

INDIVIDUAL GAP COVER CLIENT APPLICATION FORM AND RECORD OF ADVICE

Brokerage	K	E	Y		W	E	S	T		B	R	O	K	E	R	S				
Broker	C	H		D	U		P	L	E	S	S	I	S							

Broker Signature

[Signature box]

1. CREATE YOUR PROFILE

Please select the type of application relevant to your profile, which will form the basis of your contract with us.

- Brand new client (A first-timer, not switching cover from another Gap Cover provider and who is not a dependant on an existing Stratum Benefits policy.)
- Client switching cover from another Gap Cover provider (Please complete Section 6 - Replacement Policy Disclosure and submit your current policy document not older than 30 days for underwriting purposes.)
- Existing dependant on a Stratum Benefits policy applying for cover as the principal insured on your own policy.

MAIN APPLICANT DETAILS

Title [] Name []

Surname []

ID/Passport [] Date of Birth [] / [] / []

Medical Aid [] M/A No. []

Medical Aid Option []

Cellphone [] Alternative Contact No. []

Email Address []

Physical/Postal Address []

[] Postal Code []

DEPENDANT DETAILS

Joining as a family? One Gap Cover policy covers you, your spouse and all the dependants registered on both your and your spouse's medical aid plans.

Title [] Name []

Surname []

ID/Passport [] DoB [] / [] / [] Relation []

Title [] Name []

Surname []

ID/Passport [] DoB [] / [] / [] Relation []

Title [] Name []

Surname []

ID/Passport [] DoB [] / [] / [] Relation []

Title [] Name []

Surname []

ID/Passport [] DoB [] / [] / [] Relation []

5. PRE-EXISTING MEDICAL CONDITION DISCLOSURE [CONTINUED]

Please provide details of any illness or medical condition that's relevant to you and/or any dependants, including the diagnosis date where applicable.

NAME	PRE-EXISTING MEDICAL CONDITION(S)	Date

6. REPLACEMENT POLICY DISCLOSURE

This section is applicable to you and your appointed broker if you're a client switching cover as indicated in **Section 1**.

As the main applicant completing this section or having it completed by your broker, you understand that your current Gap Cover policy will be replaced with a **Stratum Benefits** policy and that certain aspects of the new policy will be different from the old policy.

REPLACEMENT POLICY DISCLOSURE

- Your monthly premium and/or special terms and conditions of cover may change because benefits and fee structures are different between policies.
- Our Policy Schedule explains the general exclusions, terms and conditions of cover in more detail.
- If there's a break in cover of **30 days** or **more** between the end date of cover with the previous insurer and the cover start date with us, you'll receive full waiting periods.

GENERAL WAITING PERIOD

Depending on your age, a **General Waiting Period** might apply. We don't cover you during this period unless you claim for accidental events that occur after your cover start date.

Out-Patient Specialist Consultation Cover on **ELITE** always receives a **3 Month General Waiting Period**.

PRE-EXISTING CONDITION WAITING PERIOD APPLICABLE TO LIKE-FOR-LIKE BENEFITS AND/OR ENHANCED BENEFITS

If your current Gap Cover policy has been active for **less than 12 months** and a **Pre-Existing Condition Waiting Period** applies, the balance of the waiting period will be carried over. If our Gap Cover policy offers enhanced benefits, these benefits will receive a **12 Month Pre-Existing Condition Waiting Period**.

We don't cover you during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition that was diagnosed or that you received advice or treatment for within **12 months** before your policy's start date.

DISCLOSED PLANNED MEDICAL EVENTS

If you claim in the first **10 months** of cover for a medical procedure, surgery, treatment or investigation that you informed us about when you applied to switch cover, we'll cover only **20%** of the **approved claim amount**.

UNDISCLOSED MEDICAL EVENTS

If you claim in the first **12 months** of cover for a medical procedure, surgery, treatment or an investigation, that we deem as pre-existing but that you didn't tell us about when you applied to switch cover, may be investigated and rejected based on non-disclosure.

Please submit a copy of your current policy document that's not **older than 30 days** for underwriting purposes.

By signing this application form you acknowledge and accept that your policy will be subject to waiting periods, and that claims received in the first 10 months of cover for disclosed planned medical events will be subject to a limited payout.

