EMPLOYER GROUP/CONSTITUENT BODY APPLICATION FORM

PROSPERITY LIFE

Tel: +264 83 2999 000
E-mail queries: life@prosperitynam.com

Kindly do not use tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.

Office Use Only

Screened		Captured		QC		Scanned	
Date		Date		Date		Date	
Signature		Signature		Signature		Signature	

CB Number	

Section A - Financial Intermediary Details

TPM Number	
Registered Name	
Contact Person	
Cellphone Number	
Telephone Number	
E-mail Address	

Section B - Company Details *(A copy of the Company registration form and/or founding documents must be attached to this application)*

Registered Name			
Trading Name		Registered Number	
Type of Industry		Financial year-end (month)	
Physical Address			
Postal Address			

Company Contact Person

Kindly provide the details of the two most appropriate contact person in your organisation who are directly involved with the company accounts.

HR Manager / Financial Manager				Administrative contact			
Title		Initials		Title		Initials	
First Name				First Name			
Surname				Surname			
Position				Position			
Telephone Number				Telephone Number			
Cellphone Number				Cellphone Number			
Fax Number				Fax Number			
E-mail Address				E-mail Address			

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Section C - Billing Statement Details

Joining date of the company	D	D	M	M	Y	Y	Y	Y		
Do you require your employee's numbers to appear on the billing statement?	Yes		No							
How would you prefer your billing to be sorted?	By employee name		By employee number							
How would you prefer to receive your company correspondence?	To be collected		Via email							
How would you prefer your employees to receive their correspondence?	To be collected		Via post							
How will remittance be provided?	Via email		Via hard copy							

Section D - Payment Method

How will monthly contribution payment be made?	Electronic Fund Transfer		Debit Order	

Note:
- The 'Debit Order Authority' (Section H) must be completed, should you prefer deductions to be made via debit order.
- Should you prefer to make contribution payments via Electronic Fund Transfer, kindly e-mail or fax through the proof of payment, along with a breakdown of how contributions should be allocated. Also confirm with our office that the proof of payment was received.
- Payments should be done in advance on or before the 7th of each month.
- Failure in payments will result in suspension of the members and their beneficiaries.
- Terminations need to be done one month in advance.

Section E - Employer's Agreement

I, the undersigned (full names)	

herewith confirms that I am duly authorised by the Employer Group to complete the form on behalf of the Employer Group and that all the information contained herein is, to the best of my knowledge true, correct and complete at the date of signature hereto.

We acknowledge the fact that premiums must be in advance and therefore we agree to ensure that premiums will be paid to Prosperity Lifecare Insurance not later than the 7th day of the month to which the contributions pertain.

We agree to submit all amendments before the 7th day of each calendar month as invoices are sent to the Employer 5 (five) working days after the printing of the invoices. Invoices are printed on the 10th day of each month or the consecutive working day.

Option changes are not allowed during the course of a financial period. Should a member resign from Prosperity Lifecare Insurance, new application for membership will take place the next financial year/period.

We agree to give one calendar month notice when any member of our group wants to terminate his/her membership of Prosperity Lifecare Insurance and agree to take the responsibility upon ourselves if Prosperity Lifecare Insurance is not notified on time.

Signed		Date	D	D	M	M	Y	Y	Y	Y
On behalf of										
Signed (Witness)		Date	D	D	M	M	Y	Y	Y	Y
Company Stamp										

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Section F - Policy Option Selection

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

OXYGEN HOSPITAL PLAN		**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*									
Accident PROTECTOR											
Prime PROTECTOR											

Section G - Optional Add-On Policies

Kindly mark with an (X) if cover is required.		Effective Date						**Kindly 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	Rescue Me		D	D	M	M	Y	Y
Complimed Plus		D	D	M	M	Y	Y								

Section H - Bank Details *(For Debit Order Contributions or EFT Claim Refunds.)*

IMPORTANT NOTICE: It is compulsory to provide Prosperity Life with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.)

Claims Refund							
Premium Payments via Debit Order Date	1st 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 I - 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. Kindly 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 kindly feel free to contact the Client Services Department at Tel: +264 83 2999 000 or email: life@prosperitynam.com

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 Applicant 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 Applicant 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 Applicant 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 Applicant to the Insurer in as far as same applies to the policyholder.
8. In compliance with the Prevention of Organised Crime Act, No 29 of 2004 as amended, the Applicant confirms that the funds 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 Applicant additionally avails themselves to provide, upon request, any added clarity or documentation as may be required by the Insurer to ensure the legality of the source of the funds.
9. The Applicant 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 Applicant 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 Applicant 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.

Identification and Verification in terms of FIA Legislation										
I hereby confirm that information provided to me by the Applicant has been verified in compliance with the FIA Legislation and the identity of the Applicant established.										
Financial Intermediary Name		Date	D	D	M	M	Y	Y	Y	Y
Signature of Financial Intermediary										

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1	I herewith confirm that this form has been reviewed against the FIA Legislation and all persons referenced on this form have been screened against the United Nations Security Council's Sanctions List, as required by the Prevention and Combating of Terrorist and Proliferation Activities Act, No 4 of 2014 read with its Amendment Act, No 8 of 2023 ("PACOTPAA Legislation")									
Signed at		on this		day of		2	0	Y	Y	
Prosperity Lifecare Representative Name										
Signature										