

**PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT (PLP)/LIFE ASSURANCE (LA) TERMINAL ILLNESS BENEFIT – DECLARATION BY DOCTOR**



The Professional Provident Society Insurance Company (Namibia) Limited Reg. No 2003/122 is a registered long-term insurance provider regulated by the Namibia Financial Institutions Supervisory Authority. Any reference to PPS in this form means PPS Insurance (Namibia).

Dear Doctor,

We appreciate your time and cooperation to assist us in considering a claim for your patient.

The following is important:

- PPS Insurance (Namibia) has signed consent from your patient to obtain confidential medical information from you.
- Please send the completed form and supporting documents to:
  - o Email: namibiaclaims@pps.co.za or
  - o Fax: +264 (0)61 411 330

**PARTICULARS OF LIFE INSURED**

Full Name and Surname:

National ID number:

**MEDICAL ILLNESS**

1. Primary diagnosis:  ICD10 code:

2. Secondary diagnosis (if applicable):  ICD 10 code:

3. Provide **date of initial consultation** and brief details of the **chronological history** of the illness or sequence of events:

4. List the investigations performed to confirm the diagnosis and **attach copies of all the test results:**

Date	Details

5. Is there further treatment available for this illness? Please provide details:

