

Funeral cover application

Tel 061 285 5400
 Fax 061 223 904
 Email funeralcover@medscheme.com.na
 Erf 1319, Grove Street
 Kleine Kuppe, Windhoek
 PO Box 23064, Windhoek, Namibia

Prerequisites for the completion and processing

Please note In order for the administrator to deliver efficient service to you, it is important that you provide and complete all the information as required.

1. Print clearly using **capital** letters. Only **one** character per block, leave open **one** block between words and mark with an X where necessary.
2. This application form must be completed in full, i.e. all information required must be provided. Please do not leave any spaces blank, or delete, without reading and providing the detail(s) as required.
3. Your full personal details are essential for our records, thus please provide in full.
4. Registration and amendments are subject to the Rules of the Policy.
5. Please notify the administrator of any changes within 30 days.

Funeral cover

Provides a death benefit on the life of the member, spouse and dependant children. Subject to registered beneficiaries insured on the policy only.

	Option 1 (Current)	Option 2	Option 3
Principal insured	N\$ 15 000	N\$ 10 000	N\$ 7 500
Qualifying spouse	N\$ 15 000	N\$ 10 000	N\$ 7 500
Qualifying child aged 14 years and older	N\$ 15 000	N\$ 10 000	N\$ 7 500
Qualifying child aged 6 years and older but younger than 14 years	N\$ 7 500	N\$ 5 000	N\$ 3 750
Qualifying child younger than age 6 years	N\$ 3 750	N\$ 2 500	N\$ 1 875
Still-born child	N\$ 3 750	N\$ 2 500	N\$ 1 875

Choose funeral cover benefit option and premium

Option 1 Per principal member N\$ 23.75 per month
 N\$ 15.85 per month **Option 2** N\$ 11.90 per month
 N\$ 39.20 per month N\$ 26.15 per month **Option 3** N\$ 19.60 per month

Particulars of principal member (must be completed)

Please note Copy of ID/Passport and latest municipality account **must** be attached to this application form, legally required per the Financial Intelligence Act.

NHP membership number

Title Initials First name(s)

Surname

Maiden name (if applicable)

Marital status Single Married Divorced Widowed Cohabiting

Date of birth Age ID/Passport number

Nationality Gender M F

Tel (H) Tel (W)

Cell Fax

Email

Physical address

Postal address Postal code

Beneficiaries to be covered

Please note Copy of ID/Passport must be attached (computer printed copies of birth certificates for newborn babies will be accepted).
Whenever applicable attach a copy of the marriage certificate.

Relationship <i>to principal member</i>	First name(s) in full	Surname <i>if different from principal member</i>	Gender	Date of birth
			M F	D D M M Y Y Y Y
			M F	D D M M Y Y Y Y
			M F	D D M M Y Y Y Y
			M F	D D M M Y Y Y Y
			M F	D D M M Y Y Y Y
			M F	D D M M Y Y Y Y

Medical history

- Are you or your dependants suffering from, or have suffered from any chronic or recurring illness or any serious ailments? Yes No
- Have you or your dependants received any medical attention of any nature (e.g. Hospitalisation, operation, etc.) during the last 2 years? Yes No
- Are you or your dependants expecting to undergo any procedure, operation, treatment within the next 12 months? Yes No
- Are you or your dependants receiving any medical treatment at present? Yes No

If the answer to any of the above questions is 'yes', please give a short summary (name, date, treatment received, condition/illness).

Banking details

Please note Please attach a confirmation from your bank with bank stamp to ensure accuracy (for contribution payments and electronic claim refunds.)

