

Essential Health

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

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

Title		Initials		Full Names													
Surname																	
Physical Address																	
Postal Address																	
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	
Proposed Date of Joining		0	1	M	M	Y	Y	Y	Y								

Essential Health		
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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						Contribution Payments													
Debit Order Date		1st of every month				20th of every month						25th of every month							
Name of Account Holder																			
Bank Name									Bank Branch Name										
Account Number									Bank Branch Code										
Type of Account		Cheque		Transmission		Savings		Signature of Account Holder											

ESSENTIAL HEALTH MEMBERSHIP APPLICATION FORM

Section E - Documentation

Namibian Citizen	Yes		No		
The following documentation should accompany the application form as per the Financial Intelligence Act 2007 (FIA) where applicable:					
ID / Passport of principal member insured		Proof of banking details (e.g. cancelled cheque, bank statement, etc)			

Section F - Declaration by Principal Member Insured

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
Principal Applicant Name									
Principal Member Insured Signature									

Section G - Broker Review

The applicant hereby acknowledges his/her understanding of the below

1. He/She was in fact seen by the Broker in person.	2. He/She was given a thorough understanding of the product and the benefits applicable.
3. He/She was asked to declare any previous treatment received in the last 24 months 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 within 24 months prior to joining where such conditions were not declared upon application.	
Principal Member Insured Signature	

Section H - Employer Warranty (If applicable) Compulsory for members 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										