

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 doctor.

IMPORTANT: PLEASE CONTINUE PAYING YOUR MONTHLY CONTRIBUTIONS TO AVOID BENEFITS CEASING.

PART 1 – TO BE COMPLETED BY THE CLAIMANT
CONTRACTING PARTY DETAILS

Title: Mr Ms Mrs Other Initials

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)

Expiry date
of passport

Country of issue of
passport

Date of birth Age next birthday Gender: Male Female

Income tax number Are you a Namibian resident? YES NO

Residential address/
Physical address
of institution Postal code

Postal address Postal code

Telephone numbers
(W) Code No. (H) Code No.

Fax: Code No. Cellphone number

Email address

Marital status: Single Married Divorced Widowed Correspondence language: English Afrikaans

BANKING DETAILS

Name of bank

Branch name Branch code

Name of
account holder

Account number

Account type: Cheque Savings Transmission

Account holder relationship: Own account Joint account 3rd Party account

DECLARATION

I irrevocably authorise:

- (a) Old Mutual to obtain from any person any information which Old Mutual needs, according to its practice from time to time, to assess this claim.
- (b) the person concerned to give Old Mutual the information which Old Mutual requests under the authorisation in (a), and I request that person to do so.
- (c) Old Mutual to give to other insurers to assess risk or claims, and to the Life Assurance Association of Namibia (LAAN), any information obtained by Old Mutual under the authorisation in (a), as well as any information contained in any document or contract to which this claim relates.
- (d) the LAAN to give any such information received from Old Mutual to other insurers to assess risk or claims. Any information may, under this authorisation, be obtained or given at any time, even after my death, and in such detail, or in such abbreviated or coded form, as Old Mutual or the LAAN may from time to time decide.

I understand that my right to privacy is curtailed to the extent permitted by me in this authorisation. This information may be used by Old Mutual to determine the validity of this claim. By signing below, I certify that I agree to the prepayment of the death benefits under the abovementioned plan(s). I understand that if my request for this prepayment is approved, the full cover amount of the death benefit(s) will be payable as full and final settlement of these benefit(s). I understand that the benefit(s) will cease after this payment.

Signed at on this day of 20

Signature of claimant

Date

PART 2 - TO BE COMPLETED BY THE ATTENDING DOCTOR

A terminal illness is defined as a medical condition that with reasonable medical certainty in the opinion of Old Mutual's Chief Medical Officer, will result in the death of the life assured within twelve months of the date medical evidence to that effect is provided.

Date of first visit

Date of last visit

Diagnosis

A. Present condition

Please provide us with sufficient detail of the claimant's present condition to support that a reasonable assessment of the life expectancy of the claimant is less than twelve months.

B. General

1. Please indicate the terminal illness from which the claimant is suffering, with the appropriate international staging of the disease, where applicable. To support the claim, please provide us with copies of all tests, investigations and reports in your possession.

2. If the claimant is suffering from Carcinoma, please provide us with a copy of the histology report and a detailed staging of the disease to enable Old Mutual to arrive at the appropriate decision.

3. If the claimant is HIV positive, please advise the current stage.

