

CRITICAL ILLNESS AND SEVERE ILLNESS CLAIM FORM – MEMBER (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

Please indicate which benefit you are claiming for:

PPS Critical Illness Cover	PPS Child Critical Illness Cover	Severe Illness benefit
*CatchAll Cover	*CatchAll Cover	
*Expander Rider benefit		
*Exact Rider benefit		

*Optional extra, only applicable to policyholders with this benefit.

REQUIREMENTS

Claims in respect of the PPS Critical Illness Product or Severe Illness benefit Product should be submitted with the following supporting documents:

PPS CRITICAL ILLNESS COVER™ AND SEVERE ILLNESS BENEFIT

- PPS Insurance Namibia Critical Illness and Severe Illness benefit claim form – Member, completed by the life-insured/policyholder.
- PPS Insurance Namibia Critical Illness and Severe Illness benefit claim form – Doctor, completed by the treating medical specialist.
- 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 the life insured's account.
- Please refer to the list of claim definitions explaining the different severity levels, in your latest Policy Summary and Appendix A (PPS Critical Illness Product) and Appendix F (Expander Rider Benefit) of your PPS Insurance Namibia Provider™ Policy wording.

** NOTE: Symptoms are signs or experiences of illness or discomfort (e.g., recurring headaches or fatigue); diagnoses are conditions formally identified by a healthcare professional (e.g., asthma or diabetes); consultations are visits to any health practitioner for advice or assessment, even if no diagnosis was made.

CHILD CRITICAL ILLNESS BENEFIT

In addition to the information listed above, claims in respect of the Child Critical Illness benefit should be submitted with the following supporting documents:

Claim for biological child

- Copy of unabridged birth certificate

Claim for stepchild

- Copy of unabridged birth certificate
- Copy of marriage certificate

Claim for adopted child

- Adoption order

PART D: BANKING DETAILS FOR CLAIM 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 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 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 E: 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 F: 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 Insurance 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 F.

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.