

BENEFIT ACCUMULATOR FORM

Tel: +264 83 2999 000

E-mail a copy of the completed form to: gemhealthmember@prosperitynam.com

Kindly do not use tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.

Section A - Principal Member Details

Member Number		Surname	
First Name		Cellphone Number	
E-mail Address			

Section B - Patient Details

Dependant Code		Surname	
First Name		Relationship to Member	

Section C - Claims Detail

(attach copies of all related claims)

Claims To Be Paid To

(member refund must be accompanied by proof of payment to Health Professional)

Health Professional	Date of Treatment	Claimed Amount	Health Professional				Member			
			YES		NO		YES		NO	
			YES		NO		YES		NO	
			YES		NO		YES		NO	
			YES		NO		YES		NO	
			YES		NO		YES		NO	

Section D - Bank Details (For EFT Claim Refunds) (Attach proof of bank account details)

IMPORTANT NOTICE: It is compulsory to supply GEMHEALTH Medical Aid Scheme with this information.

Payment to Member

If the payment is to be made directly to the member, please select one of the following options and provide the necessary details:

Member Bank Details on System		Select this option if the payment should be made to the existing bank account details we have on file for you.												
Other Banking Details		Select this option if you wish the payment to be made to a different bank account. Please complete the section below with the updated banking information.												
Name of Account Holder														
Bank Name					Branch Code									
Type of Account	Cheque		Transmission		Savings		Account Number							

Section E - Declaration

Member Signature		Date	D	D	M	M	Y	Y	Y	Y
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Section F - For Office Use

Assessor Name		Validator Name	
Date Assessed		Date Checked	
Signature		Signature	