

| 2024 |

# Stratum Benefits<sup>+</sup>



Premiums are determined by age at entry, and there's no maximum entry age.

IF YOU'RE 64 OR YOUNGER	IF EVERYONE IN THE FAMILY IS 64 OR YOUNGER	IF YOU'RE 65 OR OLDER	IF YOU OR ANYONE IN THE FAMILY IS 65 OR OLDER
R 438  INDIVIDUAL	R 538  FAMILY	R 712  INDIVIDUAL	R 869  FAMILY

## ELITE<sup>500</sup>

Our **top-of-the-range option** offers the widest range of **in- and out-of-hospital** benefits at the highest level of cover.

One **Gap Cover** policy covers you and your spouse, even if you belong to different medical aid plans, including the dependants registered on either medical aid plan. When a child dependant moves to their own medical aid plan, they must apply for cover on their own policy.

OVERALL POLICY LIMIT (OPL)		KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL) <i>An OPL of R 198 660 per insured person per year applies to the following benefits or any higher amount published by the Regulator during the year. All approved claim amounts will be deducted from the available OPL.</i>		
	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	<b>GAP BENEFIT</b>			Covers <b>shortfalls</b> when doctors, specialists and other healthcare providers charge more than your medical aid plan's rate, as long as your medical aid pays an amount from a <b>hospital benefit</b> , also known as a <b>risk, major medical, insured day-to-day or block benefit</b> .
	Medical Expense Shortfalls	✓	✓	Pays up to an <b>additional 500%</b> on top of your medical aid plan's rate to cover <b>shortfalls</b> related to in- and out-of-hospital medical procedures, surgeries, treatments, consumable items, medication administered during your medical event, pathology, physiotherapy, and Prescribed Minimum Benefit (PMB) medical procedures. Subject to the <b>OPL of R 198 660 per insured person per year</b> .
	<b>CO-PAYMENT BENEFITS</b> Our benefit has <b>three categories</b> .			<b>Refunds co-payments that your medical aid imposes as rand amounts or percentages for admissions and medical procedures, as long as the co-payments are paid from your medical savings account or pocket.</b>
	Admission and Procedure Co-Payments	✓	✓	Claim as many day clinic and hospital admission and procedure-related co-payments, such as in- or out-of-hospital scopes and scans, as needed. Subject to the <b>OPL of R 198 660 per person per year</b> .
	Penalty Co-Payments	✓		When using day clinics or hospitals outside your medical aid's preferred network for planned medical procedures. <b>Limited to 2 co-payments up to R 15 000 per co-payment per policy per year.</b>
	Robotic Surgery Co-Payments	✓		When co-payments apply to robotic-assisted surgeries, such as prostatectomies. <b>Limited to R 10 000 per policy per year.</b>
	<b>DENTAL COVER</b>			<b>DENTAL COVER</b> is made up of various benefits that cover dental procedure-related <b>shortfalls</b> and <b>refund co-payments</b> .
	Specialist Shortfalls	✓	✓	<b>GAP BENEFIT</b> covers <b>shortfalls</b> when dentists and specialists charge more than your medical aid plan's rate for the following in- and out-of-hospital medical events: • Dental procedures, such as dental implants, orthodontic treatment and wisdom teeth extractions: <b>Limited to R 8 000 per policy per year.</b> • Dental procedures due to accidents or cancer treatments: <b>Limited to R 48 000 per policy per year.</b>
	Admission and Procedure Co-Payments	✓	✓	Claim day clinic and hospital admission and dental procedure-related co-payments from our <b>ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT</b> . Claim penalty co-payments from our <b>PENALTY CO-PAYMENT BENEFIT</b> when using day clinics or hospitals outside your medical aid's preferred network.

Waiting periods and the **Limited Payout Benefit** may apply. Refer to the **Waiting Periods** page.



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75. This document is a summary and does not replace any information provided in your Policy Schedule. If there are any differences, please refer to your Policy Schedule. Terms and conditions apply.

Gap Cover is not a medical aid, does not provide similar cover as medical aid and cannot be substituted for a medical aid membership.







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IN- OR OUT-OF-HOSPITAL COVER		IN	OUT	
	<b>MATERNITY COVER</b>			<b>MATERNITY COVER</b> is made up of various benefits that cover pre- to post-bump <b>shortfalls</b> and <b>refund</b> co-payments.
	<b>BEFORE THE DELIVERY</b> Pre-Natal Consultations		✓	<b>OUT-PATIENT SPECIALIST CONSULTATION BENEFIT</b> covers <b>shortfalls</b> when healthcare professionals, such as your gynaecologist or obstetrician, charge more than the rate your medical aid applies to virtual or face-to-face consultations in the rooms.
	Preventative Procedures		✓	<b>PREVENTATIVE CARE BENEFIT</b> covers <b>shortfalls</b> or the <b>total cost</b> of pre-natal procedures, such as a flu vaccination in your second trimester or a full blood count test.
	<b>THE DELIVERY</b> Childbirth Shortfalls	✓	✓	<b>GAP BENEFIT</b> covers <b>shortfalls</b> when healthcare professionals, such as your gynaecologist or midwife, charge more than your medical aid plan's rate for delivering your baby in the hospital or at home.
	Admission and Procedure Co-Payments	✓		When co-payments apply to elective caesareans, claim it from our <b>ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT</b> .
	Penalty Co-Payments	✓		Claim penalty co-payments from our <b>PENALTY CO-PAYMENT BENEFIT</b> when using hospitals outside your medical aid's preferred network.
	Private Room	✓		<b>PRIVATE ROOM BENEFIT</b> covers <b>shortfalls</b> or the <b>total cost</b> of a private hospital room when your medical aid excludes it.
	<b>AFTER THE DELIVERY</b> Post-Natal Consultations		✓	<b>OUT-PATIENT SPECIALIST CONSULTATION BENEFIT</b> covers <b>shortfalls</b> when healthcare professionals, such as your gynaecologist or the paediatrician, charge more than the rate your medical aid applies to post-natal consultations.
	Immunisations and Birth Control		✓	<b>PREVENTATIVE CARE BENEFIT</b> covers <b>shortfalls</b> or the <b>total cost</b> of childhood immunisations and contraceptive device implants.
	<b>SUB-LIMIT BENEFIT</b> Our benefit has <b>three categories</b> .			Covers the <b>difference</b> in the cost of the below-listed medical events when your medical aid pays part of the cost from a <b>sub-limit</b> or <b>annual limit</b> .
	Colonoscopies, Enteroscopies and Gastroscopies	✓	✓	Covers: <ul style="list-style-type: none"> <li>• <b>shortfalls</b> on the anaesthetist's account for in- or out-of-hospital scopes; or the</li> <li>• <b>difference</b> if your medical aid pays part of the cost of a scope.</li> </ul> Limited to <b>R 5 000 per insured person per event</b> .
	Internal Prosthetic Devices	✓		Covers the <b>difference</b> in the cost of internal prosthetic devices implanted into your body. Limited to <b>R 40 000 per insured person per event</b> .
	Renal Dialysis Treatments	✓		Covers the <b>difference</b> in the cost of renal dialysis treatments. Limited to <b>R 30 000 per insured person per event</b> .
