

EMPLOYMENT TRANSFER FORM



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"Please do not use tippex in the completion of these forms- kindly initial where errors have been made and complete accordingly".

Section A - Employer Warranty (If applicable) Compulsory for Policyholders belonging to Group Scheme.

Private	Company	Policy Number																				
Previous Company Name																						
New Company Name																						
Nature of Industry																						
Company Address																						
New CB Number														Effective Date	D	D	M	M	Y	Y	Y	Y
Telephone Number								Postal Address														
Employee Number														Employment Date	D	D	M	M	Y	Y	Y	Y
Designation of Employee																						
Salary																						
Company Stamp																						

Section B - Policyholder Details *(We could 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												

Section C - 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 D - 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 E- Optional Add-On and Termination of Add-On Policies

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

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

Name	Surname	I.D. / Passport Number	Relationship

Section G - 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									

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Section H - 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 I - 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 J - 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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Section K - Declaration by Policyholder

I declare to the best of my knowledge and belief that the information given above is true and correct. I understand and agree that any willful misrepresentation in this application form will invalidate any benefit under this Policy. I declare that I have read and understood the terms and conditions attached to this Policy, and understand their meaning and effect, and undertake to abide and to be bound by the terms and conditions of the Policy. Prosperity Lifecare Insurance Limited shall not be liable for any amount until it has accepted this application and this Policy is in force.

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