

# 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.



## Office Use Only

Screened		Captured		QC		Scanned	
Date		Date		Date		Date	
Signature		Signature		Signature		Signature	

## 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"/>					
Telephone Number				Effective Date	D	D	M	M	Y	Y	Y	Y
Management Representation				Employee Number								
Name				Employment Date	D	D	M	M	Y	Y	Y	Y
Designation				Company Stamp								
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			Initials			Full Names								
Surname														
Previous Names (If any)						Nationality								
Physical Address														
Postal Address						Postal code								
Telephone Number	(H) Code			(W) Code										
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"/>				

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

**IMPORTANT NOTICE:** It is compulsory to provide 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 not older than 3 months.

Claims Refund	<input type="checkbox"/>	Debit Order	<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"/>
Type of Account	Cheque / Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Signature of Account Holder							

**Section D - 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) - Automatically rolled-over to the next benefit year**

General rules

- Pro-Rated benefits are applied on a Benefit Builder from the inception date.
- Benefit Builder options are not available to members belonging to Evolve Care or Premiere Care.
- 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							
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

**Section F - Declaration by Principal Member**

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

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

**Section G - Documentation (The following documentation should accompany the Amendment form as per the FIA Legislation.)**

Proof of source of funds + Certified ID or valid passport		Payslip for options Esteem Care, Evolve Care and Premiere Care	
Proof of banking details not older than 3 months			

**Identification and Verification in terms of FIA Legislation**

I hereby confirm that the information provided to me by the RMA member, has been verified in compliance with the FIA Legislation and the identity of the member established.

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