

1. UPDATE YOUR PROFILE

Please select the appropriate update request relevant to the change you want to make to your profile.

- Existing client part of an Employer Group Scheme continuing cover on my own policy as indicated in Section 3 (Please email your continuation request to yourportfolio@stratumbenefits.co.za)
Appoint a new broker to advise me on my Gap Cover policy as indicated in Section 4
Change my debit order details as indicated in Section 5

Email yoursupport@stratumbenefits.co.za for any other update request not mentioned above, such as adding and/or removing a dependant, option change, etc.

2. MAIN APPLICANT DETAILS

Please complete the fields below to ensure that we have your most up to date information.

Form fields for Title, Name, Surname, ID/Passport, Date of Birth, Cellphone, Alternative Contact No., Email Address, Physical/Postal Address, and Postal Code.

3. CONTINUATION OF COVER

If you joined before the age of 65 as part of an Employer Group Scheme, you will be covered under the 64 or younger premium category. If you add a dependant aged 65 or older to your cover, you and your family will be covered under the 65+ family option.

Please select your continuation Gap Cover Benefit Option.

COMPACT 200

Table with columns: Ages, Monthly Premium. Rows for 64 or younger and 65+ with Individual and Family options.

ELITE

Table with columns: Ages, Monthly Premium. Rows for 64 or younger and 65+ with Individual and Family options.

CO-EVOLUTION

Table with columns: Ages, Monthly Premium. Rows for 64 or younger and 65+ with Individual and Family options.

BASE

Table with columns: Ages, Monthly Premium. Rows for 64 or younger and 65+ with Individual and Family options.

ACCESS OPTIMISER PLUS

Table with columns: Ages, Monthly Premium. Rows for 64 and younger with Individual or Family options including 200% and 500% Gap Cover.

65+ ACCESS OPTIMISER PLUS

Table with columns: Ages, Monthly Premium. Rows for 65+ with Individual or Family options including 200% and 500% Gap Cover.

EFFECTIVE DATE OF CONTINUATION

Form field for effective date of continuation (DD/MM/YYYY).

4. APPOINT A NEW BROKER

Please provide the details of the new broker that you are appointing to advise you on your Gap Cover policy.

Form fields for New Brokerage and New Broker name.

*If you want to add an additional professional fee to your monthly Stratum Benefits policy premium, which will be paid to your appointed broker on a recurring basis over and above the monthly commission amount, please indicate the amount below.

Form fields for Optional Professional Fee, Total Monthly Premium, and Principal Insured Signature.

5. CHANGE DEBIT ORDER DETAILS*By signing this section, you:*

1. authorise Stratum Benefits to debit your account for the policy premium that is payable in advance, on the debit order date as selected.
2. authorise Stratum Benefits to accept this debit order authority as a payment instruction issued by the account holder.
3. accept that depending on the selected debit order date, a double debit may be incurred.
4. 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.
5. understand that this debit order authority may only be assigned to a third party if this contract is also assigned to a third party.
6. 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.
7. understand that cover will commence after the first premium is received.
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 "SAGEPAY".
11. 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.
12. 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.
13. understand that the product premium is inclusive of VAT.

Bank		Account Number	
Account Holder			
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 R 10)	R <input style="width: 40px;" type="text"/>	Total Monthly Premium R	<input style="width: 40px;" type="text"/>
			Account Holder Signature <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div>

6. 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 <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div>	Date <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 60px;" type="text"/>
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Email yourportfolio@stratumbenefits.co.za when continuing cover as an individual in private capacity.
 Email yoursupport@stratumbenefits.co.za when appointing a new broker or changing debit order details.
 Please enquire if you have not received feedback within **7 days** from submitting your Gap Cover Profile Update Form.