



**5. ONLY TO BE COMPLETED BY FEMALE MEMBERS:**

5.1 Are you pregnant? YES  NO

5.2 If YES, what is your estimated date of delivery?

6. Please state the name(s) of the doctor(s)/dentist(s) and allied medical practitioner(s) that attended to you in respect of this condition. Our claims area may need to contact them for further information.

Practitioner's surname and initials	Consultation dates	Tel	E-mail

7. Please state which practitioner declared you incapacitated:

8. Claim dates (Refer to pg.6 Section C.2.)

**8.1 TOTAL BENEFITS:**

I was **NOT** able to perform **ANY** professional duties from:

Start date:    End date:

**8.2 PARTIAL BENEFITS:**

I was able to perform **some of my work duties** while recuperating at home; or worked for a limited period per day.

Start date:    End date:

8.3 If you are claiming partial benefits, provide details of the duties that you were able to perform, focusing on the nature of the duties performed and time spend performing them e.g., administrative work, virtual consultations:

**8.4 Returned to work:**

On a partial basis:    On a full-time basis:

**PART C: EMPLOYMENT QUESTIONS RELATED TO THE WORK PERFORMED DIRECTLY PRIOR TO THE CLAIM**

9.1 Please state the following regarding your occupation:

a) Current occupation:

b) Commencement date of occupation:

c) Describe your professional duties prior to the claim:

d) State the average number of hours you worked per day:  hours

e) How are you employed? Full-time:  Part-time:  Private practice:

9.2 If you are required to register with a statutory body/professional association, please provide the following:

a) Name of statutory body or authority:

b) Registration number:

c) **If not** registered, provide the date of deregistration:         and reason(s)

10. **ONLY COMPLETE** if you had:

- **SURGERY** or if
- the **CONDITION CLAIMED FOR AFFECTS YOUR PHYSICAL ABILITY TO DO YOUR USUAL PROFESSIONAL DUTIES**

Daily occupational activities	State the number of hours spent in the relevant activity as part of your normal working day
Driving as an integral part of your professional duties	
Standing	
Walking on even terrain	
Walking on uneven terrain	
Bending/stooping	
Use of both hands as an integral part of your professional duties	
Fine coordination	
Sitting/administrative	
Lifting objects 10-20kg	
Lifting objects >20kg	

11. **Complete if you are SELF-EMPLOYED:**

State the name of your practice/business:

**Gross professional income**

(annual income from professional fees and nett income from trading activities):

<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"/>	<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"/>
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**(Minus) Actual expenses**

(expenses incurred in running the business that are not remunerated to the professional, or expenses that will terminate if the business is sold or closed):

<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"/>	<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"/>
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**(Equals) Personal income**

(gross professional income minus actual expenses):

<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"/>	<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"/>
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12. **Complete if you are SALARIED-EMPLOYMENT:**

State the name of your employer:

State your annual income as:

**Annual total cost to company**

(Annual salary plus all fringe benefits):

<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"/>	<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"/>
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**(Plus) Performance bonus**

(Average over the last three years):

<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"/>	<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"/>
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**(Equals) Total gross**

(professional income):

<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"/>	<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"/>
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13. What is the source of the funds being used to pay the premiums for this product? Please tick the most appropriate option:

Salary:  Trust:  Investments:  Other (specify):

**PART D: BANKING DETAILS FOR SICKNESS BENEFIT VIA EFT**

**NOTE:** Financial governance requires that all benefits regarding Sickness 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 take note that PPS Namibia will not be held liable for incorrect payments if the account information supplied is incorrect. By signing this document, 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 E: AUTHORISATION TO COMMUNICATE WITH FINANCIAL ADVISER**

I specifically authorise PPS Namibia to communicate any requirements to my financial adviser which may entail providing information regarding my current medical condition. YES  NO

Financial adviser's name:

Financial adviser's e-mail:

**PART F: 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  (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 understand that if I choose not to provide this information, PPS Namibia will not be able to assess my 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 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. PPS Namibia may be required to disclose my information to regulatory or government agencies.
- d) Obtain credit information from any person or institution.

**AND**

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

**AND**

I 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 F.

Signature of policyholder:

Signed at  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 SICKNESS BENEFITS

The payment of sickness benefits is subject to certain claim procedures and all claims are assessed in terms of the PPS Namibia Provider™ Policy document. PPS Namibia will check all claims carefully to identify fraudulent or exaggerated claims. Please be aware that making a fraudulent or exaggerated claim can lead to prosecution and the cancellation of your benefit or your policy. We rely on you as the claimant to ensure that your medical practitioner understands the impact of your current impairment on your ability to perform your duties, whether partially or totally, and to indicate this in your Declaration by Medical Doctor form.

For more information, please find the “How to claim” document in the FAQ tab on [www.pps.com.na](http://www.pps.com.na).

