

MEMBERSHIP APPLICATION FORM



PROSPERITY
LIFE

Tel: +264 61 2999 000 / +264 61 2999 543

E-mail queries: lifemember@prosperitynam.com

Membership Number								Processed by/Date								Representative Information (Representative Number)															
Administrator Notes:																Approved by:															
1																															
2																															

Section A - Employment Details *(Please tick appropriate box / Compulsory for members belonging to an Employer Group)*

Private		Company		CB no.																
Company Name																				
Telephone Number																				
Company Postal Address																				
Employee Number										Employment Date	D	D	M	M	Y	Y	Y	Y		
Management Representation										Date	D	D	M	M	Y	Y	Y	Y		
Name									Company Stamp											
Designation																				
Signature of Company Representative																				

Section B - Principal Member Details

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						
Proposed Date of Joining		0	1	M	M	Y	Y	Y	Y										

Section C - Previous Medical Membership

Supply details of previous Medical Aid membership and attach proof of previous membership.

Name of previous Medical Aid Fund																										
Membership Number									Date Joined									Date Resigned								
									D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y		





Section D - Beneficiaries to be Covered *(Attach copy of ID/s/full birth certificates)*

I.D. / Passport no	First Name	Surname	Relationship	Gender	Date of Birth							
				F	M	D	D	M	M	Y	Y	
				F	M	D	D	M	M	Y	Y	
				F	M	D	D	M	M	Y	Y	
				F	M	D	D	M	M	Y	Y	
				F	M	D	D	M	M	Y	Y	

MEMBERSHIP APPLICATION FORM

Section E - Product Option Selection (Medical Insurance Plans)

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

	Optional Day-to-day MYBUX Plan - Select 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 Day-to-day MYBUX Plan - Select 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 MEDEXTEND - Benefit Extender Cover (Minimum level 1 Day-to-day Benefit MYBUX required to apply for the Benefit Extender cover.)									
	Medical Services	Level 1 N\$ 4,000 per person N\$ 12,000 per family		Level 2 N\$ 8,000 per person N\$ 24,000 per family		Level 3 N\$ 12,000 per person N\$ 36,000 per family				
	Medication									
Dental										
	Optional Day-to-day MYBUX Plan - Select level of cover									
	Level 1 N\$ 200		Level 2 N\$ 300		Level 3 N\$ 400		Level 4 N\$ 500		Level 5 N\$ 700	
	Hospital Plan		Hospital Plan with Day-to-day Plan		Essential Health		Funeral Plan			

Section F - Optional Add on and Termination of Add on Products

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

Section G - 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																		
Contribution Payments via 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 / Current		Savings			Signature of Account Holder												

MEMBERSHIP APPLICATION FORM

Section H - Medical History

Supply full details on questions below. Where an answer to a question is "Yes", please provide details in the space provided below.
Questions pertain to Applicant and **ALL BENEFICIARIES**.

Non-disclosure of information may result in termination of membership or non-payment of some medical treatment.

Have you / your spouse or any one of your beneficiaries ever experienced any of the following? **Please mark (X) the relevant box.**