	<b>RADIOLOGY COVER</b>			<b>RADIOLOGY COVER</b> is made up of various benefits that cover <b>shortfalls</b> on basic and specialised radiology, <b>refund</b> co-payments and pay the <b>difference</b> in the cost of MRI, CT and PET scans when your medical aid doesn't cover the total cost.
	Radiology Shortfalls	✓	✓	<b>GAP BENEFIT</b> covers <b>shortfalls</b> when the radiologist or radiology facility charges more than your medical aid plan's rate for in- or out-of-hospital basic and specialised radiology.
	MRI, CT and PET Scan Co-Payments	✓	✓	Claim in- and out-of-hospital MRI, CT, and PET scan co-payments from our <b>ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT</b> .
	MRI, CT and PET Scan Sub-Limits	✓	✓	Our <b>MRI, CT AND PET SCAN SUB-LIMIT BENEFIT</b> covers the <b>difference</b> in the cost of in- and out-of-hospital scans when your medical aid pays part of the cost from a <b>sub-limit</b> or <b>annual limit</b> . Limited to <b>R 5 000 per insured person per event</b> .
	MRI, CT and PET Scan Top-Up	✓	✓	Our <b>MRI, CT AND PET SCAN TOP-UP BENEFIT</b> covers the <b>total cost</b> of in- and out-of-hospital MRI, CT or PET scans when your medical aid plan's radiology benefit limit has been reached. Limited to <b>R 5 000 per policy per year</b> .
	<b>CANCER BENEFIT</b> Our benefit has <b>three categories</b> .			Covers the <b>total cost</b> of reconstructing an unaffected breast when your medical aid excludes the reconstruction, covers cancer treatment <b>shortfalls</b> , <b>refunds</b> cancer-related co-payments, and covers the <b>total cost</b> of ongoing cancer treatment when your medical aid plan's oncology benefit limit has been reached.
	Breast Reconstruction	✓		Covers the <b>total cost</b> of a breast implant reconstruction procedure or flap breast reconstruction surgery of an <b>unaffected</b> breast when your medical aid excludes the reconstruction. Limited to <b>1 event</b> up to <b>R 30 000 per insured person per lifetime</b> .
	Cancer Treatment Shortfalls	✓	✓	<ul style="list-style-type: none"> <li>• Covers <b>shortfalls</b> when healthcare providers charge more than what your medical aid pays from an <b>oncology benefit</b> for in- or out-of-hospital cancer treatment.</li> </ul> Typically covers biological medication, chemotherapy, radiotherapy, oncologist consultations, and specialised radiology, such as bone density and PET scans, subject to the oncology treatment plan approved by your medical aid. <ul style="list-style-type: none"> <li>• <b>Refunds</b> oncology-related co-payments imposed by your medical aid as rand amounts or percentages when your medical aid plan's oncology benefit limit has been reached.</li> </ul> Subject to the <b>OPL of R 198 660 per insured person per year</b> .
	Cancer Treatment Top-Up	✓	✓	Covers the <b>total cost</b> of ongoing cancer treatment when your medical aid plan's oncology benefit limit has been reached. Subject to the <b>OPL of R 198 660 per insured person per year</b> .

