

EMPLOYMENT TRANSFER FORM

Tel: +264 83 2999 000

E-mail copy of completed form to: 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 - Employment Details *(Kindly tick appropriate box / compulsory for members belonging to an Employer Group)*

Private	<input type="checkbox"/>	Company	<input type="checkbox"/>	Member Number																
Previous Company Name																				
New Company Name																				
New Company Address																				
New CB Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effective Date	D	D	M	M	Y	Y	Y	Y
Telephone Number									Employee Number											
Management Representation											Employment Date	D	D	M	M	Y	Y	Y	Y	
Name									Company Stamp											
Designation																				
Authorised Signatory Signature																				

Section B - Principal Member Details *(Copy of I.D./Passport book to be attached to the application form - legally required)*

Member Number																	
*Source of Income	Salary	<input type="checkbox"/>	Private Business	<input type="checkbox"/>	Other	<input type="checkbox"/>											
*Source of funds, kindly specify																	
Title	<input type="checkbox"/>	Initials	<input type="checkbox"/>	Full Names													
Surname																	
Previous Names (If any)									Nationality								
Physical Address																	
Postal Address									Postal code								
Telephone Number	(H) Code	<input type="checkbox"/>	<input type="checkbox"/>	(W) Code	<input type="checkbox"/>	<input type="checkbox"/>											
Cellphone Number									Fax Number								
I.D/Passport Number									Passport Expiry Date	D	D	M	M	Y	Y	Y	Y
E-mail Address																	
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age								
Marital Status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Cohabitation	<input type="checkbox"/>							
*Please be advised that due to certain legal provisions we may be required to remain in possession of personal information as prescribed by law.																	

Section C - Bank Details *(For Debit Order Contributions or EFT Claim Refunds)*

IMPORTANT NOTICE: It is compulsory to supply RMA with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.) Kindly provide proof of banking details.

Effective Date	D	D	M	M	Y	Y	Y	Y								
Claims Refund	<input type="checkbox"/>															
Date for Contribution Payments via Debit Order	1st of every month				<input type="checkbox"/>	26th of every month				<input type="checkbox"/>						
Name of Account Holder																
Bank Name									Bank Branch Name							
Account Number									Bank Branch Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Account	Cheque / Current				<input type="checkbox"/>	Savings				<input type="checkbox"/>	Signature of Account Holder					

Section B - Option Change Selection *(Effective annually on 1 January)*

Elite Care		Prestige Care		Status Care	
Caliber Care		Esteem Care		Evolve Care	
Premiere Care		Premiere Care - Network			

Section E - Benefit Builder Selection *(Period of cover up to 31 December)*

General rules

- We pro-rate Benefit Builders according to when you buy the options.
- Benefit Builders are not available if you belong to the Evolve Care or Premiere Care options.
- Benefit Builders may only be purchased once per family per annum.

80% of unused benefits in a family Benefit Builder selected by the member in previous benefit year will be transferred in the following year to the member's Benefit Wallet as a top up medical benefit for use when needed. (Note: The balance is transferred after 4 months to allow for the run-off of medical claims incurred in the previous year.)

Benefit Builders		Add / Change		Termination				Date		D	D	M	M	Y	Y		
Family Benefit	Monthly Contribution	Effective Date				Family Benefit	Monthly Contribution	Effective Date				D	D	M	M	Y	Y
N\$ 3,000	N\$ 225	D	D	M	M	Y	Y	N\$ 15,000	N\$ 1,125	D	D	M	M	Y	Y		
N\$ 5,000	N\$ 375	D	D	M	M	Y	Y	N\$ 17,000	N\$ 1,275	D	D	M	M	Y	Y		
N\$ 7,000	N\$ 525	D	D	M	M	Y	Y	N\$ 20,000	N\$ 1,500	D	D	M	M	Y	Y		
N\$ 10,000	N\$ 750	D	D	M	M	Y	Y	N\$ 22,000	N\$ 1,650	D	D	M	M	Y	Y		
N\$ 12,000	N\$ 900	D	D	M	M	Y	Y	N\$ 25,000	N\$ 1,875	D	D	M	M	Y	Y		

Optional Insurance Products:

Underwritten by a registered insurer, Prosperity Lifecare Insurance Ltd.

Please mark with an (X) if cover is required.		Effective Date				Termination Date							
*Funeral Standard Policy		D	D	M	M	Y	Y	D	D	M	M	Y	Y
*Funeral Select Policy		D	D	M	M	Y	Y	D	D	M	M	Y	Y
Complimed Plus		D	D	M	M	Y	Y	D	D	M	M	Y	Y
Combo (Funeral Cover / Complimed Plus / Hospicash)		D	D	M	M	Y	Y	D	D	M	M	Y	Y

Section F - Funeral Beneficiary *(The beneficiary who will be paid the benefit in the event of a death.)*

Name	Surname	I.D. / Passport Number	Relationship

Identification and Verification: Financial Intelligence Act, 13 of 2012 (FIA)

I hereby confirm that the information provided to me by the RMA member, has been verified against the documentation provided and that the identity of the member has been established and verified as required in terms of Section 21 of FIA.

Financial Intermediary Name	Date	D	D	M	M	Y	Y	Y	Y
Signature of Financial Intermediary									

Section G - Declaration

I declare that to the best of my knowledge the information given above is true and correct

Principal Member Signature	
Date	D D M M Y Y Y Y

Section H - Documentation *(The following documentation should accompany the application form as per the Financial Intelligence Act 2012 (FIA) where applicable:)*

Proof of Bank Details + Certified ID or valid passport	Payslip for options Esteem Care, Evolve Care and Premiere Care
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