

# Critical Illness Product Pregnancy Complications Cover Member Claim form – PPS Insurance 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 Insurance Namibia in this form means PPS Insurance Company (Namibia) Limited.

## PPS Insurance Namibia contact details:

**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 from 08:00 to 16:30*  
**F:** +264 (0)61 411 330

## Claim requirements:

Claims for these benefits must be made using the prescribed PPS Insurance Namibia claim forms, namely:

- **PPS Insurance Namibia Critical Illness Cover (CIC) – Pregnancy Complications Cover Member Claim Form**
- **PPS Insurance Namibia Critical Illness Cover (CIC) – Pregnancy Complications Cover Doctor Claim Form**
- Detailed **medical report**, this will include copies of all **relevant medical, blood and special investigations** undertaken, PLUS any other relevant documentation, to confirm the diagnosis. **A guideline for the details required** is provided for easy reference **at the bottom of the doctor's claim form**. All medical information will be treated with confidentiality.
- Any **costs incurred in obtaining the supporting document(s)** will be for **your account**.

## PART A: PARTICULARS OF POLICYHOLDER

Member number:

ID/Passport number (if no ID):

Surname:  Initials:

Cellular:

E-mail:

Medical aid name:  Medical aid number:

## PART B: MEDICAL CONDITION

**Assessment of the Critical Illness Pregnancy complications cover will be based only on specific criteria for the conditions listed below.** The list of claim definitions, which also explains the different severity levels, is attached to your latest Policy Summary and is set out in Appendix B of your PPS Insurance Namibia Provider™ Policy wording, should you wish to refer to it.

Abortion due to amniocentesis	<input type="checkbox"/>	Hyperemesis gravidarum	<input type="checkbox"/>
Amniotic fluid embolism	<input type="checkbox"/>	Pulmonary embolism	<input type="checkbox"/>
Abruption placentae	<input type="checkbox"/>	Severe pre-eclampsia and eclampsia	<input type="checkbox"/>
Ectopic pregnancy	<input type="checkbox"/>	Sheehan's syndrome	<input type="checkbox"/>
Hydatidiform mole	<input type="checkbox"/>	Uterine rupture	<input type="checkbox"/>

Date of diagnosis:

Date of onset of symptoms:

Date of first consultation:

Please state the name(s) of the doctor(s) and allied medical practitioner(s) that attended to you in respect of this condition:

**Note:** It may be necessary for our claims area to contact them for further information.

Practitioner's surname and initials	Telephone	E-mail	Date of first consultation	Date of last consultation

Is further treatment for this condition planned? Please give details:

What is the source of funds being used to pay the premiums for this product? Please tick the most appropriate option:

Salary:       Trust:       Investments:       Other (specify):

**PART C: BANKING DETAILS**

**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 Insurance 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 Insurance 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 Insurance Namibia cannot make changes to this account without the required proof.**

**For payments into an international bank account:**

IBAN no:

Bank's physical address:

**Foreign bank accounts:** Please take note that in terms of the PPS Insurance Namibia Provider™ Policy, premiums from the policyholder should be paid from the Namibian bank account and benefits to the policyholder should also be paid into the Namibian bank account, in Namibian currency. Accordingly, PPS Insurance Namibia assumes no responsibility or liability whatsoever in the event that the policyholder pays premiums from a foreign bank account or the policyholder nominates a foreign bank account for receipt of policy benefits. To ensure compliance with Namibian foreign exchange regulations, policyholders are encouraged to nominate a verified local bank account. Payment into foreign accounts may be declined or delayed pending legal clearance. Policyholders must confirm banking arrangements with PPS Insurance Namibia prior to submission. Furthermore, any payment to and from PPS Insurance Namibia involving a foreign bank shall be at the sole discretion of PPS Insurance Namibia and subject to the Namibian exchange regulations and other relevant legislation as amended from time to time. PPS Insurance Namibia assumes no responsibility or liability to inform the policyholder of any changes in such regulations and legislation.

**Indemnity:** Please take note that PPS Insurance Namibia will not be held liable for incorrect payments if the account information supplied is incorrect. By signing this document, the policyholder indemnifies PPS Insurance Namibia and holds PPS Insurance 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 Insurance 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 E: DECLARATION**

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I  (member full name and surname) and ID number:

authorise PPS Insurance 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 Insurance 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 Insurance Namibia, either directly or through a database operated by, or for insurers as a group and authorise PPS Insurance Namibia to also collect my personal information from other insurers as exchange of information helps to save costs and combat fraud. PPS Insurance 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 Insurance 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 Insurance Namibia. PPS Namibia will always do its utmost to prevent any unauthorised disclosure of your personal information. PPS Insurance 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 this Part E.

Signed at  this  day of  20

Signature of policyholder:

**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 Insurance Namibia-accredited financial adviser or e-mail namibiaclaims@pps.co.za. You accept responsibility for the legitimacy of the submitted electronic signature. PPS Insurance Namibia will rely on technical audit trails and platform controls to determine responsibility in the event of a signature dispute.

## Procedure for claiming

### GENERAL

The assessment of claims for benefits is subject to PPS Insurance Namibia claim procedures and protocols. These are in place to ensure that claims are processed in a timeous manner. Please ensure that the claim form is completed in full, detailing all the required information. Omitting information may cause a delay in the finalisation of your claim. Submit the completed claim form together with all relevant documentation.

To finalise the claim, additional information (at PPS Insurance Namibia's cost) may be requested from either you or your medical practitioner. You and/or the medical practitioner will be notified if additional information is required.

To ensure a comprehensive assessment, the claim may be referred to internal and/or external medical specialists. Such a referral may take up to seven working days. You will be notified regularly of the progress of the assessment of your claim. Any delays, exceeding the seven working days, will be communicated.