



GREENLIGHT

NAM

Maternity Benefit Claim Form

GREENLIGHT Plan Number (e.g. 12345678)

| | | | | | | |
|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|

Intermediary Code (e.g. PFA: A123456 BROKER: 78870)

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|--|--|--|--|--|--|

Please print in block letters using black or blue ink.**This form is issued without admission of liability and must be signed by the claimant and forwarded to:**

GREENLIGHT Service Centre
PO Box 165
Windhoek
Namibia
Tel. 061 239 527
Fax. 061 246 795

GUIDELINES ON SUBMISSION OF A CLAIM:**PART 1 Must be completed and signed by the claimant/Contracting Party where appropriate.****PART 2 Must be completed and signed by the claimant's attending medical practitioner who delivered the baby.****IMPORTANT NOTES**

Please note that Old Mutual can only consider a claim on receipt of the following documents, marked with plan number and intermediary code where applicable:

1. **A certified copy of the Life Covered's and Beneficiary's ID.**
2. **Proof of bank details, e.g. cancelled cheque, bank statement not older than 3 months, confirmation on a bank letterhead.**
3. **Please continue paying your monthly contributions to avoid benefits ceasing.**

PART 1 - TO BE COMPLETED BY THE CLAIMANT**DETAILS OF CONTRACTING PARTY**

| | | | | | |
|--|--|---|---------------------------------------|---|--|
| Title: | Mr <input type="checkbox"/> | Ms <input type="checkbox"/> | Mrs <input type="checkbox"/> | Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Initials <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Surname/ Name of institution | | | | | |
| First names/ Contact person | | | | | |
| Previous surname (if applicable) | | | | | |
| ID number/Institution registration number | | | | | |
| Passport number | (where no Namibian ID number is available) | | | | |
| Country of issue of passport | | | | | |
| Date of birth | D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> | Age next birthday <input type="checkbox"/> <input type="checkbox"/> | Gender: Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| Income tax number | Are you a Namibian resident? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Residential address/ Physical address of institution | Postal code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |
| Postal address | Postal code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |
| Telephone | | | | | |
| (W) Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (H) Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |
| Fax Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Cellphone number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |
| Email address <input type="checkbox"/> | | | | | |
| Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> | Correspondence Language: English <input type="checkbox"/> Afrikaans <input type="checkbox"/> | | | | |

The Financial Services Charter requires life insurance companies to report on the racial spread of their client bases. Please assist us to fulfil our obligations under the Charter by indicating to us the race group to which you feel you belong. This information will be used only for determining (and reporting on) the racial spread of our client base.

Race: Black Indian Coloured White

DETAILS OF BENEFICIARY

| | | | | | | | |
|--|--|---|------------------------------|---|--|---------------------------------|--|
| Title: | Mr <input type="checkbox"/> | Ms <input type="checkbox"/> | Mrs <input type="checkbox"/> | Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Initials <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Surname/ Name of institution | | | | | | | |
| First names/ Contact person | | | | | | | |
| Previous surname (if applicable) | | | | | | | |
| ID number/Institution registration number | | | | | | | |
| Passport number | (where no Namibian ID number is available) | | | | | | |
| Country of issue of passport | | | | | | | |
| Date of birth | D D M M Y Y Y Y | Age next birthday <input type="checkbox"/> <input type="checkbox"/> | | | Gender: Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| Income tax number | | | | Are you a Namibian resident? | | | |
| Residential address/ Physical address of institution | | | | | | | |
| Postal address | | | | | | | |
| Telephone | | | | | | | |
| (W) Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (H) Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| Fax Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Cellphone number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| Email address <input type="checkbox"/> | | | | | | | |
| Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> | | | | Correspondence Language: English <input type="checkbox"/> Afrikaans <input type="checkbox"/> | | | |
| Race: Black <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/> | | | | | | | |

DETAILS OF LIFE COVERED

| | | | | | | | |
|--|--|---|------------------------------|---|--|---------------------------------|--|
| Title: | Mr <input type="checkbox"/> | Ms <input type="checkbox"/> | Mrs <input type="checkbox"/> | Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Initials <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Surname/ Name of institution | | | | | | | |
| First names/ Contact person | | | | | | | |
| Previous surname (if applicable) | | | | | | | |
| ID number/Institution registration number | | | | | | | |
| Passport number | (where no Namibian ID is available) | | | | | | |
| Country of issue of passport | | | | | | | |
| Date of birth | D D M M Y Y Y Y | Age next birthday <input type="checkbox"/> <input type="checkbox"/> | | | Gender: Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| Income tax number | | | | Are you a Namibian resident? | | | |
| Residential address/ Physical address of institution | | | | | | | |
| Postal address | | | | | | | |
| Telephone | | | | | | | |
| (W) Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (H) Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| Fax Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Cellphone number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| Email address <input type="checkbox"/> | | | | | | | |
| Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> | | | | Correspondence Language: English <input type="checkbox"/> Afrikaans <input type="checkbox"/> | | | |
| Race: Black <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/> | | | | | | | |
| Contract number <input type="checkbox"/> | | | | | | | |

DETAILS OF CHILD

| | |
|---------------|---|
| Name(s) | [18 boxes] |
| Surname | [18 boxes] |
| ID number | [18 boxes] |
| Date of birth | D D M M Y Y Y Y |
| Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> |

DECLARATION OF CONTRACTING PARTY

PROTECTION OF PERSONAL INFORMATION (PPI) NOTICE

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that are suitable to your financial needs.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification
- Claims checks (ASISA Life & Claims Register)
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- To comply with legal & regulatory requirements
- Verifying your identity
- Sharing with service providers we engage to process information on our behalf

You may access the information that we hold about you and ask us to correct any errors or delete the information we have about you. To view our full privacy notice and to exercise preferences, visit our website on www.oldmutual.com.na.

I hereby declare that the Life Covered is the person assured under the abovementioned Benefit(s), that all the particulars given are true and complete.

Signed at this day of year

Signature of CONTRACTING PARTY

Signature of WITNESS

Date D D M M Y Y Y Y

PART 2 - TO BE COMPLETED BY THE ATTENDING MEDICAL PRACTITIONER

I confirm that _____ (name of the mother),
gave birth on _____ (date), to a baby _____ (gender of baby).

I certify that I have personally attended to the Life Covered and that the foregoing statement is correct to the best of my knowledge.

Initials Surname

Practice number

Qualifications

Address Postal code

Telephone Code Number

Fax Code Number

Signed at this day of 20

Signature of Medical Practitioner

DOCTOR'S
OFFICIAL
STAMP

Contract number