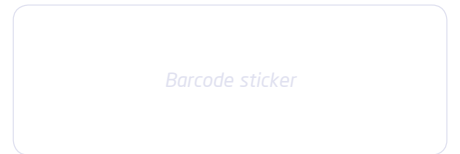




# Employer Group application form Confidential

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Reg No: MOHSS 003



## For office use only

Group pay-point number

Company name

Region

Registration date  Processing date

Underwritten  Accepted  Rejected

Comments

Loaded by \_\_\_\_\_ Approved by \_\_\_\_\_ Control Officer \_\_\_\_\_

Date  Date  Date



## Prerequisites for completion and processing

**Potential members of NHP are recommended not to resign from their present medical aid fund before they have officially been informed that their application has been approved. Submission of this application form and any further requested documents does not guarantee approval of membership.**

1. Print clearly using **capital** letters. Only **one** character per block. Leave open **one** block between words. Mark with an **X** where necessary. All sections must be completed.
2. To be completed by employer if paying contribution(s) to the Fund on behalf of the member(s). The 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 as required.
3. The required date of membership must be stated in writing on this form. This date can only be from the 1st day of the present calendar month, or future date, but no more than 3 months in advance.
4. Should this application be approved, please ensure that each participating employee completes an application form for membership.
5. Please ensure that the disclaimer and payment terms are read in full.
6. The particulars of your present, as well as your previous medical aid fund membership are essential in order to determine your underwriting risks and insurability.

## Particulars of company (must be completed)

Full name of company

Company registration number

Nature of business

Company physical address

Postal code

Company postal address  Postal code

Does the company have a ITC listing? (If yes, please specify)  Yes  No

Total number of employees  Proposed membership count  Continuation members

Proposed registration date of Employer Group

**Please note** The date of commencement of benefits for your employees may differ from your registration date depending on the underwriting terms.

## Particulars of employer contact person

(This is the main employer contact person who is authorised to deal with us and send us financial and other changes for your employees)

Title  Initials  First name(s)

Surname

Capacity/Designation  Cell

Tel(W)   Fax

Email

## Particulars of alternative employer contact person

(This is the assistant or substitute contact person who is authorised to deal with us and send us financial and other changes for your employees)

Title  Initials  First name(s)

Surname

Capacity/Designation  Cell

Tel(W)   Fax

Email



## Membership profile

Is membership

Voluntary

Compulsory for all permanent employees (Existing and new)

If voluntary, please state the names of other medical aid funds offered to employees

If it is compulsory for a 'defined group', please give more information

Will membership be compulsory for all future employees of the Employer Group or the defined group listed above?  Yes  No

Average age of principal members  years

Pensioner ratio  %

Gender profile (% female vs. male)  %

## Contribution subsidy by employer for

Principal member subsidised?  Yes  No If yes, % value of subsidy  %

Dependants subsidised?  Yes  No If yes, % value of subsidy  %

**On approval of this application, submit a complete application form including supporting documents for each employee that indicates the benefit option they have selected.**

## Contribution and payment detail

All contributions are payable monthly in advance, no later than the 7th day following the due date of each month.

**Attach a copy of a bank statement/cancelled cheque/letter from the bank/bank letterhead or bank identification purposes.**

We hereby request and authorise you to draw against our bank account with the bank mentioned below (or any bank or branch to which we may transfer our account) the amount required by you in payment of the monthly contributions due in respect of NHP medical aid fund on the first of the month. If the first of the month falls on a public holiday or Sunday, the deduction will be taken on the first business day thereafter. All such withdrawals from our bank account by the Fund shall be regarded as authorised by us.

This authority may be cancelled by us, by giving you 30 days' notice in writing. We understand that we shall not be entitled to any refund of amounts, which you withdrew while this authority was in force, if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt hereof by your bank (whichever it is or may be). We further agree to advise the Fund in writing of any changes that may occur.

