



Policy Number.:	_____
Date:	_____

Funeral and Dread Disease Application Form

Incorporating disclosure in terms of the Long Term Insurance Act, 1998 (Act No. 5 of 1998)

Name of Insurer:	Hollard Life Namibia Ltd, Reg. No. 2008/0229
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INFORMATION OF THE POLICYHOLDER	INFORMATION OF THE DEPENDENTS
Surname: _____	Partner's name: _____
Name: _____	Partner's ID no.: _____
ID no.: _____	Child's name: _____ Date of Birth: _____
	Child's name: _____ Date of Birth: _____
	Child's name: _____ Date of Birth: _____
Cellphone no.: _____	Child's name: _____ Date of Birth: _____

POLICY BENEFITS

The benefits amounts per package:

Product description	Benefit amount	Premium per month	Tick <input checked="" type="checkbox"/>
Individual	N\$ 10 000	N\$ 13.50	
	N\$ 15 000	N\$ 18.50	
Individual, Partner	N\$ 10 000	N\$ 22.25	
	N\$ 15 000	N\$ 31.75	
Family – Individual, Partner, Children	N\$ 10 000	N\$ 26.75	
	N\$ 15 000	N\$ 38.50	

Policy commences: _____

INFORMATION OF THE BENEFICIARY

Surname: _____	Tel No.: (Work) (_____) _____
Full Names: _____	(Home) (_____) _____
ID number: _____	(Cell) (_____) _____

I the Insured Person, understand, agree and, where applicable, declare that:

1. **No claim will be payable:**
 For the Funeral Benefits:
 - If an insured person dies from a natural cause, we will only pay the benefit amount if that insured person was insured for at least 3 months in a row. You must also have paid the total amount for at least 3 months in a row.
 - If an insured person commits suicide, we will only pay a benefit if that insured person was insured for at least 12 months in a row. You must also have paid the total amount for at least 12 months in a row.
 - If an insured person dies from a medical condition that the insured person had before their insurance started, we will only pay if that insured person was insured on this policy for at least 24 months in a row.
 For the Dread Disease Benefits:
 - If the main insured person is diagnosed with a dread disease, we will only pay the benefit amount if the main insured person was insured for at least 6 months in a row. You must also have paid the total amount for at least 6 months in a row.
 - If the main insured person is diagnosed with a dread disease that the main insured person had before their insurance started, we will only pay if the main insured person was insured on this policy for at least 24 months in a row.
2. All the information supplied in connection with this proposal, whether in my handwriting or not, is true and complete and will form the basis of the insurance cover. Misrepresentation, misdescription or non-disclosure of any material fact or circumstances in connection with this policy, a claim or the application for this policy may result in the policy being cancelled, a claim rejected or the policy being void from inception and all premiums being forfeited.
3. This policy wording and any endorsements attached to this document, duly authorised by Hollard, shall be deemed to form part of the insurance contract.
4. I hereby authorise Hollard to obtain information about me from any hospital, medical institution, medical doctor and/or any other person in order to assess any claims under this policy, and to make copies of such records. I further authorise and request any hospital, medical institution, medical doctor and/or any other person to give any information Hollard deems necessary to assess Hollard's insurance risks and claims under this policy.
5. I understand that it is essential for insurance companies to share insurance and claims information in order to enable the fair assessment of the insurance risks and to reduce the number of fraudulent claims. I agree to waive any right to privacy and consent to the disclosure by Hollard to any other insurance company of any insurance information provided by me, or on my behalf and I consent that such information may be verified against other sources or databases. I am aware that this consent clause will survive the Expiry of Insurance Cover for whatever reason.
6. I have been given notice regarding my freedom of choice. I have not been subject to any coercion or inducement in applying for this cover.
7. I am aware that I may cancel this policy in writing within 30 (thirty) days of taking out this insurance, provided that there has been no claim/right to claim in terms of this policy. Furthermore, I am aware that the premium paid during this 30-(thirty-) day review period shall be refunded, subject to the deduction of the cost of any cover provided.
8. **I hereby acknowledge that NamMed has made the disclosures and confirmed the appropriate information contained in this application document regarding the funeral and dread disease policy, which I have read and understood. I also acknowledge that NamMed will be collecting the premium on behalf of Hollard Life Namibia Ltd.**

Signed at _____ this _____ day of _____ 20_____

Policyholder _____