

2022 HEALTH INSURANCE | MEMBER APPLICATION FORM

Brokerage		
Broker		
Brokerage Code		Broker Signature
Broker Code		

1. CREATE YOUR PROFILE

If you're an individual wanting to switch cover from another health insurance provider or from medical aid cover, please complete our Transfer Application Form.

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

Attach a clear copy of your identity document.

- Brand new applicant *(For a first-time joiner who isn't already covered on a Health Insurance policy.)*
- 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 Health Insurance 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		Surname	
ID/Passport	and/or	Policy Number	

3. MAIN APPLICANT DETAILS

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

Where would you like us to send your member card to? Please provide an address where mail can be received. Allow +/- 21 working days for delivery depending on postal services.

Physical/Postal Address		Postal Code

DEPENDANT DETAILS

This Health Insurance policy covers you, your spouse and all your child dependants as long as you're their parent or legal guardian. Please submit a legal document from the South African Court of Law that confirms legal guardianship, where applicable. Extended family members don't qualify for cover.

Children who are 20 years or younger pay child dependant premiums. Children who are 21 years or older pay adult dependant premiums if they're full-time students or proof of financial dependency is submitted every year. We accept proof from the educational facility confirming full-time studies (distance learning won't be considered), or stamped copies of your child's bank account statements of the past 3 months with an affidavit.

Name	
Surname	
ID/Passport	DOB
	Relationship

Name	
Surname	
ID/Passport	DOB
	Relationship

Name	
Surname	
ID/Passport	DOB
	Relationship

DEPENDANT DETAILS [CONTINUED]

Name, Surname, ID/Passport, DOB, Relationship form fields

4. HEALTH INSURANCE BENEFIT OPTIONS

If you're 56 or older and apply for cover on the Day-to-Day Benefit Option, or if you're 61 or older applying for cover on the Emergency & Accident Benefit Option, you'll pay a higher premium as indicated.

DAY-TO-DAY BENEFIT OPTION

Table with columns: Ages, Monthly Premium, Principal Insured, Spouse, Adult Dependant, Child Dependant. Includes radio buttons and rates (R 349, R 281, R 281, R 107).

EMERGENCY AND ACCIDENT BENEFIT OPTION

Table with columns: Ages, Monthly Premium, Principal Insured, Spouse, Adult Dependant, Child Dependant. Includes radio buttons and rates (R 175, R 95, R 95, R 39).

COVER START DATE form field

5. RECOMMENDATION

If you appoint a broker, a recommendation will be made and advice will be given based on the information you provide.

FOR YOUR BROKER TO COMPLETE

The purpose of this section is to make sure your client's health coverage requirements have been reviewed to help determine which Health Insurance option will best suit their needs.

Your recommendation based on these discussions are as follows:

Option form field

Reason for your recommendation form field

6. WAITING PERIODS

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

2 MONTH GENERAL WAITING PERIOD

You don't have cover during this period for the Day-to-Day, 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 the Emergency and Accident Benefits and Essential Assistance Programme (EAP).

By signing this application form, you acknowledge and accept that your policy will be subject to waiting periods for specific medical events.

7. NOMINATION OF BENEFICIARY | ACCIDENTAL DEATH BENEFIT

The Emergency & Accident Benefit Option offers an Accidental Death Benefit that covers you and your registered spouse if either one of you passes away due to an accident.

The benefit will be paid out to your and your registered spouse's nominated beneficiary.

The Accidental Death Benefit also covers a child dependant if death is due to a motor vehicle accident.

The Policy Schedule that you'll receive when your policy is activated explains the full terms and conditions of this benefit.

NOMINATION BY THE MAIN APPLICANT

Title, Name, Surname form fields

ID/Passport, Relationship form fields

Contact Details, Alternative Contact Details form fields

7. NOMINATION OF BENEFICIARY | ACCIDENTAL DEATH BENEFIT [CONTINUED]

NOMINATION BY THE SPOUSE

Title	Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
ID/Passport	Relationship	
<input type="text"/>	<input type="text"/>	
Contact Details	Alternative Contact Details	
<input type="text"/>	<input type="text"/>	

Subject to the terms and conditions of your policy or limitations imposed by law at the time of a claim, you understand that:

- the nominated beneficiary will receive proceeds payable under the **Accidental Death Benefit**;
- you may nominate a beneficiary of your choice;
- if the beneficiary is a minor when the benefit amount is payable, the benefit amount will be paid to the minor's legal guardian, trust or any person we're authorised to pay under the relevant law;
- you may amend the nomination at any time, however, nominations aren't effective until it's confirmed in writing by the Insurer; and that
- the benefit amount payable will be based on the latest valid beneficiary nomination that we've received and that the Insurer accepted.

Main Applicant Signature	<input type="text"/>	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Spouse Applicant Signature	<input type="text"/>	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>

8. YOUR HEALTHCARE PROVIDER(S)

Let us know who your doctor is so that we can contact them about joining **Unity Health's** provider network.

Doctor	Contact Number
<input type="text"/>	<input type="text"/>
Doctor	Contact Number
<input type="text"/>	<input type="text"/>

9. 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.

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"/>		

10. PROSPECTIVE MEMBER CONSENT (Applicable to all applicants)

As the main applicant applying for insurance cover, I understand and acknowledge that the Health Insurance 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, 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 I and/or my dependants may not be indemnified or compensated for any claims under any item or section of cover.
4. should this application form be incomplete, it may not be processed.
5. 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.
6. where a broker's been appointed by me, I authorise payment of their monthly commission.
7. Stratum Benefits is irrevocably authorised to process and store my, and/or my dependants' personal information required for the purpose of administering 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.
8. I further authorise and instruct the Insurer and any medical provider, including emergency and hospital providers, 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

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11. 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 haven't received your policy documentation within **7 working days** from submitting your Member Application Form



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Administered by Unity Health, 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.

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