Name of account holder	<input type="text"/>		
Bank name	<input type="text"/>	Branch name	<input type="text"/>
Branch code	<input type="text"/>	Type of account	<input type="checkbox"/> Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings
Bank account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<hr/> Signature of account holder		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>Bank stamp</p> </div>	

Summary of terms and conditions

The head notes and the clauses of this application form are for reference purposes only and shall in no way govern or affect the interpretation nor modify, nor amplify the terms and conditions of the policy agreement nor any clause thereof:

- Pre-existing conditions will be excluded for a period as determined by the insurer.
- The insurer's liability is conditional on the insured claiming the benefit and keeping to the policy terms and conditions.
- The insurer reserves the right to alter the terms, premiums and provisions of the policy with 1 month's notice in writing to the insured.
- Maximum entry age on the policy for principle members and his/her spouse is 60 years, child dependants qualify for coverage up to the age of 21 years.
- The insurer shall not be liable for the failure of an administrator to adequately explain the terms and conditions of the policy.
- Proof of burial/cremation might be required from time to time.

Acknowledgement and declaration

Please note In this declaration the singular shall imply the plural.

1. I the undersigned, hereby apply for myself and my beneficiaries to join as a member of the Funeral Plan, underwritten by Sanlam Namibia Limited.
2. I hereby declare that I understand, any pre-existing condition (pregnancy, illness, physical infirmity or health condition on which medical treatment, advice, medication or consultation has been received prior to membership) will be excluded for a period, determined by the insurer.
3. I declare that this application, and declaration together with statements made by me, whether in writing or not, are true and correct and agree that such statements together with any forms, reports or other information completed or supplied by me or any other party on my behalf shall form the basis of this contract.
4. I agree to be bound and to abide by the terms and conditions of Sanlam Namibia Limited with regards to benefits I have applied for and Sanlam Namibia Limited shall not be bound in any way by any representations or undertakings made or given by any person or administrator in the terms and conditions.
5. It is further agreed and understood that, notwithstanding any statements made to the contrary by any person, membership will not commence and no liability whatsoever will attach to Sanlam Namibia Limited unless an expressed written notice of acceptance of risk is given by Sanlam Namibia Limited.
6. It is also agreed and understood that cover will only commence on the first day of the month following acceptance of membership and receipt of the first payment by Sanlam Namibia Limited.
7. I irrevocably authorise any healthcare provider, hospital, medical institution or other person to disclose information which may be related to my occupation, physical or mental health, including the results of any tests, to Sanlam Namibia Limited and agree that this authorisation shall remain in force after my death.
8. I further accept that the provisions of any declaration made have been read and understood by me and will also apply mutatis mutandis to and form part of this application.
9. I authorise Sanlam Namibia Limited to debit my bank account, details of which have been provided to Sanlam Namibia Limited, for any amount due in terms of the membership applied for.
10. I undertake to advise Sanlam Namibia Limited of any change in status of health of myself, or any of my beneficiaries, which occur prior to my receiving acceptance of this application.
11. I declare that no material fact has been withheld, misstated or concealed by me and that I will disclose all material facts prior to acceptance of the risk and I agree that any misstatements and/or omission of any material information will render my membership null and void, and in such event all monies paid in respect thereof shall be forfeited.
12. I hereby acknowledge that any credit or debit extended by Sanlam Namibia Limited to or by myself or my dependants, will become payable in full upon termination of my Policy.

Signed at _____ on this _____ day of _____ 20 ____.

Signature of principal member

D	D	M	M	Y	Y	Y	Y
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Date

Employers declaration concerning group applicant (if applicable)

Please note This section **must** be completed, signed and stamped by your employer.

Name of employer	<input type="text"/>																		
Group pay-point number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tel	<table border="1"><tr><td>C</td><td>O</td><td>D</td><td>E</td></tr></table>	C	O	D	E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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D	D	M	M	Y	Y	Y	Y												
Signature of company official	_____ Signature of company official	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Date	D	D	M	M	Y	Y	Y	Y									
D	D	M	M	Y	Y	Y	Y												

Direct deposit is to be made to the following Medscheme Namibia bank account

Account Number CHK - 8005 087 520
Bank: Bank Windhoek Limited
Branch: Maerua Mall
Branch Code: 483 - 872
Swift: BWLINANX