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Broker [grid]

Broker Signature

[Signature box]

1. CREATE YOUR PROFILE

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

- Brand new client (a first-timer, not switching cover from another Health Insurance provider and who is not a dependant on an existing Stratum Benefits policy)
Client switching cover from another Health Insurance provider (Please also complete Section 5 - Replacement Policy Disclosure and submit your current policy document not older than 30 days for underwriting purposes)
Existing dependant on a Stratum Benefits policy applying for cover as the principal insured on your own policy.

MAIN APPLICANT DETAILS

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

Where would you like us to send your Health Insurance card to? Please give us the address if it's not the same as your physical address. Allow +/- 21 working days for delivery depending on postal services.

Physical/Postal Address [grid] Postal Code [grid]

DEPENDANT DETAILS

One 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.

Children aged 20 years or younger pay child dependant premiums. Children aged 21 years or older pay adult dependant premiums if they're full-time students and proof of financial dependency is submitted every year. We accept proof from the educational facility or stamped copies of your child's bank account statements of the past 3 months.

Title [grid] Name [grid]
Surname [grid]
ID/Passport [grid] DoB [grid] / [grid] / [grid] Relation [grid]
Title [grid] Name [grid]
Surname [grid]
ID/Passport [grid] DoB [grid] / [grid] / [grid] Relation [grid]
Title [grid] Name [grid]
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ID/Passport [grid] DoB [grid] / [grid] / [grid] Relation [grid]
Title [grid] Name [grid]
Surname [grid]
ID/Passport [grid] DoB [grid] / [grid] / [grid] Relation [grid]

PRE-BIRTH CONSULTATION WAITING PERIOD

9 Month Waiting Period if on medical aid cover with pre-birth consultation benefit funded from Medical Savings Account, regardless of medical aid cover period

0 Month Waiting Period if on medical aid cover with pre-birth consultation benefit not funded from Medical Savings Account for **12 months or longer**

CHRONIC MEDICATION WAITING PERIOD

12 Month Waiting Period if on medical aid cover with no chronic medication benefit

12 Month Waiting Period if on medical aid cover with chronic medication benefit funded from Medical Savings Account, regardless of medical aid cover period

0 Month Waiting Period if on medical aid cover with chronic medication benefit not funded from Medical Savings Account for **12 months or longer** with no break in cover

EYE CARE WAITING PERIOD

12 Month Waiting Period if on medical aid cover with eye care benefit funded from Medical Savings Account, regardless of medical aid cover period

0 Month Waiting Period if on medical aid cover with eye care benefit not funded from Medical Savings Account for **12 months or longer** with no break in cover

WAITING PERIODS | SWITCHING FROM HEALTH INSURANCE COVER TO AN ESSENTIAL PRIMARY PLUS DAY-TO-DAY BENEFIT OPTION

Underwriting may apply when cover is transferred from another health insurance provider.

GENERAL WAITING PERIOD

2 Month Waiting Period if on health insurance cover for less than **12 months**

0 Month Waiting Period if on health insurance cover with day-to-day benefits for **12 months or longer**

PRE-BIRTH CONSULTATION WAITING PERIOD

9 Month Waiting Period if on health insurance cover with no pre-birth maternity benefit

Remaining waiting periods will be carried over if on health insurance cover with pre-birth maternity benefit, e.g. if on cover for **8 months** then **1 Month Waiting Period** will apply (full waiting period is **9 Month Pre-Birth Consultation Waiting Period**)

0 Month Waiting Period if on health insurance cover with pre-birth maternity benefit for **12 months or longer** with no break in cover

CHRONIC MEDICATION WAITING PERIOD

12 Month Waiting Period if on health insurance cover with no chronic medication benefit

Remaining waiting periods will be carried over if on health insurance cover with chronic medication benefit, e.g. if on cover for **8 months** then **4 Month Waiting Period** will apply (full waiting period is **12 Month Chronic Medication Waiting Period**)

0 Month Waiting Period if on health insurance cover with chronic medication benefit for **12 months or longer** with no break in cover

EYE CARE WAITING PERIOD

12 Month Waiting Period if on health insurance cover with no eye care benefit

Remaining waiting periods will be carried over if on health insurance cover with eye care benefit, e.g. if on cover for **8 months** then **4 Month Waiting Period** will apply (full waiting is **12 Month Eye Care Waiting Period**)

0 Month Waiting Period if on health insurance cover with eye care benefit for **12 months or longer** with no break in cover

6. 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
<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"/>	
Physical Address		
<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 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

Date / /

7. YOUR HEALTHCARE PROVIDER(S)

Let us know who your doctor is so that we can contact them with an offer to join **Unity Health's** provider network.

Doctor

Contact Number

Doctor

Contact Number

8. 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 is 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 debit may be incurred.
5. 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.
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 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 Monthly Annual 1st 4th 7th 15th 20th 25th 28th Last day of the month

Optional Professional Fee (Increments of R10) Product Premium R Total Monthly Premium R

Account Holder Signature

9. PROSPECTIVE CLIENT CONSENT (Applicable to all applicants)

As the main applicant applying for insurance cover, I understand and acknowledge that the Health Insurance Option 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 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 I have not withheld any information which 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 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. 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.
7. I have appointed the above-mentioned broker and authorise payment of their monthly commission.
8. Stratum Benefits is irrevocably authorised to process and store my and/or my dependant's personal information required for the purpose of administrating cover under this policy, and I undertake to notify Stratum Benefits of any change in my personal details within a reasonable time period.
9. I further authorise and instruct the Insurer and any medical provider (including emergency and hospital providers) concerned 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 / /

Email yourapplication@stratumbenefits.co.za. Please enquire if you have not received your policy documentation within **7 days** from submitting your Client Application 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.

