PPS PROFESSIONAL LIFE PROVIDER $^{\text{TM}}$ PRODUCT (PLP) TERMINAL ILLNESS BENEFIT – DECLARATION BY DOCTOR



The Professional Provident Society Holdings Trust No. IT 312/2011(PPS Holdings Trust) is a Registered South African Trust.PPS Insurance Company (Namibia) Limited Reg. No. 2003/122. PPS Insurance Company Limited Reg. No. 2001/017730/06. PPS Insurance Company Ltd is an Administrator of PPS Insurance Company (Namibia) Ltd.

Dear Doctor,

We appreciate your time and cooperation to assist us in considering a claim for your patient.

The following is important:

- PPS Insurance (Namibia) has signed consent from your patient to obtain confidential medical information from you.
- Please send the completed form and supporting documents to:
 - o Fax: +264 (0)61 411 330 or
 - o Email: namibiaclaims@pps.co.za

PARTICULARS OF LIFE INSURED			
Surname:	Initials:		
National ID number:			
MEDICAL ILLNESS			
1.Primary diagnosis:	ICD10 code:		
2.Secondary diagnosis (if applicable): ICD 10 code:			
3. Provide date of initial consultation and b	orief details of the chronological history of the illness, or sequence of events:		
A List the investigations that were perform	led to confirm the diagnosis and attach copies of all the test results:		
Date	Details		
[Is there firsther treatment available for thi	s illness? Places give details:		
5. Is there further treatment available for thi	s illiless? Friedse give detalls.		

6.What is your patient's life expectancy (in months), based on your medical findings?				
MEDICAL PRACTITIONER'S DETAILS				
HPCNA Reg No:	Practice No:			
Surname:		Initials:		
Telephone No:	Fax No:			
Email Address:				
Signed at:	this	day of 20		
Signature of medical doctor:				