

TERMINATION 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".

Section A - Policyholder Details

Private	<input type="checkbox"/>	Company	<input type="checkbox"/>								
Policy Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name & Surname	<input type="text"/>										
Cellphone Number	<input type="text"/>										
Employee Number	<input type="text"/>										
Company Name	<input type="text"/>										
Effective Date of Termination	0	1	M	M	Y	Y	Y	Y	Note: One calendar month notice in advance required.		

Reason for Termination (Compulsory)

Resigned from Employer	<input type="checkbox"/>	Joined spouse's medical aid fund	<input type="checkbox"/>
Dismissed	<input type="checkbox"/>	Deceased (attach copy of death certificate)	<input type="checkbox"/>
Retrenched	<input type="checkbox"/>	Premiums not affordable*	<input type="checkbox"/>
Retired	<input type="checkbox"/>	*Were you offered an alternative option	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benefits	<input type="checkbox"/>	Service	<input type="checkbox"/>
Other (Please stipulate reason below)	<input type="checkbox"/>	<input type="text"/>	

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Policyholder Signature	<input type="text"/>
Date	<input type="text"/>

*Please be advised that due to certain legal provisions we may be required to remain in possession of personal information as prescribed by law.

Section B - Employer Warranty

Compulsory for Policyholders belonging to Group Scheme

Name of Company	<input type="text"/>	Date	<input type="text"/>
Management Representation	Company Stamp		
Name	<input type="text"/>		
Designation	<input type="text"/>		
Signature of Company Representative	<input type="text"/>		

For office use only

Processed by	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>