

Brokerage
Broker

Signature

1. CREATE YOUR PROFILE

Please speak with your HR Representative or Broker about the Corporate Health Insurance Benefit 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 Health Insurance provider and who is not a dependant on an existing Stratum Benefits policy)
Employee switching cover from another Health Insurance 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 Stamp / Authorised Signatory

Employer Group Scheme

Stamp/Signature area

Employee Appointment Date
Employee Number

HR Representative Name

HR Representative Email Address

MAIN APPLICANT DETAILS

Title, Surname, ID/Passport, Cellphone, Email Address, Physical/Postal Address, Date of Birth, Alternative Contact No., Postal Code

DEPENDANT DETAILS

One Health Insurance policy covers you, your spouse and all your child dependants as long as you're their parent or legal guardian, subject to approval from your employer. Speak with your HR Representative or Broker for more information about adding your dependant(s). For legal guardianship, please submit a legal document from the South African Court of Law.

Children aged 20 years or younger pay child dependant premiums. Children aged 21 years or older pay adult dependant premiums if they are full-time students and proof of financial dependency is submitted every year. We accept proof from the educational facility or stamped copies of your child's bank account statements of the past 3 months.

Dependant details form including Title, Surname, ID/Passport, DoB, Relation for multiple dependants

DEPENDANT DETAILS [CONTINUED]

Title	<input type="text"/>	Name	<input type="text"/>
Surname	<input type="text"/>		
ID/Passport	<input type="text"/>	DoB	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Relation	<input type="text"/>

2. CORPORATE HEALTH INSURANCE BENEFIT OPTIONS

Please select the **Corporate Health Insurance Benefit Option** that your employer offers.

Your monthly premium is subject to the quote accepted by your employer. Speak with your HR Representative or Broker about premium details.

DAY-TO-DAY BENEFIT OPTION

Principal Insured..... Spouse..... Adult Dependand.....
Financially dependent 21+ Child Dependand.....
20 or younger

EMERGENCY AND ACCIDENT BENEFIT OPTION

Principal Insured..... Spouse..... Adult Dependand.....
Financially dependent 21+ Child Dependand.....
20 or younger

DAY-TO-DAY, EMERGENCY & ACCIDENT BENEFIT OPTION

Principal Insured..... Spouse..... Adult Dependand.....
Financially dependent 21+ Child Dependand.....
20 or younger

COVER START DATE / /

3. WAITING PERIODS

Waiting periods may apply from the start date of your policy and from each person's cover start date.

The waiting periods that apply to you are determined by the demographic profile of the employer group and the quote accepted by your employer. Waiting periods will be confirmed in the Cover Letter that you'll receive when your policy is activated.

Waiting periods don't apply to employer groups when it's compulsory for **20 or more** employees to join.

When **20 or less** employees join or when it's voluntary for employees to join, the below waiting periods will apply:

1 MONTH GENERAL WAITING PERIOD

You don't have cover during this period for the **Day-to-Day, Employee Wellness Assessment** and **Preventative Care Benefits**.

9 MONTH PRE-BIRTH CONSULTATION WAITING PERIOD**12 MONTH CHRONIC MEDICATION WAITING PERIOD****12 MONTH EYE CARE WAITING PERIOD****EXCEPTION TO THE RULE**

Waiting periods don't apply to our **Emergency and Accident Benefit** and **Essential Assistance Programme (EAP)**.

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

4. 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 insurance policy will be replaced with a **Stratum Benefits** policy and that certain aspects of the new policy will be different from the old policy.

To apply to transfer cover you must be on medical aid or health insurance cover for at least **12 months** and transfer to us with no break in cover. You can transfer to any of the **Health Insurance Benefit Options**.

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 Benefit Options** are subject to the demographic profile of the employer group.

The waiting periods that may apply to you as an employee switching cover from another Health Insurance provider are subject to the quote accepted by your employer.

REPLACEMENT POLICY DISCLOSURE

Clients transferring cover must be informed of the following:

- 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.

5. NOMINATION OF BENEFICIARY

The benefit amount offered by the **Accidental Death Benefit** will be paid to the nominated beneficiary if you pass away due to an accident. If you don't nominate a beneficiary the benefit amount will be paid to your estate.

The benefit amount that applies to your spouse will be paid to you, the principal insured.

The full terms and conditions of this benefit are explained in our Policy Schedule.

Title	Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. PROSPECTIVE CLIENT CONSENT *(Applicable to all applicants)*

As the main applicant applying for insurance cover, I understand and acknowledge that the Health Insurance 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 am 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 I have not withheld any information which 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 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. 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.
7. I have appointed the above-mentioned broker and authorise payment of their monthly commission.
8. 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.
9. I further authorise and instruct the Insurer and any medical provider (including emergency and hospital providers) concerned to give any information relating to myself and/or my dependants to the staff appointed by the Insurer, for the purposes of ensuring that the insured persons on the policy receive appropriate and necessary medical services while reducing inappropriate care and wastage of medical resources.

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



Administered by UnityHealth, a division of Ambledown Financial Services (Pty) Ltd, an authorised FSP 10287. In partnership with Stratum Benefits (Pty) Ltd, an authorised FSP 2111, underwritten by Constantia Insurance Company Limited, an authorised FSP 31111. Terms and conditions apply.