## Company banking details for contribution payments

I instruct the administrator on behalf of NHP, to electronically collect monthly contributions via debit order  Yes  No

Bank name

Branch name  Branch code

Account number  Type of account

Name of account holder

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
First name and last name of authorised signatory

\_\_\_\_\_  
First name and last name of authorised signatory

\_\_\_\_\_  
Signature of authorised signatory

\_\_\_\_\_  
Signature of authorised signatory

\_\_\_\_\_  
Capacity/Designation

\_\_\_\_\_  
Capacity/Designation



## Company's current and previous medical aid fund information

Name of current medical aid fund

Date joined

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date terminated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Reason for termination

Claims vs. contribution ratio for the last 3 years  %

Are there any major pre-existing conditions amongst company employee's to declare

Yes

No

Name of previous medical aid fund

Date joined

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date terminated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Reason for termination

## Employer acknowledgment and declaration

1. The application form to be recognised as an employer, is made by the person identified in the employers details of this application form.
2. In making this application, the employer warrants that:
  - 2.1. It and the person signing this application are duly authorised to make this application on behalf of those of its employees and their dependants who will become members of NHP upon NHP accepting the application ("members").
  - 2.2. It is authorised to disclose the members' personal information to NHP for purposes of this application.
  - 2.3. The person signing the application on behalf of the employee warrants that he/she is duly authorised to do so and acknowledges that he/she has received a set of NHP Rules and that he/she has read them prior to signing this application form.
  - 2.4. It is duly authorised by the members, in its capacity as employer, to deduct all amounts due to NHP from the members' remunerations and to pay such amounts to NHP.
3. This application form and the eventuating relationship between NHP, the employer and the individual members, shall be governed in terms of the Rules of the Fund, as registered and duly amended from time to time, and any other applicable law.
4. Upon acceptance of this application form, the employer undertakes to:
  - 4.1. Send to NHP, within 3 days of acceptance, a completed application form for membership for every employee who will become a member, and provide all information in respect of the members as may reasonably be required by NHP, including (where applicable); the employer monthly contribution payable in respect of each member, and the benefit option chosen by each of the members.
  - 4.2. Pay all members' monthly contributions electronically, on a monthly basis into the bank account designated by NHP.
  - 4.3. Provide all monthly member contributions payable, in accordance with the provisions of Section 2 of this application form, or in the absence of any date for payment of monthly contributions being specified, no later than the 7th day of the month in which the monthly contributions are due, or in accordance with debit order instruction, of this agreement.
  - 4.4. Take all responsible steps to assist NHP in the distribution of all relevant information to members' which pertains to NHP and the members' membership thereof as may be required from time to time.
5. Rights and obligations of NHP
  - 5.1. NHP shall send monthly statements to the employer/member stating all amounts due and owing to NHP.
  - 5.2. NHP shall not be liable for the payment of any payments should
    - 5.2.1. The employer or member fail to comply with any of the employer's or member's obligations.
    - 5.2.2. Any monthly contribution or part of a monthly contribution be in arrears.
  - 5.3. Should the employer fail to pay any monthly contribution or other amount due to NHP in respect of any member, NHP shall have the right to suspend or terminate such a member's membership. Should termination of a member's membership occur as a consequence of the provisions of this clause, then the employer hereby indemnifies NHP against all claims instituted and damages suffered as a result of such termination.



6. For purposes of this application form, the employer shall act as the agent of the members, and warrants that it has the requisite authority to act in this capacity.
7. The employers shall notify NHP within 30 days of any changes to its own or a member's circumstances.
8. NHP shall not be held liable should the employer fail to give notice and should a member be prejudiced in any way. The employer indemnifies and holds NHP harmless against any loss or damage that may be suffered by a member in this regard.
9. The employer shall have the right to terminate the employer's group membership of NHP by giving no less than 1 months written notice of termination.
10. The employer bears the responsibility to ensure that all monthly contributions deducted and collected from active member's salaries are paid over to NHP no later than the 7th day of the month in which monthly contributions are due in terms of this agreement.
11. The employer bears the responsibility to ensure that all monthly contributions are collected and paid over to NHP in respect of retired employees who are members. Furthermore, the employer agrees to pay over all amounts owing by ex-employees in respect of any outstanding monthly contributions, or amounts paid to healthcare providers (where amounts were advanced by NHP). On termination of the employer's group membership of NHP, the employer shall ensure that the membership of all employees, ex-employees and retired employees of the employers' group fund are terminated simultaneously. The employer shall indemnify and hold NHP harmless against any loss or damage which NHP may suffer as a result of the employer failing to comply with the provisions of this clause.
12. The employer shall notify NHP within 7 days of a member resigning or otherwise being terminated as an employee of the employer. The employer indemnifies NHP against all damages that NHP may suffer, irrespective of the nature or cause thereof, in the event of the employer failing to notify NHP as contemplated by this clause.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
*First name and last name of authorised signatory*

\_\_\_\_\_  
*Signature of authorised signatory*

\_\_\_\_\_  
*Capacity/Designation*

\_\_\_\_\_  
*Company stamp*

