

BENEFIT WALLET CLAIM FORM

Tel: +264 83 2999 000
E-mail queries: rma@prosperitynam.com

Kindly do not use tippex in the completion of this form - kindly initial where corrections 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			

prosperity-2023

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Section E - Declaration by Principal Member

I the undersigned declare that the given information is true and correct.

Signed at		on this		day of		2	0		
Print Principal Member Name									
Principal Member Signature									

Section F - 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, kindly 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, kindly stipulate the requisite source of funds, being the manner in which income is derived for purposes of legislative compliance (attach source documentation where required).
