

FAMILY RESPONSIBILITY RIDER BENEFIT – TERMINAL ILLNESS BENEFIT FORM (CHILD) (TO BE COMPLETED BY PPS 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:

E-mail:

Cell phone:

PART B: DETAILS OF THE CLAIM

Particulars of 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:

3. Please state the name(s) of the doctor(s) and allied medical practitioner(s) that attended to your 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

PART E: DECLARATION

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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 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 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