

2022 GAP COVER | CLIENT APPLICATION FORM

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 applicant (For a **first-time joiner** who isn't already covered on a Gap Cover policy.)
- Transfer applicant (For an individual **switching cover** from another Gap Cover provider. Also complete **Section 9 - Replacement Policy Disclosure** and submit your current policy document not older than **30 days** for underwriting purposes.)
- Existing dependant applying for continuation of cover as the principal insured on your own policy (Also complete **Section 2 - Current Principal Insured Details**.)

2. CURRENT PRINCIPAL INSURED DETAILS

Complete this section if you're a dependant covered on an existing **Stratum Benefits** policy applying for cover on your own policy. Let us know who the principal insured person is on the policy you're currently covered on.

Name	<input type="text"/>	Surname	<input type="text"/>
ID/Passport	<input type="text"/>	and/or	Policy Number <input type="text"/>

3. MAIN APPLICANT DETAILS

Title	<input type="text"/>	Name	<input type="text"/>
Surname	<input type="text"/>		
ID/Passport	<input type="text"/>	Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
Cellphone	<input type="text"/>	Alternative Contact No.	<input type="text"/>
Physical/Postal Address	<input type="text"/>		
			Postal Code <input type="text"/>
Email Address	<input type="text"/>		
Medical Aid	<input type="text"/>	M/A No.	<input type="text"/>
		Medical Aid Plan	<input type="text"/>

4. DEPENDANT DETAILS

Joining as a family? We'll cover you, your spouse and all the dependants registered on both your and your spouse's medical aid plans on one Gap Cover policy, even if you belong to different medical aids or medical aid plans.

Provide your dependants' medical aid details if it differs from your or your spouse's. Child dependants who move to their own medical aid plan, must apply for their own Gap Cover policy.

ID/Passport	<input type="text"/>	DoB	<input type="text"/> - <input type="text"/> - <input type="text"/>	Relation	<input type="text"/>
Title	<input type="text"/>	Name	<input type="text"/>		
Surname	<input type="text"/>				
Medical Aid	<input type="text"/>	Medical Aid Plan	<input type="text"/>	M/A No.	<input type="text"/>

ID/Passport	<input type="text"/>	DoB	<input type="text"/> - <input type="text"/> - <input type="text"/>	Relation	<input type="text"/>
Title	<input type="text"/>	Name	<input type="text"/>		
Surname	<input type="text"/>				
Medical Aid	<input type="text"/>	Medical Aid Plan	<input type="text"/>	M/A No.	<input type="text"/>

ID/Passport	<input type="text"/>	DoB	<input type="text"/> - <input type="text"/> - <input type="text"/>	Relation	<input type="text"/>
Title	<input type="text"/>	Name	<input type="text"/>		
Surname	<input type="text"/>				
Medical Aid	<input type="text"/>	Medical Aid Plan	<input type="text"/>	M/A No.	<input type="text"/>

ID/Passport	<input type="text"/>	DoB	<input type="text"/> - <input type="text"/> - <input type="text"/>	Relation	<input type="text"/>
Title	<input type="text"/>	Name	<input type="text"/>		
Surname	<input type="text"/>				
Medical Aid	<input type="text"/>	Medical Aid Plan	<input type="text"/>	M/A No.	<input type="text"/>

9. REPLACEMENT POLICY DISCLOSURE

This section is applicable to you and your appointed broker if you're an applicant 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

- A change in terms and conditions, monthly premium and benefits will apply because benefit and fee structures of products are different.
- The **Policy Schedule** that you'll receive when your cover is activated explains the general exclusions, terms and conditions of cover in more detail.
- If there's been a break in cover of **30 days** or **more** between the end date of cover with your current provider, and the cover start date of your new **Stratum Benefits Gap Cover** policy, you'll receive full waiting periods.

GENERAL WAITING PERIOD

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

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**.

During this **Pre-Existing Condition Waiting Period**, we don't cover you 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 pay only **20% of the approved claim amount**.

UNDISCLOSED MEDICAL EVENTS

Claiming 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.

FOR YOUR BROKER TO COMPLETE

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		

10. PRE-EXISTING MEDICAL CONDITION DISCLOSURE

As the main applicant, you're responsible to answer this section for yourself and on behalf of your dependants, where applicable, and agree that you have the necessary knowledge and consent to do so.

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.

Claiming 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 for cover, may be investigated and rejected based on non-disclosure.

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)	DIAGNOSIS / TREATMENT DATE
		Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
		Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
		Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
		Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

11. 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, or triple debit may be incurred.
5. agree that this debit order authority will remain in force until cancelled in writing by the principal insured person, by Stratum Benefits if premiums aren't received for two consecutive months, if the account being debited is closed, the account holder is deceased or if authority to debit isn't granted.
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 "NETCASH".
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 that 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.

Account Type Cheque Savings Bank Account Number

Account Holder

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

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

Account Holder Signature

12. PROSPECTIVE CLIENT CONSENT (Applicable to all applicants)

As the main applicant applying for insurance cover, I understand and acknowledge that the Gap Cover policy 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, and terms and conditions of the policy contract, and confirm that these have been communicated and explained to me prior to the policy 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 dependants, 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. my, and my dependants' eligibility for cover is dependent on us remaining active members of a registered medical aid. I undertake to advise Stratum Benefits if I terminate my, and/or my dependants' medical aid membership at any time.
6. 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.
7. where a broker's been appointed by me, I authorise payment of their monthly commission.
8. Stratum Benefits is irrevocably authorised to process and store my, and/or my dependants' personal information required for the purpose of administrating cover under this policy. I undertake to notify Stratum Benefits of any change in my personal details within a reasonable time period. This authorisation will be terminated upon the cancellation of my policy wherein my data will then be stored for the prescribed years, and thereafter destroyed in a responsible manner.

Main Applicant Signature Date - -

13. PROTECTION OF PERSONAL INFORMATION

USE OF PERSONAL INFORMATION DECLARATION

Information is processed as set out in our **Privacy Policy**. By accepting these terms and conditions, or by providing personal information to us, you agree and give permission to us to use your personal information as set out in our **Privacy Policy**. This can be viewed in the **Policy Schedule** that you'll receive when your policy is activated, or by visiting our website at:

<https://www.stratumbenefits.co.za/files/POPI-Privacy-Policy.pdf>

Do we have your permission to contact you for marketing purposes, like when we run competitions or launch new products? Yes No

How may we contact you? Email, SMS and Telephone Email only SMS only Telephone only

Email yourapplication@stratumbenefits.co.za

Please enquire if you've not received your policy documentation within **7 working 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.

t 010 593 0981 www.stratumbenefits.co.za

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