

# MATERNITY PROGRAM

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 errors have been made and complete accordingly.



## Section A - Member Details

Rewards for expecting mothers

Register early on our Maternity & Baby Programme within 6 months of pregnancy / 3 months from confinement and receive N\$200 wellness awards.

Opt for a normal birth at 50% of maternity events and receive N\$1,000 wellness awards.

Member Number												
Title	Initials			Full Names								
Surname												
Telephone Number	H	Code					W	Code				
Cellphone Number							Fax Number					
E-mail Address												
Date of Joining	0	1	M	M	Y	Y	Y	Y				

## Section B - Medical Details *(To be completed by the Healthcare Professional.)*

Dependant Name																
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age							
Healthcare Professional Name																
Normal Delivery						Caesarean (C-Section)										
Confinement Date	D	D	M	M	Y	Y	Y	Y								
Hospital Name																
*Other medical treatment to be received?	YES		NO		Attach doctors motivational documents				YES		NO					
*Kindly give details if yes?																
Pre-Authorisation Number																
Healthcare Professional Signature								Date	D	D	M	M	Y	Y	Y	Y

## Section C - Employment Details *(For office use only)*

Private	Company										
CB Number											
Administration Notes											

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