

**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](mailto:yourportfolio@stratumbenefits.co.za))
- Appoint a new broker to advise me on my Health Insurance policy as indicated in **Section 4**
- Change my debit order details as indicated in **Section 5**
- Nominate a beneficiary for the **Accidental Death Benefit** as indicated in **Section 6**

Email [health@stratumbenefits.co.za](mailto:health@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.

Title  Name

Surname

ID/Passport  Date of Birth  /  /

Cellphone  Alternative Contact No.

Email Address

Physical/Postal Address

Postal Code

**3. CONTINUATION OF COVER**

If you joined **before** the age of **56** as part of an Employer Group Scheme, and now apply for continuation cover on the **Day-to-Day Benefit Option** or **Day-to-Day, Emergency & Accident Benefit Option**, you will be covered under the **55** or **younger** premium category. If you joined **before** the age of **61** as part of an Employer Group Scheme, and now apply for continuation cover on the **Emergency & Accident Benefit Option**, you will be covered under the **60** or **younger** premium category.

Please select your continuation **Health Insurance Benefit Option**.

**DAY-TO-DAY BENEFIT OPTION**

Ages	Monthly Premium			
55 or younger	Principal Insured..... <input type="radio"/> R 370	Spouse..... <input type="radio"/> R 245	Adult Dependand..... <input type="radio"/> R 245	Child Dependand..... <input type="radio"/> R 110
56+	Principal Insured..... <input type="radio"/> R 543	Spouse..... <input type="radio"/> R 418	<i>Financially dependent 21+</i>	<i>20 or younger</i>

**EMERGENCY AND ACCIDENT BENEFIT OPTION**

Ages	Monthly Premium			
60 or younger	Principal Insured..... <input type="radio"/> R 159	Spouse..... <input type="radio"/> R 86	Adult Dependand..... <input type="radio"/> R 86	Child Dependand..... <input type="radio"/> R 35
61+	Principal Insured..... <input type="radio"/> R 200	Spouse..... <input type="radio"/> R 127	<i>Financially dependent 21+</i>	<i>20 or younger</i>

**DAY-TO-DAY, EMERGENCY & ACCIDENT BENEFIT OPTION**

Ages	Monthly Premium			
55 or younger	Principal Insured..... <input type="radio"/> R 470	Spouse..... <input type="radio"/> R 335	Adult Dependand..... <input type="radio"/> R 335	Child Dependand..... <input type="radio"/> R 130
56+	Principal Insured..... <input type="radio"/> R 671	Spouse..... <input type="radio"/> R 536	<i>Financially dependent 21+</i>	<i>20 or younger</i>

EFFECTIVE DATE OF CONTINUATION  /  /

**4. APPOINT A NEW BROKER**

Please provide details of the **new broker** that you are appointing to advise you on your Health Insurance policy.

New Brokerage  New Broker

\*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.

\*Optional Professional Fee R  Total Monthly Premium R  Account Holder 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	<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)	R <input type="text"/>	Total Monthly Premium R	<input type="text"/>
			Account Holder Signature <input type="text"/>

## 6. NOMINATION OF BENEFICIARY

Please nominate **1 beneficiary** to whom the benefit amount under the **Accidental Death Benefit** will be paid to in the event of your accidental death. If a beneficiary is not nominated, the benefit amount will be paid to your estate.

In the event of your spouse's accidental death, the benefit amount will be paid to the principal insured person on the policy.

Please refer to your policy documentation for full terms and conditions.

Title	Name	Surname	ID/Passport
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Address		
<input type="text"/>	<input type="text"/>		

As the main applicant, you understand that the beneficiary nominated will receive proceeds from the benefit payable under the **Accidental Death Benefit**, subject to the terms and conditions of your policy and/or limitations imposed by law at the time of your claimable event.

You also understand that:

- you may nominate a beneficiary of your choice;
- if your nominated beneficiary cannot be located or passes away prior to your claimable event, the benefit amount(s) payable to them will be paid to your estate;
- if at the time of payment your nominated beneficiary is a minor, the benefit amount(s) will be paid to the minor's legal guardian or a trust for the benefit of the minor, or to any person we are authorised to pay under the relevant law;
- you may amend your nomination at any stage, however, nominations are not effective until confirmed in writing by the Insurer; and
- the benefit amount(s) payable to your nominated beneficiary will be based on the latest valid beneficiary nomination received as accepted by the Insurer.

Principal Insured Signature	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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## 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	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Email [yourportfolio@stratumbenefits.co.za](mailto:yourportfolio@stratumbenefits.co.za) when continuing cover as an individual in private capacity.  
Email [health@stratumbenefits.co.za](mailto:health@stratumbenefits.co.za) when appointing a new broker, changing debit order details or nominating a beneficiary.  
Please enquire if you have not received feedback within **7 days** from submitting your Health Insurance Profile Update Form.



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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