FAMILY RESPONSIBILITY RIDER BENEFIT – ADMISSION CLAIM (DECLARATION BY MEMBER) NAMIBIA

The Professional Provident Society Insurance Company (Namibia) Limited Reg. No 2003/122 is a registered long-term insurance provider regulated by the Namibia Financial Institutions Supervisory Authority. Any reference to PPS Namibia in this form means PPS Insurance Company (Namibia) Limited.

IMPORTANT All medical information will be treated with confidentiality.

PPS Namibia contact details:

Claim submissions:
E: namibiaclaims@pps.co.za
F: +264 (0)61 411 330

Claim-related enquiries:
E: namibiaclaims@pps.co.za
T: +264 (0)61 411 300
Monday to Friday 08:00 to 16:30
F: +264 (0)61 411 330

PART A: MEMBER DETAILS

Member number:

Initials: Surname:

Date of birth: D D M M Y Y Y Y

E-mail:

Cell phone:

PART B: DETAILS OF THE CLAIM

Claim in respect of: Spouse: Child:

Particulars of spouse/child

Name:

Surname:

ID/Passport number (if no ID):

Biological child: Step child: Adopted child:

NOTE Refer to the bottom of the form for a list of required supporting documents.

1. Please state the medical condition for which you are claiming:

2. Provide brief details of the chronological history (date of onset and progression up to now) of the medical condition. If this claim is due to an injury/accident, describe the nature of the accident:

3. Please state the name(s) of the doctor(s)/dentist(s) and allied medical practitioner(s) that attended to your spouse/child in respect of this current illness.

It may be necessary for our claims area to contact the below doctors for further information.*

Practitioner's surname and initials	First consultation date	Last consultation date	Tel	E-mail

** Please refer to Declaration*

4. Provide details of the hospital admission:

First admission

Name of hospital:

Date admitted: D D M M Y Y Y Y Date discharged: D D M M Y Y Y Y

Second admission

Name of hospital:

Date admitted: D D M M Y Y Y Y Date discharged: D D M M Y Y Y Y

PART C: BANKING DETAILS FOR CLAIM BENEFIT VIA EFT

NOTE Financial governance requires that all benefits regarding member claims must be settled to the same account from which your premiums are paid **(premium-paying account)**. Please note that this is an improved security measure to mitigate financial risks for claiming policyholders.

Please provide alternative bank details below if you cannot receive payment to your premium-paying account for any reason. Changing the account to which claim benefits are paid will require additional diligence and proof. **The required additional diligence will take an additional five working days before payment can be made.**

If you must change your banking details, please include the required proof together with this claim form.

I understand this note and request PPS Namibia to: *(Select the appropriate option)*

1. Pay any benefits due to my existing premium-paying account. ☐

2. Use the new account details below to pay any benefits due to me. ☐

   2.1. Please update my premium-paying account to the new details below for future premium payments. YES ☐ NO ☐

Name of account holder:

Name of bank:

Account number:

Branch code:

Type of account:

If you have selected option 2 above, please provide PPS Namibia with proof of account and certified proof of the account holder's identity. The accepted proof of account is a bank-stamped verification letter on the bank's letterhead not older than three months. PPS Namibia cannot make changes to this account without the required proof.

Foreign bank accounts*: Please note that in terms of the PPS Namibia Provider™ Policy, premiums from the policyholder should be paid from a Namibian bank account and benefits to the policyholder should also be paid into a Namibian bank account, in Namibian currency. Accordingly, PPS Namibia assumes no responsibility or liability whatsoever in the event the policyholder pays premiums from a foreign bank account, or the policyholder nominates a foreign bank account for receipt of policy benefits. Furthermore, any payment to and from PPS Namibia involving a foreign bank shall be at the sole discretion of PPS Namibia and subject to the Namibian foreign exchange regulations and other relevant legislation as amended from time to time. PPS Namibia assumes no responsibility or liability to inform the policyholder of any changes in such regulations and legislation.*

Indemnity: Please note that PPS Namibia will not be held liable for incorrect payments if the account information supplied is incorrect. By signing this form, the policyholder indemnifies PPS Namibia and holds PPS Namibia harmless against any losses, liabilities, claims, charges, expenses, costs or any other actions or demands of whatever nature, which could or might be suffered or incurred by the policyholder or any third party whether directly or indirectly, caused by and/or arising out of the payment into the above account.