			Answer	
			Yes	No
1	Cardio Vascular	Chest pain/angina, heart attack, heart failure, heart valve disease, rheumatic fever, high blood pressure, (hypertension), high cholesterol, heart murmurs, circulatory problems/disorders, varicose veins, deep vein thrombosis(DVT), or any other heart or circulatory problems.		
2	Respiratory & Breathing	Asthma, difficulty with breathing, bronchospasm, tuberculosis(TB), coughing up blood, emphysema, pneumonia, cystic fibrosis, chronic bronchitis, shortness of breath, any other breathing problems. Smoking.		
3	Bladder & Kidneys	Blood in urine, kidney failure, polycystic kidneys, kidney or bladder infections, removal of kidney(nephrectomy), kidney stones, abnormal kidney or urine tests or any other kidney problems.		
4	Reproductive & Gynae	Endometriosis, infertility, ovaria cysts, hysterectomy, abnormal PAP smear, laser treatment, cervix and breast biopsies, fibro-adenosis of the breast, laparoscopies, hormone replacement therapy, prostate infections or surgery, prostate enlargement or any other reproductive problems.		
5	Digestive System	Duodenal ulcers, gastric ulcers, peptic ulcers, hiatus hernia, colon problems, crohn's disease, ulcerative clitis, gall bladder problems, liver problems or any other digestive problems. Obesity.		
6	Ear, Nose & Throat	Deafness, ear infections, sinus problems, nasal surgery, throat surgery, tonsils.		
7	Dental	Orthodontic treatment, dental surgery, speech impairment, harelip, cleft palate, or any other such surgery.		
8	Eyes	Blindness (partial or full), eye surgery, lens implant, cataracts, glaucoma, reinitis pigmentosa, renita detachment, impaired vision, or any other eyesight problems.		
9	Endocrine	Diabetes mellitus or insipidus, underactive thyroid, overactive thyroid, thyroid surgery, crushing's syndrome, addison's disease, pituitary gland, gland problems or any other glandular problems.		
10	Back & Muscles	Neck or back problems or operations, recurrent back pain, osteoporosis, ankylosing spondylitis, rheumatoid arthritis, osteo-arthritis, disease, or any other bone or skeletal disorders.		
11	Neurological	Epilepsy, stroke (CVA), migraine, brain or head injuries, spinal cord injuries, paralysis, multiple sclerosis, mental retardation, narcolepsy, motor neuron disease, parkinson's disease, alzheimer's disease, or any other neurological problems.		
12	Psychological	Depression, anxiety, psychosis, suicide attempts, biopolar disorders, manic depression, "stress", schizophrenia, tourete's syndrome, anorexia nervosa, received advice, counselling or hospitalisation for alcohol or drug abuse, attention deficit disorders, Bulimia or any other psychological conditions.		
13	Tumours & Growths	Benign or malignant growths or lumps or tumours including melanomia, lymph gland cancer, leukaemia, breast cancer or any other tumours, growths and cancers.		
14	Blood	Blood or bleeding disorders e.g. haemophilia, christmas factor deficiency, platelet or any other blood clotting disorders.		
15	Skin	Eczema, acne, dermatomyositis, psoriasis, scleroderma, or any other skin disorders.		
16	Sexually Transmitted Disease	Advice, treatments or counselling for any of the following: HIV/AIDS, syphilis, gonorrhoea, herpes, genital ulcers, pelvic infectious disease, genital warts, hepatitis B or any other sexually transmitted disease or disorder.		
17	Hospitalisation	Have you, your spouse or any dependants ever been hospitalised? If yes, provide information below.		
18	Treatment & Surgery	Are you, your spouse or any dependants expecting any medical or dental advice, treatment, or are you planning any such treatment within the next three to six months?		
19	Dangerous Pastimes	Are you, your spouse or any dependants participating in any hazardous sport or occupations, e.g. motor or motorbike or motorboat racing, dragster racing, bungee jumping, skydiving, scuba diving or any other hazardous pursuits?		
20	Pregnancy	Are you, your spouse, or any dependants currently pregnant? Should the answer be "yes", when is the expected date of delivery (yyy/mm/dd)		
21	Other	Are there any other factors related to you or your beneficiaries' health that is not disclosed above?		
22	Planned Treatment	During the last 12 months, have you, your spouse or any dependants had any treatment or are you planning any treatment within the next six months?		

If the answer to any of the above questions is "Yes", please give a short summary.

Section I - Exclusions

In accordance with the policy of the Medical Insurance Plan, a general waiting period of three (3) months and a specific waiting period of twelve (12) months in respect of confinement and pre-existing medical conditions may be applied. The applicant hereby acknowledge his/her understanding of the Medical Plan rules and agree to the applicable waiting period and exclusion that may be imposed.

Signature of applicant

MEMBERSHIP APPLICATION FORM

Section J - Declaration by Principal Member Insured

In this declaration the singular shall imply the plural.

