

1. UPDATE YOUR PROFILE

Please note that **Section 2** is compulsory to complete for all changes to ensure we have your most up to date details.

What change should we make to your profile?

- I'm an existing client part of an employer group but want to continue cover on my own policy as indicated in **Section 4, 6 & 8**
- Appoint a new broker to advise me on my policy as indicated in **Section 5 & 8**
- Change my debit order details as indicated in **Section 6 & 8**
- Appoint a beneficiary to receive a payout benefit from the **Accidental Death Benefit** as indicated in **Section 7 & 8**

If the update you'd like to make to your profile is not listed here, like adding or removing a dependant or changing your benefit option, simply email the request to [health@stratumbenefits.co.za](mailto:health@stratumbenefits.co.za).

2. MAIN APPLICANT DETAILS

Please complete all fields in Section 2 to ensure your policy profile details are up to date at all times.

Title	<input type="text"/>	Name	<input type="text"/>
Surname	<input type="text"/>		
ID/Passport	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Cellphone	<input type="text"/>	Alternative Contact No.	<input type="text"/>
Email Address	<input type="text"/>		
Physical/Postal Address	<input type="text"/>		
			Postal Code <input type="text"/>

3. CLIENT CARD(S)

Where would you like us to send your Health Insurance card(s) to? If the address is the same as the physical or postal address provided above, then you don't need to provide it again.

Please allow +/- 21 working days for delivery depending on postal services.

Physical/Postal Address	<input type="text"/>
	Postal Code <input type="text"/>

4. CONTINUATION OF COVER

If you joined as part of an employer group **before** the age of **56**, and want to continue cover on your own **Day-to-Day Benefit Option** or **Day-to-Day, Emergency & Accident Benefit Option**, you'll be charged a premium under the **55 or younger** premium category. If you joined before the age of **61** and want to continue cover on your own **Emergency & Accident Benefit Option**, you'll be charged a premium under the **61 or younger** premium category.

Select the **Health Insurance Benefit Option** you're continuing on in your private capacity:

DAY-TO-DAY BENEFIT OPTION				
Ages	Monthly Premium			
55 or younger	Principal Insured..... <input type="radio"/> R 390	Spouse..... <input type="radio"/> R 260	Adult Dependand..... <input type="radio"/> R 260	Child Dependand..... <input type="radio"/> R 115
56+	Principal Insured..... <input type="radio"/> R 573	Spouse..... <input type="radio"/> R 443	<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 167	Spouse..... <input type="radio"/> R 90	Adult Dependand..... <input type="radio"/> R 90	Child Dependand..... <input type="radio"/> R 37
61+	Principal Insured..... <input type="radio"/> R 210	Spouse..... <input type="radio"/> R 133	<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 495	Spouse..... <input type="radio"/> R 355	Adult Dependand..... <input type="radio"/> R 355	Child Dependand..... <input type="radio"/> R 138
56+	Principal Insured..... <input type="radio"/> R 708	Spouse..... <input type="radio"/> R 568	<i>Financially dependent 21+</i>	<i>20 or younger</i>

EFFECTIVE DATE OF CONTINUATION  /  /

## 5. APPOINT A NEW BROKER

If a broker is currently looking after your policy with us, we'll inform them that you've appointed a **new broker** to advise you on your Health Insurance policy.

New Brokerage

New Broker

\*If you add a professional fee to your monthly Stratum Benefits policy premium, the amount you've selected will be paid to your appointed broker on a recurring basis over and above the monthly commission amount.

\*Optional Professional Fee (Increments of R10)

R

Total Monthly Premium R

Account Holder Signature

## 6. 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 "NETCASH".
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

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. NOMINATION OF BENEFICIARY

The benefit amount offered by the **Accidental Death Benefit** will be paid to the nominated beneficiary if you pass away due to an accident. If you don't nominate a beneficiary the benefit amount will be paid to your estate. The benefit amount that applies to your spouse will be paid to you, the principal insured. The full terms and conditions of this benefit are explained in our Policy Schedule.

Title  Name  Surname

ID/Passport  Relationship  Contact Details

Address

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 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.

Principal Insured Signature

Date  /  /

## 8. 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 [health@stratumbenefits.co.za](mailto:health@stratumbenefits.co.za). 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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