

2020

CORPORATE CLIENT APPLICATION FORM

Brokerage and Broker input fields

Signature input field

1. CREATE YOUR PROFILE

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

- Employee applying for cover as part of an Employer Group Scheme
Employee insured by another provider transferring cover to Stratum Benefits as part of an Employer Group Scheme

EMPLOYER GROUP SCHEME DETAILS

Employer Group Scheme details including appointment date, employee number, HR representative name and email address.

Employer Group Scheme Stamp / Authorised Signatory

Stamp/signatory box

MAIN APPLICANT DETAILS

Main applicant details including title, name, surname, ID/passport, date of birth, medical aid, and contact information.

DEPENDANT DETAILS

We cover you, as the employee, as well as your spouse and all the dependants registered on both your and your spouse's medical aid plans...

Dependant details form for multiple dependants, including title, name, surname, ID/passport, date of birth, and relation.

2. CORPORATE GAP COVER OPTIONS

Please select the appropriate Corporate Gap Cover option that your Employer Group offers.

Your monthly premium is subject to the Employer Group Scheme Proposal accepted by your employer. Speak to your HR Representative or Broker for premium details.

- CORPORATE COMPACT²⁰⁰** **CORPORATE ACCESS PLUS**
 CORPORATE ELITE PLUS
 CORPORATE ELITE

If the Gap Cover option your Employer Group Scheme offers does not reflect here, please provide the option name:

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COVER START DATE

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3. WAITING PERIODS

It is important to note that waiting periods may apply from the start date of the policy and from each insured person's cover start date. Waiting periods are determined by the Employer Group Scheme Proposal accepted by your employer. Speak to your HR Representative, Broker or get in touch with us directly for more information about the waiting periods applicable to the Employer Group Scheme you will form a part of.

3 MONTH GENERAL WAITING PERIOD

Cover does not apply during this period unless you claim for accidental events that occur after your cover start date.

Our **Out-Patient Specialist Consultation Benefit** offered on our **CORPORATE ELITE PLUS** option is subject to a standard **3 Month General Waiting Period**.

10 MONTH PRE-EXISTING PREGNANCY AND CHILDBIRTH WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to pregnancy and childbirth for which advice and/or treatment was received within **12 months** before your cover start date.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within **12 months** before your cover start date.

10 MONTH BENEFIT RULE

Claims received within the first **10 months** of cover for specific medical events will be covered between **20%** and **100%** of the **approved claim amount**, as quoted in the Employer Group Scheme Proposal. Speak to your HR Representative, Broker or refer to our product brochures for more information about the listed medical events.

By signing this application form, you acknowledge and accept that your policy may be subject to waiting periods and/or a limited benefit in the first 10 months of cover for specific medical events.

4. PRE-EXISTING MEDICAL CONDITION DISCLOSURE

The Employer Group Scheme may be subject to our **Pre-Existing Condition Waiting Period**.

As the main applicant, you accept the responsibility of answering this section on behalf of your dependant(s) and agree that you have the necessary knowledge and authority to fully do so.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within **12 months** before your cover start date.

Medical events claimed within the first **12 months** of cover that we view as pre-existing which you did not disclose at the time of applying for cover, may be investigated and rejected on the basis of non-disclosure.

Please provide details of any illness and/or condition relevant to you and/or your dependant(s), where applicable:

NAME	PRE-EXISTING MEDICAL CONDITION(S)

5. REPLACEMENT POLICY DISCLOSURE (To be completed by your Broker if you are transferring cover from another Gap Cover provider)

If you are applying for cover as a transfer client, whereby your current Gap Cover policy will be replaced with a Stratum Benefits Gap Cover product, it's important to understand that certain aspects of the replacement policy may differ.

REPLACEMENT POLICY DISCLOSURE

- A change in monthly premium and/or special terms and conditions may apply as products are different in benefit and fee structure.
- Our Policy Particulars provide more information about the general exclusions, terms and conditions of cover.
- Where there has been a break in cover of **30 days or more** between the end date of cover with your previous insurer and your cover start date with Stratum Benefits, full underwriting may apply.

TRANSFER WAITING PERIODS

Underwriting applies regardless of whether your cover is transferred from a different Insurer or the same Insurer, unless otherwise specified in the Employer Group Scheme Proposal.

Waiting periods applicable to our Corporate Product Range are subject to the demographic profile of the employer group and the Employer Group Scheme Proposal provided.

5. REPLACEMENT POLICY DISCLOSURE [CONTINUED]

GENERAL WAITING PERIOD

This waiting period may be applied subject to your age demographic. During this period, cover does not apply unless you are claiming for an accidental event that occurs after your transfer cover start date.

Our **Out-Patient Specialist Consultation Benefit** offered on our **CORPORATE ELITE PLUS** option is subject to a standard **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. Where our Gap Cover policy provides enhanced benefits, a **12 Month Pre-Existing Condition Waiting Period** will apply.

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within **12 months** before your transfer cover start date.

DISCLOSED PLANNED MEDICAL EVENTS

If you claim in the first **10 months** of cover for a disclosed planned medical procedure, surgery, treatment and/or investigation, your claim will be covered at **20%** of the **approved claim amount**.

UNDISCLOSED MEDICAL EVENTS

If you claim in the first **12 months** of cover for a medical procedure, surgery, treatment and/or investigation that are deemed as pre-existing which you did not disclose, your claim may be investigated and rejected on the basis of non-disclosure.

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 and a limited benefit in the first **10 months** of cover for disclosed planned medical events.

Please record 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 *(To be completed if you are responsible to pay your policy premium in private capacity)*

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 is 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 "SAGEPAY".
- 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 shall 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 Account Number

Account Holder

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

Optional Professional Fee (Increments of R10)

R

Total Monthly Premium R

Account Holder Signature

7. PROSPECTIVE CLIENT CONSENT (Applicable to all applicants)

As the main applicant applying for insurance cover, I understand and acknowledge that the Gap Cover Benefit Option I am applying for is not a medical aid, does not provide similar cover as that of a medical aid and cannot 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 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 have 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 administering 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

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Email yourportfolio@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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