1	I the undersigned, hereby apply for myself and my beneficiaries to join as a member of Prosperity Lifecare Insurance Limited.
2	I declare that this application and declaration together with statements made by me, whether in writing or not, are true and correct and agree that such statements together with any forms, reports or other information completed or supplied by me or any other party on my behalf shall form the basis of this contract.
3	I agree to be bound and to abide by the rules, standard terms, conditions and any rules ordinarily used by Prosperity Lifecare Insurance Limited for types of benefits for which I have applied, and Prosperity Lifecare Insurance Limited shall not be bound in any way by any misrepresentations or undertakings made or given by any person or agent.
4	It is further agreed and understood that, notwithstanding any statements made to the contrary by any person, membership will not commence and no liability whatsoever will attach to Prosperity Lifecare Insurance Limited unless express written notice of acceptance of risk is given by Prosperity Lifecare Insurance Limited.
5	It is also agreed and understood that membership will only commence on the 1st day of the month following receipt of payment by Prosperity Lifecare Insurance Limited.
6	I irrevocably authorise any medical practitioner, hospital, medical institution or other person to disclose information which may be related to my occupation, physical or mental health, including the results of any tests, to Prosperity Lifecare Insurance Limited and I agree that this authorisation shall remain in force after my death.
7	I indemnify Prosperity Lifecare Insurance Limited and it's creditors, agents and employees against any claim of whatever nature, which may be made against them as a result of or arising out of disclosure, medical information or any costs incurred as a result of being a policy holder of the Insurer.
8	I further accept that the provisions of any declaration made have been read and understood by me and will also apply <i>mutatis mutandis</i> to and form part of this application.
9	I authorise Prosperity Lifecare Insurance Limited to debit my bank account, details of which have been provided to Prosperity Lifecare Insurance Limited, for any amount due in terms of the membership applied for.
10	I undertake to advise Prosperity Lifecare Insurance Limited of any change in the status of health of myself, or any of my beneficiaries, which occurs prior to my receiving acceptance of this application.
11	I declare that no material fact has been withheld, misstated or concealed by me and that I will disclose all material facts prior to acceptance of the risk and I agree that any misstatements and / or omission of any material information will render my membership null and void, and in such event all monies paid in respect thereof shall be forfeited.
12	I hereby acknowledge that any credit extended by Prosperity Lifecare Insurance Limited to myself or my dependants whilst being members of Prosperity Lifecare Insurance Limited, will become payable in full upon termination of my membership of Prosperity Lifecare Insurance Limited and that interest may be charged on all amounts owing to Prosperity Lifecare Insurance Limited.
13	I further acknowledge that on termination of membership, any amounts owing to the Insurer will be deducted from any amounts due to me by my Employer. For this purpose I hereby permit Prosperity Lifecare Insurance Limited to advise my Employer of any amounts due to Prosperity Lifecare Insurance Limited.
14	I acknowledge that in the event of any modification or variation of this standard form, Prosperity Lifecare Insurance Limited will regard this form as being invalid and of no force and effect.
15	I understand that any changes to this document as well as membership status of any of myself or any of my beneficiaries will require the completion of the necessary forms.
16	I hereby acknowledge that I have included my current salary advice / 3 month bank statement as well as declared my current insurance and the reason for it.
17	I hereby acknowledge that I understand the process and that over and under insurance was explained to me.
18	I hereby acknowledge that I understand that there is a maximum cover per insured life.
19	I understand and agree to all the above:

Signed at		on this		day of		2	0	Y	Y
Principal Applicant Name									
Principal Member Insured Signature									

Section K - 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 L - Documentation The following documentation should accompany the application form as per the Financial Intelligence Act 2012 (FIA) where applicable:

Namibian Citizen	Yes	No	
ID / Passport of main member	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	Medical certificate for mentally/physically disabled children over 21		
Marriage certificate when registering a spouse / ID / Passport of spouse			
Identification and Verification: Financial Intelligence Act, 13 of 2012 (FIA)			
I hereby confirm that the information provided to me by the client, has been verified against the documentation provided and that the identity of the client 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			