Dear Broker... please provide details of the policy replacement in the table below:

POLICY REPLACEMENT RECORD	CURRENT PRODUCT	REPLACEMENT PRODUCT
Name of Insurer		Constantia Insurance Company Limited
Product Name		
Cancellation and Cover Start Date		
Premium		
Differences in Products		
Reason(s) for Transferring Cover		

7. YOUR PAYMENT PROFILE

By signing this section and upon acceptance of your application, you:

1. understand that cover will commence after the first premium is received.
2. authorise Stratum Benefits to debit your account for the policy premium that's payable in advance, on the debit order date as selected.
3. authorise Stratum Benefits to accept this debit order authority as a payment instruction issued by the account holder.
4. accept that depending on the selected debit order date, a double debit may be incurred.
5. agree that this debit order authority will remain in force until cancelled in writing by the principal insured person, or by Stratum Benefits if premiums are not received for two consecutive months.
6. understand that this debit order authority may only be assigned to a third party if this contract is also assigned to a third party.
7. understand that if your payment date falls on a Sunday, or recognised South African public holiday, the debit order date will default to the next working day.
8. accept that if the premium from a previous debit order deduction is returned, a R 25 admin fee will be added to the next premium deduction.
9. accept that your premium may be adjusted during an annual renewal or due to benefit restructuring necessitated by legislation with one month's written notice, and subject to your right of cancellation of cover, the debit order authority will extend to the adjusted premium.
10. understand that your debit order deductions will be processed through a computerised system provided by the South African Banks. Details of each debit order deduction will be displayed on your bank statement with the reference prefix "STRATUM", followed by an 8 digit number ending with "SAGEPAY".
11. accept that given the debit order authority granted by you, it's your responsibility to ensure that premiums are collected in order to remain covered.
12. accept that you'll not be entitled to any refund of amounts which have been deducted while this debit order authority is in force, if such amounts were legally due.
13. understand that the product premium is inclusive of VAT.

Bank Account Number

Account Holder

Account Type Cheque Savings Term Monthly Annual Debit Order Date 1st 4th 7th 15th 20th 25th 28th Last day of the month

Optional Professional Fee (Increments of R10) Product Premium R Total Monthly Premium R

Account Holder Signature

8. PROSPECTIVE CLIENT CONSENT (Applicable to all applicants)

As the main applicant applying for insurance cover, I understand and acknowledge that the Gap Cover Benefit Option I'm applying for is not a medical aid, doesn't provide similar cover as that of a medical aid and can't be substituted for medical aid membership.

I hereby declare and accept that:

1. I'm applying for insurance cover subject to the waiting periods, benefit and general exclusions, terms and conditions of the policy contract and confirm that these have been communicated and explained to me prior to my cover start date.
2. all the details provided are true and correct and that no information has been withheld that may be material to, or is likely to affect the assessment or acceptance of my risk.
3. in the event of any material non-disclosure or misrepresentation, my policy may be rendered null and void. I accept that I'll forfeit any and all premiums and that Stratum Benefits may decline to indemnify or compensate me and/or my dependant(s) where applicable, for any claims under any item or section of cover.
4. should this application form be incomplete, it may not be processed by Stratum Benefits.
5. I understand that this insurance cover is not a medical aid membership nor does it provide benefits similar to that of a medical aid.
6. my, and my dependant's eligibility for cover is dependent on us remaining active members of a registered medical aid and I undertake to advise Stratum Benefits if I terminate my, and/or my dependant's medical aid membership at any time.
7. in terms of the Financial Advisory and Intermediary Services Act, 2002 (FAIS), my broker must be mandated by a licensed Financial Services Provider (FSP) as a representative with the necessary (FAIS) sub-categories to act on my behalf and that it's my responsibility to determine whether my broker has the necessary authorisation.
8. I've appointed the above-mentioned broker and authorise payment of their monthly commission.
9. Stratum Benefits is irrevocably authorised to process and store my and/or my dependant's personal information required for the purpose of administering cover under this policy, and I undertake to notify Stratum Benefits of any change in my personal details within a reasonable time period.

Main Applicant Signature

Date / /

Email yourapplication@stratumbenefits.co.za. Please enquire if you've not received your policy documentation within 7 days from submitting your Client Application Form.



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Constantia Insurance Company Limited, an authorised FSP 31111.
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