

2022 GAP COVER | PROFILE UPDATE FORM

1. UPDATE YOUR PROFILE

Section 3 is compulsory to complete to ensure we have your most up to date details.

What change should we make to your profile?

- Do a status swop to note me as the new principal insured person on the policy (Complete Sections 2, 3, 6 & 7)
- Change my corporate policy to a policy in my private capacity (Complete Sections 3, 4, 5, 6 & 7)
- Appoint a new broker (Complete Sections 3, 5 & 7)
- Change my debit order details (Complete Sections 3, 6 & 7)

For other profile updates that aren't listed here, like adding or removing a dependant or changing your Gap Cover option, simply email us at yoursupport@stratumbenefits.co.za with your request.

2. CURRENT PRINCIPAL INSURED DETAILS

Complete this section if you've indicated in Section 1 that a status swop must be done. Provide the current Principal Insured's details in this section and indicate the reason for the request. Provide your details as the new Principal Insured in Section 3.

- Principal Insured has passed away (attach a copy of the death certificate)
- Principal Insured to align with medical aid membership (attach a copy of the medical aid membership certificate)
- Other

CURRENT PRINCIPAL INSURED DETAILS

Name	<input style="width: 95%;" type="text"/>	Surname	<input style="width: 95%;" type="text"/>
Policy Number	<input style="width: 95%;" type="text"/>	ID/Passport	<input style="width: 95%;" type="text"/>

3. PRINCIPAL INSURED DETAILS

Please complete all fields in this section.

Title	<input style="width: 95%;" type="text"/>	Name	<input style="width: 95%;" type="text"/>
Surname	<input style="width: 95%;" type="text"/>		
ID/Passport	<input style="width: 95%;" type="text"/>	Date of Birth	<input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/>
Cellphone	<input style="width: 95%;" type="text"/>	Alternative Contact No.	<input style="width: 95%;" type="text"/>
Physical/Postal Address	<input style="width: 95%;" type="text"/>		
			Postal Code <input style="width: 10%;" type="text"/>
Email Address	<input style="width: 95%;" type="text"/>		

4. CONTINUATION OF COVER

If you joined one of our Corporate Gap Cover options before the age of 65, you'll pay a 64 or younger premium when continuing cover on one of our individual options in your private capacity. If a dependant who is 65 or older is added to your policy, you'll pay a 65 or older family premium for the whole family.

Select your option.

COMPACT³⁰⁰

Ages	Monthly Premium
64 or younger	Individual _____ <input type="radio"/> R 257
64 or younger	Family _____ <input type="radio"/> R 311
65 or older	Individual or Family _____ <input type="radio"/> R 490

BASE

Ages	Monthly Premium
64 or younger	Individual _____ <input type="radio"/> R 234
64 or younger	Family _____ <input type="radio"/> R 275
65 or older	Individual or Family _____ <input type="radio"/> R 454

ACCESS OPTIMISER *without Gap Cover*

Ages	Monthly Premium
64 or younger	Individual or Family _____ <input type="radio"/> R 155
65 or older	Individual or Family _____ <input type="radio"/> R 207

ACCESS CO-PAY PLUS³⁰⁰

Ages	Monthly Premium
64 or younger	Individual or Family including 300% Gap Cover _____ <input type="radio"/> R 320
65 or older	Individual or Family including 300% Gap Cover _____ <input type="radio"/> R 425

ELITE

Ages	Monthly Premium
64 or younger	Individual _____ <input type="radio"/> R 376
64 or younger	Family _____ <input type="radio"/> R 461
65 or older	Individual _____ <input type="radio"/> R 610
65 or older	Family _____ <input type="radio"/> R 745

COVER START DATE

<input style="width: 95%;" type="text"/>	-	<input style="width: 95%;" type="text"/>	-	<input style="width: 95%;" type="text"/>
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5. APPOINT A NEW BROKER

If a broker is already noted on your Gap Cover policy, we'll let them know that you've appointed another broker to advise you on your cover going forward.

New Brokerage

New Broker

PROFESSIONAL FEE

If a professional fee (broker fee) is being paid to the current broker, the fee won't automatically be paid to the newly appointed broker unless you instruct us to.

Professional fees are optional, and if agreed to, will be paid to the appointed broker on a recurring basis over and above the monthly commission amount.

Optional

Professional Fee
(Increments of R10)

Product Premium R

Total Monthly Premium R

Principal Insured Signature

6. DEBIT ORDER DETAILS

By signing this section, 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.
14. understand that all debit order related changes will be effective the following month if not sent in **5 working days** prior to your debit order date.

Account Type Cheque Savings

Bank

If Other

Account Number

Account Holder

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

Term Monthly Annual

PROFESSIONAL FEE

Professional fees are optional and, if agreed to, will be paid to the appointed broker on a recurring basis over and above the monthly commission amount.

Optional

Professional Fee
(Increments of R10)

Product Premium R

Total Monthly Premium R

Account Holder Signature

7. DECLARATION ACCEPTANCE

As the Principal Insured, I hereby declare that all the information provided is true and correct. I accept that any non-disclosure or misrepresentation may render my policy null and void.

Principal Insured Signature

Date

Email yoursupport@stratumbenefits.co.za

Please enquire if you've not received feedback within **7 working days** from submitting the Profile Update Form

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