

2023 HEALTH INSURANCE PROFILE UPDATE FORM

1. UPDATE YOUR PROFILE

Section 2 is compulsory to complete to ensure we have your most up-to-date details.

What change should we make to your profile?

Change my corporate policy to a policy in my private capacity (Complete Sections 2, 3, 4, 6 & 7)

Appoint a new financial advisor (Complete Sections 2, 4 & 7)

Appoint a beneficiary to receive the Accidental Death Payout Benefit (Complete Sections 2, 5 & 7)

Change my debit order details (Complete Sections 2, 6 & 7)

For other profile updates that aren't listed here, like adding or removing a dependant or changing your Health Insurance option, email us at [yoursupport@stratumbenefits.co.za](mailto:yoursupport@stratumbenefits.co.za) with your request.

2. PRINCIPAL INSURED DETAILS

Please complete all fields in this section.

Title  Name

Surname

ID/Passport No.  Date of Birth  -  -

Cellphone No.  Alternative Contact No.

Physical/Postal Address  Postal Code

Email Address

3. CONTINUATION OF COVER

If you signed up for cover on a **Corporate Essential Day-to-Day Benefit Option** before age 56, you'll pay a 55 or younger premium when continuing cover in your private capacity. If you signed up for cover on a **Corporate Essential Emergency & Accident Benefit Option** before age 61, you'll pay a 60 or younger premium when continuing cover in your private capacity.

Select the Health Insurance option you'll continue with in your private capacity.

DAY-TO-DAY BENEFIT OPTION

Ages	Monthly Premiums							
55 or younger	Principal Insured	R 380	Spouse	R 305	Adult Dependant <small>(Child dependant between 21 and 25 years of age)</small>	R 305	Child Dependant <small>(20 years or younger)</small>	R 118
	Principal Insured	R 575	Spouse	R 500				
56 or older	Principal Insured	R 575	Spouse	R 500				

EMERGENCY & ACCIDENT BENEFIT OPTION

Ages	Monthly Premiums							
60 or younger	Principal Insured	R 180	Spouse	R 100	Adult Dependant <small>(Child dependant between 21 and 25 years of age)</small>	R 100	Child Dependant <small>(20 years or younger)</small>	R 41
	Principal Insured	R 230	Spouse	R 150				
61 or older	Principal Insured	R 230	Spouse	R 150				

Cover Start Date  -  -

4. APPOINT A NEW FINANCIAL ADVISOR

If a financial advisor is noted on your existing Health Insurance policy, but you want to appoint another financial advisor, we'll inform the current advisor of the new appointment.

Brokerage  Financial Advisor

FINANCIAL ADVISOR PROFESSIONAL FEES

You may pay your appointed financial advisor a professional fee over and above the monthly commission payable. The reason for charging a professional fee must be explained to you by your advisor and explicitly agreed upon between yourselves. The agreed professional fee will be added to your policy premium and paid to your advisor monthly.

You may cancel, reduce or increase the professional fee at any time.

If a professional fee is currently being paid to your financial advisor, the fee won't automatically be paid to the newly appointed financial advisor unless you instruct us to.

By signing this form, you acknowledge that the purpose of charging a professional fee and the additional services you can expect for the fee has been explained to you by your financial advisor.

Optional Professional Fee (Increments of R 10)  Product Premium  Total Monthly Premium  Principal Insured Signature

## 5. NOMINATION OF BENEFICIARY | ACCIDENTAL DEATH BENEFIT

The **Emergency & Accident Benefit Option** offers an **Accidental Death Benefit** that covers you and your registered spouse if either one of you passes away due to an accident. The benefit will be paid out to your and your registered spouse's nominated beneficiary. If you don't nominate beneficiaries, the benefit will be paid out to your respective estates. The **Accidental Death Benefit** also covers a child dependant if death is due to a motor vehicle accident. The benefit for a child dependant will be paid out to the principal insured or the principal insured's estate if there's no surviving principal insured. The **Policy Schedule** you'll receive when the amendment is made explains the full terms and conditions of this benefit.

### NOMINATION BY THE PRINCIPAL INSURED

Title	<input type="text"/>	Name	<input type="text"/>
Surname	<input type="text"/>		
ID/Passport No.	<input type="text"/>	Relationship	<input type="text"/>
Email Address	<input type="text"/>	Contact Details	<input type="text"/>

### NOMINATION BY THE SPOUSE

Title	<input type="text"/>	Name	<input type="text"/>
Surname	<input type="text"/>		
ID/Passport No.	<input type="text"/>	Relationship	<input type="text"/>
Email Address	<input type="text"/>	Contact Details	<input type="text"/>

As the principal insured, 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 the nominated beneficiary can't be located or passes away before your claimable event, the benefit amount payable to them will be paid to your estate;
- if at the time of payment the nominated beneficiary is a minor, the benefit amount will be paid to the minor's legal guardian or a trust for the benefit of the minor, or to any person we're authorised to pay under the relevant law;
- you may amend a nomination at any time. However, nominations aren't effective until confirmed in writing by the Insurer; and
- the benefit amount payable to the nominated beneficiary will be based on the latest valid beneficiary nomination received and accepted by the Insurer.

Principal Insured Signature	<input type="text"/>	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Spouse Applicant Signature	<input type="text"/>	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>

## 6. DEBIT ORDER DETAILS

By signing this section, you:

1. understand that cover will continue when a premium is successfully collected.
2. authorise **Stratum Benefits** to debit your account for the policy premium 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 or triple debit may be incurred.
5. agree that this debit order authority will remain in force until cancelled in writing by the principal insured person, by **Stratum Benefits** if premiums aren't received for two consecutive months, if the account being debited is closed, the account holder is deceased or if authority to debit isn't granted.
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 calendar 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 referenced prefix "**Stratum**", followed by an **8-digit number** ending with "**Netcash**".
11. accept that given the debit order authority, your responsibility is to ensure premiums are collected to remain covered.
12. accept that you'll not be entitled to any refund of amounts that 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.

Account Type	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Bank	<input type="text"/>	Account Number	<input type="text"/>					
Account Holder	<input type="text"/>										
Debit Order Date	<input type="checkbox"/> 1st	<input type="checkbox"/> 4th	<input type="checkbox"/> 7th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th	<input type="checkbox"/> 28th	<input type="checkbox"/> Last Day	<input type="checkbox"/> Term	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual

### FINANCIAL ADVISOR PROFESSIONAL FEES

You may pay your appointed financial advisor a professional fee over and above the monthly commission payable. The reason for charging a professional fee must be explained to you by your advisor and explicitly agreed upon between yourselves. The agreed professional fee will be added to your policy premium and paid to your advisor monthly.

You may cancel, reduce or increase the professional fee at any time.

By signing this form, you acknowledge that the purpose of charging a professional fee and the additional services you can expect for the fee has been explained to you by your financial advisor.

Optional Professional Fee (Increments of R 10)	<input type="text"/>	R	Product Premium	<input type="text"/>	R	Total Monthly Premium	<input type="text"/>	R	Principal Insured Signature	<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 [yoursupport@stratumbenefits.co.za](mailto:yoursupport@stratumbenefits.co.za)

Please contact us if you haven't received feedback within **7 working days** from submitting your profile update form.