

MATERNITY PROGRAM

Tel: +264 83 299 9000

E-mail copy of completed form to : rhmafmember@prosperitynam.com



Renaissance Health
Medical Aid Fund

Section A - Member Details

Rewards for expecting mothers

Register early on our Maternity & Baby Programme within 6 months of pregnancy / 3 months from confinement and receive N\$200 wellness awards.

Opt for a normal birth at 50% of maternity events and receive N\$1,000 wellness awards.

Membership Number (Existing)				Existing Membership Number (Continuation members)			
Title		Initials		Full Names			
Surname							
Telephone Number	H	Code			W	Code	
Cellphone Number					Fax Number		
E-mail Address							
Marital Status	Single		Married		Divorced		Widowed
							Common Law
Date of Joining		0	1	M	M	Y	Y
				Y	Y	Y	Y

Section B - Medical Details *(To be completed by the Healthcare Professional.)*

Dependant Name							
Date of Birth	D	D	M	M	Y	Y	Y
							Age
Healthcare Professional Name							
Normal Delivery				Caesarean (C-Section)			
Expecting Date	D	D	M	M	Y	Y	Y
Hospital Name							
*Other medical treatment to be received?	YES		NO		Attach doctors motivational documents		YES
							NO
*Please give details if yes?							
Pre-Authorisation Number							
Healthcare Professional Signature				Date			
		D	D	M	M	Y	Y
				Y	Y	Y	Y

Section C - Employment Details *(For office use only)*

Private		Company			
CB Number					
Employment Date	D	D	M	M	Y
					Y
Administration Notes					

Note: If joining date and employment date differ, please provide details hereto?
