

# MATERNITY PROGRAM

Tel: +264 83 2999 736

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



## 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									

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

Dependant Name																	
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age								
Healthcare Professional Name																	
Normal Delivery									Caesarean (C-Section)								
Expecting Date	D	D	M	M	Y	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

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

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

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

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