Waiting periods and the **Limited Payout Benefit** may apply. Refer to the **Waiting Periods** page.

	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	<b>PHYSICAL REHABILITATION TOP-UP BENEFIT</b>		✓	Covers the <b>total cost</b> of ongoing physical rehabilitation due to an accident in a sub-acute or step-down facility, including all the related healthcare providers' accounts for on-site treatment when your medical aid plan's benefit limit or the number of days you may stay at the facility has been reached, subject to the physical rehabilitation treatment plan approved by your medical aid. Limited to <b>R 10 000 per insured person per year</b> .
	<b>OUT-PATIENT SPECIALIST CONSULTATION BENEFIT</b>		✓	Covers <b>shortfalls</b> when specialists charge more than the rate your medical aid applies to virtual or face-to-face consultations in the rooms, as long as your medical aid pays an amount from a <b>risk benefit</b> , also known as an <b>insured day-to-day</b> or <b>block benefit</b> , or your <b>medical savings account</b> . Limited to <b>3 consultations up to R 1 300 per consultation per policy per year</b> .
	<b>CASUALTY BENEFIT</b> Our benefit has <b>two categories</b> .			Refunds <b>shortfalls</b> or the <b>total cost</b> of casualty events when paid from your <b>medical savings account</b> or <b>pocket</b> , or when your medical aid doesn't provide cover.
	Accidental Events		✓	Covers the whole family at any registered medical facility, such as the doctor's room or hospital's emergency unit, when medical treatment is required <b>within 24 hours</b> of an accident. Typically covers basic and specialised radiology, co-payments, facility and doctors' consultation fees, medication administered during an event, external medical items given at the medical facility, such as a neck brace, and follow-up visits related to an accident. Limited to <b>R 12 000 per policy per year</b> .
	Illness Events Children 10 Years or Younger		✓	Covers children aged <b>10 years or younger</b> for after-hour illness events at any registered casualty facility between <b>18:00 and 7:00</b> on Mondays to Fridays and all day on Saturdays, Sundays and public holidays.
	Illness Events Individuals 11 Years or Older		✓	Covers insured persons aged <b>11 years or older</b> for after-hour illness events at any registered casualty facility between <b>18:00 and 7:00</b> on Mondays to Fridays and all day on Saturdays, Sundays and public holidays. Limited to <b>R 1 500 per policy per year</b> .
	<b>TRAUMA COUNSELLING BENEFIT</b>		✓	Refunds <b>shortfalls</b> or the <b>total cost</b> of trauma counselling consultation fees when paid from your <b>medical savings account</b> or <b>pocket</b> , or when your medical aid doesn't provide cover. Covers you when: <ul style="list-style-type: none"> <li>• you witness an act of physical violence or an accident or when you're directly affected by it;</li> <li>• receive news of a loved one's diagnosis of a critical illness or when you're diagnosed;</li> <li>• mourn the death of a loved one; or when</li> <li>• an accident leaves you totally and permanently disabled.</li> </ul> Limited to <b>R 10 000 per policy per year</b> .
	<b>PREVENTATIVE CARE BENEFIT</b>		✓	Refunds <b>shortfalls</b> or the <b>total cost</b> of healthcare providers' consultations and costs of any of the below-listed preventative immunisations, procedures, scans, screenings, tests or vaccinations when paid from your <b>medical savings account</b> or <b>pocket</b> , or when your medical aid doesn't provide cover: <ul style="list-style-type: none"> <li>• blood glucose tests;</li> <li>• bone density scans;</li> <li>• childhood immunisations;</li> <li>• cholesterol tests;</li> <li>• contraceptive device implants;</li> <li>• flu vaccinations;</li> <li>• full blood counts;</li> <li>• Human Papillomavirus vaccinations (HPV vaccine);</li> <li>• mammograms and breast sonars;</li> <li>• pap smears;</li> <li>• prostate-specific antigen screenings; and</li> <li>• testicular screenings.</li> </ul> Limited to <b>R 1 600 per policy per year</b> .

Waiting periods may apply. Refer to the **Waiting Periods** page.

