

COMPLETE COVER CLAIM FORM



Tel: +264 83 2999 000

E-mail copy of completed form to: clientservices@prosperitynam.com

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

Section A - Principal Insured Details

Policy Number		Date of Birth	D	D	M	M	Y	Y	Y	Y
First Name		Surname								
Telephone Number		Cellphone Number								
E-mail Address		Product Joining Date	D	D	M	M	Y	Y	Y	Y
Postal Address										

Section B - Patient Details

Policy Number		Date of Birth	D	D	M	M	Y	Y	Y	Y
First Name		Surname								
Relationship to Policyholder		Diagnosis								

Section C 1 - Submission Hospicash *(Complete from HIT system information)*

Name of Hospital	Admission Date & Time	Authorisation Number	Discharge Date & Time

Section C 2 - Submission Credit Life *(Attach copies of the ID, death certificate & creditor statement)*

Name and Surname of Deceased Member	
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Section C 3 - Submission Funeral *(Attach copies of the deceased and beneficiary ID & death certificate)*

Name and Surname of Deceased Policyholder	
Name and Surname of Beneficiary	

Section D - Banking Details *(Attach proof of bank account details)*

Account Holder's Name										
Bank Name										
Account Type	Current / Cheque		Savings							
Account Number										
Branch Code						Branch Name				
Date	D	D	M	M	Y	Y	Y	Y	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 main Policyholder		Proof of banking details (Please attach confirmation from the bank)		
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 intermediary and certain employees may verify/ascertain a copy against the original. To verify a copy without the original is in contravention of FIA and is a criminal offence.

Section F - 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.**

- 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.

Section G - 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 H - Declaration

Signature		Date	D	D	M	M	Y	Y	Y	Y
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Section I - For Office Use Only

Assessor Name		Validator Name	
Date Assessed		Date Checked	
Signature		Signature	