PART D: AUTHORISATION TO COMMUNICATE WITH FINANCIAL ADVISER

I specifically authorise PPS Namibia to communicate any requirements to my financial adviser regarding my spouse/child's current medical condition. YES ☐ NO ☐

Financial adviser's name:

Financial adviser's e-mail :

PART E: DECLARATION

The Professional Provident Society Insurance Company (Namibia) Limited Reg. No 2003/122 is a registered long-term insurance provider regulated by the Namibia Financial Institutions Supervisory Authority. Any reference to PPS Namibia in this form means PPS Insurance Company Namibia Limited.

I/we _____ (member full name and surname) and ID number: _____

authorise PPS Namibia to:

a) Access any information deemed necessary to assess any insurance risk or to consider a claim. I/we understand that if I/we choose not to provide this information, PPS Namibia will not be able to assess the claim for insurance.

b) Share with other insurers and their representative body any information in the possession of PPS Namibia, either directly or through a database operated by, or for insurers as a group and authorise PPS Namibia to also collect my/our personal information from other insurers as exchange of information helps to save costs and combat fraud. PPS Namibia can further process any such information in accordance or compatible with the purpose for which it was collected.

c) Disclose any information to the PPS Holdings Trust, PPS Namibia's subsidiaries and affiliates or other persons provided that it is necessary to properly underwrite, manage, assess the claim or service the policy, policy assets or myself/ourselves. PPS Namibia may be required to disclose my/our information to regulatory or government agencies.

d) Obtain credit information from any person or institution.

AND
I/we understand that I/we can request details of the information held by my/our insurer and request its correction where appropriate.

AND
I/we authorise a doctor, hospital, medical aid or any other person to provide this information to PPS Namibia.

PPS Namibia will always do its utmost to prevent any unauthorised disclosure of your personal information. PPS Namibia will adhere to any laws governing the protection of (and access to) personal information and will not use your information for any purpose not provided for in your Policy Contract and in this Part E.

Signature of policyholder: _____

Signature of spouse or child over 18 years of age: _____

Signed at _____ on this _____ day of _____ 20 _____

DISCLAIMER:

By submitting this form electronically, you acknowledge that your electronic signature holds the same legal weight as a handwritten signature. For authorised electronic signature details, contact your PPS Namibia-accredited financial adviser or e-mail namibiaclaims@pps.co.za. Using unauthorised electronic signatures is at your own risk and PPS Namibia disclaims liability for any related issues.

PROCEDURE FOR CLAIMING FAMILY RESPONSIBILITY RIDER BENEFITS

To enable the timely assessment of the claim all required details should be fully completed. Should information be omitted there may be a delay in the finalisation of the claim.

Additional information (at PPS Namibia's cost) may be requested from either the policyholder or any medical practitioner to finalise the claim. The policyholder and/or the medical practitioner will be notified if additional information is required.

In addition to the medical information listed above, claims in respect of the Family Responsibility Rider benefit should be submitted with the following supporting documents:

Claim for spouse
Copy of marriage certificate
Proof of hospitalisation (Admission and discharge dates/ICD 10 codes/patient name and surname)

Claim for biological child
Copy of unabridged birth certificate
Proof of hospitalisation (Admission and discharge dates/ICD 10 codes/patient name and surname)

Claim for stepchild
Copy of unabridged birth certificate
Copy of marriage certificate
Proof of hospitalisation (Admission and discharge dates/ICD 10 codes/patient name and surname)

Claim for adopted child
Copy of birth certificate
Proof of hospitalisation (Admission and discharge dates/ICD 10 codes/patient name and surname)
Adoption order