

FAMILY RESPONSIBILITY RIDER BENEFIT – ADMISSION CLAIM (DECLARATION BY MEMBER)

*The Professional Provident Society Holdings Trust No. IT 312/2011(PPS Holdings Trust) is a Registered South African Trust. PPS Insurance Company (Namibia) Limited Reg. No. 2003/122. PPS Insurance Company Limited Reg. No. 2001/017730/06.
PPS Insurance Company Ltd is an Administrator of PPS Insurance Company (Namibia) Ltd.*



PART A: MEMBER DETAILS

Member number:

Initials: Surname:

Date of birth: / /

Email:

Cellular:

PART B: DETAILS OF THE CLAIM

Claim in respect of: Spouse Child

Particulars of spouse/child

Name:

Surname:

National ID number/Passport if no ID:

Biological Child Step Child Adopted Child

NOTE Refer to the bottom of the form for a list of required supporting documents.

1. Please state the medical condition for which you are claiming:

2. Provide brief details of the chronological history (date of onset and progression up to now) of the medical condition; if this claim is due to an injury/accident, describe the nature of the accident:

3. Please state the name(s) of the doctor(s)/ dentist(s) and allied medical practitioners that attended to your spouse/child, in respect of the current illness/injury.

It may be necessary for our claims area to contact the below doctors for further information.*

Practitioner's Surname and Initials	Consultation Date	Tel	Fax	Email

* Please refer to Declaration

4. Provide details of the hospital admission:

Name of hospital:

Date admitted: / / Date discharged: / /

PART C: BANKING DETAILS FOR CLAIM BENEFIT VIA EFT

NOTE Only complete when payment is to be made into a bank account other than from which premiums are collected:

(Please attach a cancelled cheque or bank statement stamped by the bank).

IMPORTANT PPS will only pay benefits into a Namibian Bank Account.

Name of account holder:

Name of bank:

Account number:

Branch code:

Branch:

Type of Account: Current Savings Cheque Transmission

INDEMNITY Please take note that PPS will not be held liable for incorrect payments, if the information received is incorrect.

PART D: DECLARATION

I specifically authorise PPS Insurance (Namibia) to communicate any requirement to my/member's financial advisor which may entail providing information regarding the current medical condition. YES NO

Financial Advisor's Name:

Financial Advisor's Email:

I certify that all the above information is true and correct and I/we authorise PPS Insurance (Namibia) to:

- a) Access any information which it deems necessary to assess any insurance risk or to consider a claim and I/we understand that if I/we choose not to provide this information PPS Insurance (Namibia) will not be able to assess the claim for insurance.
- b) Share with other insurers and their representation body any information in the possession of PPS Insurance (Namibia), either directly or through a database operated by, or for insurers as a group and authorize PPS Insurance (Namibia) to also collect required personal information from other insurers as exchange of information helps to waive costs and combat fraud.
- c) Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons provided that it is necessary to properly underwrite, manage or service the policy, policy assets or myself. PPS Insurance (Namibia) may be required to disclose your information to regulatory or government agencies.
- d) Obtain credit information from any person or institution.

AND

I/we understand that I can request details of the information held by my insurer and request its correction where appropriate.

AND

I/we authorise a doctor, hospital, medical aid or any other person to provide this information to PPS Insurance (Namibia).

PPS Insurance (Namibia) will always do its utmost to prevent any unauthorised disclosure of your personal information. PPS Insurance (Namibia) will adhere to any laws governing the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policy Contract and in this Part D.

Signature of policyholder:

Signature of spouse or child over 18 years of age:

Signed at (Place): on this day of 20

PROCEDURE FOR CLAIMING FAMILY RESPONSIBILITY RIDER BENEFITS

To enable the timely assessment of the claim all required details should be fully completed. Should information be omitted there may be a delay in the finalisation of the claim.

Additional information (at PPS' cost) may be requested from either the policyholder or any Medical Practitioner to finalise the claim. The policyholder and/or the Medical Practitioner will be notified if additional information is required.

In addition to the medical information listed above, claims in respect of the Family Responsibility Rider Benefit should be submitted with the following supporting documents:

Claim for spouse

Copy of marriage certificate

Proof of hospitalisation (Admission and discharge dates / ICD 10 codes / patient names)

Claim for biological child

Copy of unabridged birth certificate

Proof of hospitalisation (Admission and discharge dates / ICD 10 codes / patient names)

Claim for stepchild

Copy of unabridged birth certificate

Copy of marriage certificate

Proof of hospitalisation (Admission and discharge dates / ICD 10 codes / patient names)

Claim for adopted child

Copy of unabridged birth certificate

Proof of hospitalisation (Admission and discharge dates / ICD 10 codes / patient names)

Adoption order

PPS NAMIBIA CLAIMS CONTACT DETAILS:

Claims department:

Email: namibiaclaims@pps.co.za

Fax: +264 (0)61 411 330

Claims/General Queries:

Email: namibiaclaims@pps.co.za

Telephone: +264 (0) 61 411 300