

CORPORATE GAP COVER CLIENT APPLICATION FORM

Brokerage
Broker

Broker Signature

Signature box

1. CREATE YOUR PROFILE

Please speak with your HR Representative or Broker about the Corporate Gap Cover option available to you as an employee, as well as the waiting periods and terms and conditions of cover before submitting your application form.

Based on the discussion you've had with your HR Representative or Broker, please select the type of application relevant to your profile that will form the basis of your contract with us.

- Employee applying for cover as part of an Employer Group Scheme (A brand-new employee or an existing employee not switching cover from another Gap Cover provider and who is not a dependant on an existing Stratum Benefits policy)
Employee switching cover from another Gap Cover provider (Please also complete Section 5 - Replacement Policy Disclosure and submit your current policy document not older than 30 days for underwriting purposes)

EMPLOYER GROUP SCHEME DETAILS

Employer Group Scheme

Employer Group Scheme Stamp / Authorised Signatory

Employer Group Scheme box

Stamp/Signatory box

Employee Appointment Date

Employee Number

Date box

Employee Number box

HR Representative Name

HR Representative Name box

HR Representative Email Address

HR Representative Email Address box

MAIN APPLICANT DETAILS

Title Name box

Surname box

ID/Passport Date of Birth box

Medical Aid M/A No. box

Medical Aid Option box

Cellphone Alternative Contact No. box

Email Address box

Physical/Postal Address box

Postal Code box

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, subject to approval from your employer. Speak with your HR Representative or Broker for more information about adding your dependant(s).

Dependant 1 Title Name box

Dependant 1 Surname box

Dependant 1 ID/Passport DoB Relation box

Dependant 2 Title Name box

Dependant 2 Surname box

Dependant 2 ID/Passport DoB Relation box

Dependant 3 Title Name box

Dependant 3 Surname box

Dependant 3 ID/Passport DoB Relation box

5. 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, or having this section 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 details.
- 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 may receive full waiting periods.

TRANSFER WAITING PERIODS

Your policy will be subject to underwriting, regardless of whether you're switching cover between the same insurer or from a different insurer. Waiting periods applicable to our **Corporate Product Range** are subject to the demographic profile of the employer group.

The below waiting periods are standard waiting periods that may apply to you as an employee switching cover from another Gap Cover provider, subject to the quote accepted by your employer.

EXCEPTION TO THE RULE

Out-Patient Specialist Consultation Cover offered on the **CORPORATE ELITE PLUS** option 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 applicable waiting period will be carried over. If our Gap Cover policy offers enhanced benefits, these benefits will receive a **Pre-Existing Condition Waiting Period** of up to **12 months**.

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.

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

By signing this application, you acknowledge and accept that your policy may be subject to waiting periods.

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		

6. YOUR PAYMENT PROFILE *(Please complete this section if you're paying your policy premium yourself)*

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

- understand that cover will commence after the first premium is received.
- authorise Stratum Benefits to debit your account for the policy premium that's payable in advance, on the debit order date as selected.
- authorise Stratum Benefits to accept this debit order authority as a payment instruction issued by the account holder.
- accept that depending on the selected debit order date, a double debit may be incurred.
- 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.
- understand that this debit order authority may only be assigned to a third party if this contract is also assigned to a third party.
- 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.
- 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.
- 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.
- 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".
- accept that given the debit order authority granted by you, it is your responsibility to ensure that premiums are collected in order to remain covered.
- 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.
- understand that the product premium is inclusive of VAT.

Bank	<input type="text"/>	Account Number	<input type="text"/>
Account Holder	<input type="text"/>		
Account Type	Term	Debit Order Date	
<input type="radio"/> Cheque <input type="radio"/> Savings	<input type="radio"/> Monthly <input type="radio"/> Annual	<input type="radio"/> 1st <input type="radio"/> 4th <input type="radio"/> 7th <input type="radio"/> 15th <input type="radio"/> 20th <input type="radio"/> 25th <input type="radio"/> 28th <input type="radio"/> Last day of the month	
Optional Professional Fee (Increments of R10)	<input type="text"/>	Product Premium R	<input type="text"/>
		Total Monthly Premium R	<input type="text"/>
Account Holder Signature	<input type="text"/>		

7. PROSPECTIVE CLIENT CONSENT (Applicable to all applicants)

As the main applicant applying for insurance cover, I understand and acknowledge that the Corporate Gap Cover 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 information provided is true and correct and that no information has been withheld that may be material to, or 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 will 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 is 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 administrating 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 have not received your policy documentation within **7 days** from submitting your Corporate 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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