### Claims for sickness benefits must be made on the prescribed PPS Namibia claim forms.

Two forms (A and B) must be submitted before a claim can be processed:

#### A. Declaration by Medical Doctor/Dentist

1. Your treating medical practitioner/dentist must complete this form. If you as a member of PPS Namibia are a medical practitioner claiming from PPS Namibia, you are not permitted to complete your own Declaration by Medical Doctor/Dentist form.
2. Please note that while PPS Namibia values the contribution of psychologists, physiotherapists and occupational therapists in the treatment of patients, only medical doctors may book PPS Namibia members off work for PPS Namibia benefits.
3. The initial consultation date must be within the first seven days of the start of the claim period. The most recent consultation dates should be stated.
4. **Claims extending beyond one week from initial date of onset:** To claim for a sickness benefit, a weekly declaration by doctor or dentist is required according to the PPS Provider™ contract. This means that you must have a consultation each week during the period of claim with your attending medical practitioner. Should you not have had a consultation, PPS Namibia is unable to assess the degree of impairment and, therefore, reserves the right to repudiate your claim. Deviation from this policy is only allowed in cases where PPS Namibia have agreed to this in writing.
5. To avoid conflict of interest, Declaration by Medical Doctor/Dentist Forms are only accepted from independent physicians where there is no familial or other relationship between the physician and the policyholder except for the doctor/patient relationship. Where this is not the case, PPS Namibia reserves the right to ask for any additional medical or other information that it may deem necessary to validate the claim.

#### B. Declaration by Member

1. You must complete this form.
2. The start and end dates of your claim period must be in accordance with the period booked off by your treating doctor/dentist.
3. Post-dated claim forms are not accepted. Claims will only be assessed up to the date signed provided that it was signed at least seven days after the start date of the claim period. Claim forms should be submitted at the end of the claim period or on an agreed basis with ongoing claims according to the claims management protocol depending on the impairment.
4. If an accident is the cause of your claim, you must provide us with details on how the accident occurred.

#### C. General

1. **Standard recovery period:** PPS Namibia will assess sickness claims based on the expected standard recovery time for a particular health condition. The “standard recovery period” paid for a condition is based on standard medical practice. Should further recuperation time be required due to, e.g., complications, the reason must be indicated on the Declaration by Doctor Form and the likely date for returning to work stated. Should the claim period extend beyond the expected period, further information may be submitted for assessment. You will be notified in due course whether your application for an extended recovery period has been successful.
2. For you to claim **Total benefits**, you must not be able to perform any part of the occupational duties normally associated with your profession, whether physical or mental, including minor physical tasks such as consulting or administrative tasks such as dealing with queries. If you carry out some of your professional duties, even on a very limited scale, you are not allowed to claim Total benefits. If you are claiming **Partial benefits**, you are considered able to perform some of your work duties. Being partially able to work would include (but is not limited to) performing business-critical administrative tasks while recuperating at home, working for a limited period per day (including overseeing work/operations of your practice) or consulting a reduced number of patients. PPS Namibia reserves the right to assess claims according to international claims standards and current claims practice. Should you be found to be working while claiming **Total benefits** or working full day while claiming **Partial benefits**, you may be prosecuted and your benefits may be cancelled.
3. The Sickness and Permanent Incapacity benefit has two waiting periods, namely, seven or 30 days. Thus, depending on the waiting period you have chosen, the benefit will pay as follows:  
**Seven-day waiting period:** A Total Sick Pay benefit will be considered if you were **totally** unable to perform any of your usual professional duties for at least seven consecutive days due to sickness. The benefit will pay from day one. Once this initial requirement for a minimum period of seven consecutive days of total incapacity is met, ongoing claims for the same or consequential condition can be submitted on a continuing Total or Partial basis. Should you, however, not fulfil the criteria of above seven consecutive days, a Sick Pay benefit will be considered if you are unable, either **totally or partially**, to carry out your usual professional duties for at least 30 consecutive days due to sickness. The Sick Pay benefit will be paid on either a **Total or a Partial basis**, whichever is applicable, prospectively from day 31 depending on your type of cover.

**30-day waiting period:** A Sick Pay benefit will be considered if you are unable, either totally or partially, to carry out your professional duties for at least 30 consecutive days due to sickness. The Sick Pay benefit will be paid on either a Total or a Partial basis, whichever is applicable, prospectively from day 31.

**Please refer to your policy certificate to confirm if you have a seven or 30-day waiting period.**

4. Claims for benefits in terms of the PPS Namibia Provider™ Policy should be submitted as soon as possible after the occurrence of the event that gave rise to the claim to ensure efficient claims processing. Please note, any claims older than six months will not be considered.
5. When approval has been received for submission of an ongoing claim by the long-term claims department, each monthly claim form should be dated from the first date to the last date of the month being claimed, e.g., 1.3.2022-31.3.2022 and the following month 1.4.2022-30.4.2022.
6. **The Admission Rider benefit**, where applicable, can only be paid on receipt of the admission sheet or the hospital account showing admission and discharge date. You will qualify for payment of the Admission Rider benefit if you were hospitalised for at least four consecutive days.
7. Post-dated claim periods are not accepted.
8. PPS Namibia can, in terms of the PPS Namibia Provider™ Policy, request submission of weekly consultations and claim forms if deemed appropriate in the circumstances of a sickness claim. This will be done where the claim management protocol requires weekly follow up.
9. Please allow eight working days before querying the progress of your claim.
10. In some instances, additional information may be requested from either yourself or your medical practitioner(s). This is especially the case where forms have not been completed fully. Kindly take note that this could delay the finalisation of the claim. You and/or your doctor/dentist will be notified by e-mail if additional information is required.

**Claim submissions:**

**E:** namibiaclaims@pps.co.za

**F:** +264 (0)61 411 300

**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