

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 <i>(attach copies of all related claims)</i>	Claims To Be Paid To <i>(member refund must be accompanied by proof of payment to Health Professional)</i>
--	--

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 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											
Name of Account Holder											
Bank Name						Bank Branch Name					
Account Number						Bank Branch Code					
Type of Account	Cheque / Current		Savings		Signature of Account Holder						

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 E - Declaration by Principal Member

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

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

Section F - Prominent Influential Persons ("PIPs") as per the FIA Legislation

PIPs are persons holding a prominent public position or function, whether in Namibia or a foreign country or entrusted with a prominent position by an International Organization. In the event that you are a family member, close associate or a nominated beneficiary of a policy held by a PIP or for the benefit of a PIP, you are also considered a PIP. Should you be unsure whether you or your proposed beneficiary is a PIP, kindly inform the authorized employee assisting you at your nearest Prosperity Office or your financial intermediary, to provide clarity in this regard.

Are you a PEP?	YES		NO	
Are you the contact person of, or close associate of or family member of a PIP?	YES		NO	

Should you have answered "yes" to any of the above, please provide a brief description of the reasons for your answer and kindly stipulate the requisite source of funds and/or source of income.
