationship										Gender										Date of Birth									
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Section D - Bank Details (For Debit Order Premiums or EFT Claim Refunds) (Attach proof of bank account details)																																																											
IMPORTANT NOTICE: 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														

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Section E - Documentation *(The following documentation should be certified copies / *verified copy to accompany the application form.)*

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

Financial Intermediary Name		Date	D	D	M	M	Y	Y	Y	Y
Signature of Financial Intermediary										

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

Name	Surname	I.D. / Passport Number	Relationship

Section G - 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	Are you or your dependants suffering from, or have suffered from any chronic or recurring illness or any serious ailments?		
2	Have you or your dependants received any medical attention of any nature (e.g. hospitalisation, operation, orthodontic, etc.) during the last 2 years?		
3	Are you or your dependants expecting to undergo any procedure, operation or receive any major dental treatment within the next 12 months?		

If the answer to any of the above questions is "Yes", please give a short summary. (Dependant, date, treatment received, condition/illness.)

Section H - 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 3 (three) months 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 acknowledge his/her understanding of the policy terms and conditions and agree to the applicable waiting period and exclusion that may be imposed.

Signature of Policyholder	
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Section I - Employer Warranty *(If applicable) Compulsory for Policyholders belonging to Group Scheme.*

Name of Company		Date	D	D	M	M	Y	Y	Y	Y
Management Representation		Company Stamp								
Name										
Designation										
Signature of Company Representative										

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Section J - 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 or 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 mutatis mutandis 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 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.
15	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.
16	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.
17	I hereby acknowledge that I understand the process and that over and under Insurance was explained to me.
18	I hereby acknowledge that I understand that there is a maximum cover per insured life.
19	I understand and agree to all the above:

Signed at		on this		day of		2	0	Y	Y
Applicant Name									
Applicant Signature									

Section K - Financial Intermediary Review

The Policyholder hereby acknowledges his / her understanding of the below.

1. The applicant was in fact assisted in person / telephonically by the financial intermediary.	2. The applicant was given a thorough understanding of the policy and the insured covered.								
3. The applicant was asked to declare any previous treatment received in the last 24 months prior to joining date.	4. The applicant 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. The applicant understand that treatment may be declined for pre-existing conditions for which treatment was received within 24 months prior to joining where such conditions were not declared upon application.									
Applicant Signature	Date	D	D	M	M	Y	Y	Y	Y

Section L - 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).				

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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 000.

1. It is very important that the application form be completed in full in order to ensure that all duly 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.
6. You hereby guarantee that the information supplied by yourself is complete and accurate and this affirmation is extended to any information which in the reasonable opinion of the Insurer is relevant to the insurance risk and where it transpired that the information provided by yourself is incomplete and inaccurate the Insurer may cancel this policy and premiums paid up to such cancellation shall be deemed forfeited by yourself.
7. The Insured acknowledges that he or she has a right to request and to have directly submitted to themselves upon due request, a copy of any documentation that is submitted by or on behalf of the Policyholder to the Insurer in as far as same applies to the policholder
8. In due compliance with the Prevention of Organised Crime Act, Act 29 of 2004, the Insured herewith confirms that the fund that will be utilised for the payment of premiums, in terms of this policy, are and shall continue to be derived from a lawful source. The Policyholder additionally hereby avails themselves to provide, upon request any added clarity or documentation as requested by the Insurer to ensure the validity of the source of Funds.
9. The Policyholder herewith consents to the capturing, storage and recording of information as provided electronically on a computer, the Insurers computer system records will constitute the record of this transaction and may be utilised as evidence in a court of law should same be required. The Policyholder additionally consents to the processing and storage of their personal information and special personal information in compliance with and for due usage in regard to the purpose for which it is obtained, inclusive of direct marketing, with due cognisance of international best practice in this regard and requisite legislation.
10. In the case of the processing of special personal information of minor children, the parent or guardian of such child undertakes to provide or revoke such consent on behalf of the child.
11. The Policyholder herewith provides informed consent to and further consents to the disclosure to a Financial Intermediary / Health Care Professional as to medical information which gives rise to the completion of the application for the policy and which results as a consequence of an exclusion being applied or the declining of the policy in total or part thereof, this provision enable the Financial / Intermediary/Health Care Professional to provide the Insured with an explanation as to such underwriting or part or total cancellation.
12. The Insured herewith indemnifies the Insurer and its directors, agents, intermediaries and employees as well as any other person(s) against any claim arising from the provision and disclosure of the aforementioned information requests.
13. This policy is issued in Namibia.

Section N - Declaration by Financial Intermediary

1	I confirm that I have ascertained and verified the identity of the proposed policyholder where relevant, as required by FIA and the Regulations thereto.								
2	I confirm that I have, in addition, seen the identity document or passport of the proposed client and herewith declare that the information contained therein coincides with the details provided as part of the application process.								
Signed at		on this		day of		2	0	Y	Y
Financial Intermediary Name									
Financial Intermediary Signature									
NAMFISA Reference Number (Where Applicable)									