



**INSURANCE FOR  
PROFESSIONALS**

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Johannesburg 2193

PO Box 1089 . Houghton 2041

www.pps.co.za

Dear Pharmacist

### **PPS PROFESSIONAL INDEMNITY PROVIDER**

PSSA, in one of its previous correspondences, communicated the appointment of Professional Provident Society (PPS) as the official broker for the Professional Indemnity Provider, underwritten by ETANA.

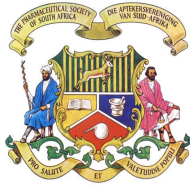
All PSSA pharmacist members, who have the Professional Indemnity Provider product through PSSA and have completed the notification on the proposal form, will automatically become members of PPS. This will entitle the selected pharmacists to PPS' full range of insurance, investment and healthcare products.

PPS will be, in due course, contacting PSSA members who have taken up the Professional Indemnity Provider in order to highlight the selection of benefits you are entitled to. Alternatively, you can contact PPS directly on 0860 777 784 or email sti@pps.co.za.

PPS would like to thank you for your valued support and we look forward to a long and mutually beneficial relationship with you.

Kind regards,

Elicia Schultz  
PPS Short-Term Insurance  
PPS – Insurance for Professionals



## PROFESSIONAL INDEMNITY INSURANCE APPLICATION

The insurance for which you are applying is managed by PPS and underwritten by ETANA

### Member Details

Surname:	Title:	Initials:	Full Names:	
ID No:	PSSA No:	SAPC No:		Maiden Name:
Home Telephone No:	Cell No:	E-Mail:		
Postal Address:				Code:
Street Address:				Code:

### Employer Details

Full Name Of Practice Or Employer:	Y Number of Pharmacy:
Postal Address of Employer:	Code:
Work Tel No:	Fax No:
E-Mail:	

### Qualifications

Qualification:	Qualification Date:	Institution:

### Incidents & Claims

#### Details of any Errors/ Omissions or Malpractice incidents, claims made or intimated against me:

- Any claims made against the applicant during the last 10 years: Yes  No
- Any circumstances / complaints which may give rise to a claim being made against the applicant: Yes  No

*(If yes, attach details to application form)*

I declare and warrant that after enquiry all statements and particulars contained in this proposal and addenda are true and that no information whatever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I will advise the Underwriters as soon as possible. I understand that failure to disclose any material facts, which would be likely to influence the acceptance and assessment of the proposal, may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I hereby agree and accept that this declaration shall be the basis of the contract between both parties if entered into.

SIGNATURE

DATE

### Rating Table (Rates effective 01/04/2011) Please indicate with a ✓ which option you choose

Category of Practice	Rates effective 01/04/2011 A – R5 million				Rates effective 01/04/2011 B – R10 million			
	Annual Premium Incl. VAT	✓	Monthly Premium Incl. VAT	✓	Annual Premium Incl. VAT	✓	Monthly Premium Incl. VAT	✓
Industrial Management (e.g. Responsible Pharmacists); Group Directors; Clinical Trials; Research Pharmacists	R1300		R112.33		R1600		R137.33	
Retail/State Principal; Retail/State/Industrial (incl. manufacturing) Pharmacists; Locums; Community Service Pharmacists; Pharmacy Nurses; Medical Scheme Clinical Consultants; Wholesaler/Distributor Pharmacists; Other	R760		R67.33		R1020		R89.00	
Pharmacist Assistants; Interns; Students; Academics	R296		R28.67		R400		R37.33	

1. Premiums include VAT at 14%
2. Please be aware that a R50.00 policy fee is included in the above rates. (This is a once off policy fee charged annually)
3. Premiums include commission at a rate of 15% which is payable to PPS and a policy administration fee of 15% which is payable to PSSA
4. A debit order fee of R48.00 (R4.00 per month) will be charged on monthly debit orders and R4.00 on a yearly debit order

I further understand that, should I not already be a member of the Professional Provident Society (PPS), the acceptance of this option will automatically grant me membership of PPS. As a graduate professional meeting the eligibility requirements of the Society, I am entitled to share in the benefits of the PPS product range, which includes insurance, investments and healthcare products. Following the registration, PPS will provide me with my unique membership number.

I hereby acknowledged that PPS' preferred mode of communication is electronic.

AUTHORISATION

DATE



Pharmaceutical Society of South Africa  
- National Office -

Aptekersvereniging van Suid-Afrika  
- Nasionale Kantoor -

PO Box 26039, Arcadia, 0007  
Tel: +27 (012) 301-0820, Fax: 086 6159828  
Website: www.pssa.org.za, E-mail: tersea@pharmail.co.za

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Tel: +27 (012) 301-0820, Faks: 086 6159828  
Webadres: www.pssa.org.za, E-pos: pssa@pharmail.co.za  
VAT REG NO: 4870116797

## PROFESSIONAL INDEMNITY INSURANCE APPLICATION

### Account Details Payment of Professional Indemnity Premiums

#### Member Details

Title:	Initials:	Surname:	PSSA Number:
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#### 1. Make your cheque payment to:

Pharmaceutical Society of South Africa  
PO Box 26039  
ARCADIA  
0007

#### 2. For Bank / Internet Transfers please use the following account:

Pharmaceutical Society of South Africa - PIP  
Bank: Standard Bank  
Branch: Arcadia  
Branch code: 010845  
Account number: 011206535

- ◆ Fax a copy of the deposit slip to PSSA at (012) 301-0828. Ensure your name and PSSA Number are clearly recorded.
- ◆ Internet transfers: Please fax or e-mail a copy of your transaction record to [tersea@pharmail.co.za](mailto:tersea@pharmail.co.za)

#### 3. Credit Card Payments

Visa Card	<input type="checkbox"/>	Master Card	<input type="checkbox"/>
Card Number:			
Expiry Date:		CVV Number (Last 3 digits on the back of card)	

#### 4. Payment by Bank Debit Order raised by the Pharmaceutical Society of South Africa

- ◆ Please note that monthly debit orders will be subject to a surcharge of R3.00 per payment

Bank Name:	
Branch Name:	
Branch Code:	
Account Number:	
Type of Account:	Annually <input type="checkbox"/> Monthly <input type="checkbox"/>
Name of Account Holder:	

I, \_\_\_\_\_ hereby authorise the PSSA to debit my banking account with the applicable fees.

I confirm my membership of the Pharmaceutical Society of SA.

SIGNATURE

DATE

THIS FORM TOGETHER WITH YOUR APPLICATION / RENEWAL FORM TO BE FAXED DIRECTLY TO PSSA AT  
086 6159828 OR POSTED TO THE ABOVE ADDRESS