

BENEFIT WALLET CLAIM FORM

Tel: +264 83 2999 000

E-mail queries: rhmafmember@prosperitynam.com

"Please do not use Tippex in the completion of this form - kindly initial where errors have been made and complete accordingly".



Section A - Principal Member Details

Member Number		Date of Birth	D	D	M	M	Y	Y	Y	Y
First Name		Surname								
Telephone Number		Cellphone Number								
E-mail Address		Product Joining Date	D	D	M	M	Y	Y	Y	Y
Postal Address										

Section B - Patient Details

Member Number		Date of Birth	D	D	M	M	Y	Y	Y	Y
First Name		Surname								
Relationship to Member		Diagnosis								

Section C - Claims Detail

(attach copies of all related claims)

Claims To Be Paid To

(member refund must be accompanied by proof of payment to Health Professional)

Health Professional	Date of Treatment	Claimed Amount	Health Professional				Member			
			YES		NO		YES		NO	
			YES		NO		YES		NO	
			YES		NO		YES		NO	
			YES		NO		YES		NO	
			YES		NO		YES		NO	
			YES		NO		YES		NO	
			YES		NO		YES		NO	

Section D - Bank Details (For EFT Claim Refunds) (Attach proof of bank account details)

IMPORTANT NOTICE: It is compulsory to supply Renaissance Health Medical Aid Fund with this information.

Name of Account Holder											
Bank Name						Branch Code					
Type of Account	Cheque		Transmission		Savings		Account Number				

Section E - Declaration

Signature		Date	D	D	M	M	Y	Y	Y	Y
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prosperity-2022

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Section F - Addendum

RMA hereby extends its sincerest gratitude to you for considering us as your potential medical aid of choice. Kindly note the below details prior to completing the application form. Please do not resign from your current medical aid fund or medical insurer prior to obtaining approval of your application in writing. Should any further information be required in this regard please feel free to contact the Client Services Department at Tel: +264 83 2999 000.

1. In due compliance with the Prevention of Organised Crime Act, Act 29 of 2004, the member herewith confirms that the fund that will be utilised for the payment of contributions in terms of this medical aid coverage are and shall continue to be derived from a lawful source. The member additionally hereby avails themselves to provide, upon request any added clarity or documentation as requested by the Fund to ensure the validity of the source of Funds.

Section G - Politically Exposed Persons ("PEPs") as per the Financial Intelligence Act 13 of 2012

PEPs are persons who are currently or may have held prominent public function(s) in any country. Where a family member, associate or nominated beneficiary of the proposed policyholder is a PEP, for purposes of this application, you are also a PEP. PEP status is not only relevant to government employees or a person involved in politics. Where you are unclear as to whether yourself or any of your proposed beneficiaries may be a PEP, please inform your broker, advisor or nearest Prosperity Office in order to obtain clarity.

Are you a PEP?	YES		NO	
Are you or the contact person or any stakeholder (in the case of a legal entity, trust or unincorporated entity) a politically exposed person (PEP)?	YES		NO	

Where you have answered "yes" in respect of any of the above, please stipulate the requisite source of funds, being the manner in which income is derived for purposes of legislative compliance (attach source documentation where required).

Section H – For Office Use

Assessor Name		Validator Name	
Date Assessed		Date Checked	
Signature		Signature	