OVERALL POLICY LIMIT (OPL)			BENEFITS NOT SUBJECT TO AN OVERALL POLICY LIMIT (OPL) <i>The following benefits aren't subject to the OPL because we give these benefits to you over and above those that form part of the OPL.</i>	
	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	<b>PRIVATE ROOM BENEFIT</b>	<input checked="" type="checkbox"/>		<p>Covers <b>shortfalls</b> or the <b>total cost</b> of a private hospital room when paid from your <b>medical savings account</b> or <b>pocket</b>, or when your medical aid excludes it.</p> <p>Claim from us when choosing a private hospital room, or when the hospital charges a lodger or nursery fee. The person the lodger fee applies to must be covered on your <b>Gap Cover</b> policy.</p> <p>Limited to <b>R 3 000 per policy per year</b>.</p>
	<b>ACCIDENTAL DEATH AND DISABILITY</b>			<p>Pays a benefit amount of <b>R 25 000</b> for the principal insured, <b>R 25 000</b> for the spouse, and <b>R 5 000</b> for every dependant in the event of accidental death or total and permanent disability due to an accident.</p> <p>Limited to <b>1 event per insured person per year</b>.</p>
	<b>FIRST-TIME CANCER DIAGNOSIS</b>			<p>Pays a benefit amount when cancer is diagnosed and specific qualifying criteria are met.</p> <p><b>Our benefit applies if:</b></p> <ul style="list-style-type: none"> <li>• cancer is diagnosed for the first time in your life;</li> <li>• the diagnosis is made whilst on cover with us;</li> <li>• cancerous cells have invaded the surrounding or underlying tissue; and</li> <li>• cancer is diagnosed <b>before</b> age 65.</li> </ul> <p><b>Our benefit doesn't apply if the diagnosis:</b></p> <ul style="list-style-type: none"> <li>• was made before your cover start date;</li> <li>• is made during a <b>General Waiting Period</b>;</li> <li>• is a second diagnosis, regardless of the cancer type;</li> <li>• is for a tumour histologically described as pre-malignant, non-invasive or cancer in situ;</li> <li>• is for skin cancer, except for malignant melanoma;</li> <li>• is for <b>Stage 1</b> breast or prostate cancer; or if</li> <li>• cancerous cells haven't invaded the surrounding or underlying tissue, regardless of the cancer stage.</li> </ul> <p>Limited to <b>1 event of R 30 000 per insured person per lifetime</b>.</p>
	<b>MEDICAL AID CONTRIBUTION WAIVER</b>			<p>Pays your medical aid contributions in the event of the contribution payer's accidental death or total and permanent disability due to an accident.</p> <p>If your employer pays your medical aid contributions, the contributions must form part of your total salary package.</p> <p>Limited to <b>6 months up to R 4 500 per month per medical aid membership</b>.</p>
	<b>STRATUM POLICY PREMIUM WAIVER</b>			<p>Pays your <b>Gap Cover</b> policy premiums in the event of the premium payer's accidental death or total and permanent disability due to an accident.</p> <p>If your employer pays your <b>Gap Cover</b> premiums, the premiums must form part of your total salary package.</p> <p>Limited to <b>12 months</b>.</p>
	<b>LIFESTYLE BENEFIT</b>			<p>This benefit is a complimentary value-add product.</p> <p>Visit our website at <a href="http://www.stratumbenefits.co.za">www.stratumbenefits.co.za</a> for more information about this benefit and how to register.</p>
	<b>INTERNATIONAL TRAVEL INSURANCE</b>			<p>Covers acute illness and injury when travelling for leisure outside South African borders. Please inform us of your upcoming trip at least <b>7 days</b> before departure and send proof of travel.</p> <p>Limited to <b>1 trip per policy per year</b> for a maximum of <b>31 days</b> shared between all travellers.</p> <p>If you travel alone, you'll be insured for up to <b>31 days</b>, but if you travel with a dependant, the <b>31 days</b> will be divided between the travellers.</p> <p>If your medical aid or any other insurance policy provides similar cover, our international travel insurance partner's benefit doesn't apply.</p>

Waiting periods may apply. Refer to the **Waiting Periods** page.

## COMPREHENSIVE BROCHURE

This is a condensed benefit brochure. To view or download our comprehensive **ELITE<sup>500</sup>** brochure, visit [www.stratumbenefits.co.za/elite500/](http://www.stratumbenefits.co.za/elite500/) or scan the **QR code**.



## GAP MATCH

**GAP MATCH** is a guiding tool that matches the best-suited **Gap Cover** option with your medical aid plan.

Go to [www.stratumbenefits.co.za/gap-match/](http://www.stratumbenefits.co.za/gap-match/) or scan the **QR code**.

Chat with your financial advisor or contact our **Client Support Centre** for general questions and information.



## WAITING PERIODS

### UNDERWRITING APPLICABLE TO FIRST-TIME JOINERS

Waiting periods apply from your and your dependants' cover start dates, but never to accidents that occur after your start dates.

#### 3 MONTH GENERAL WAITING PERIOD

There's no cover during this period except for accidents that occur after your and your dependants' cover start dates.

Unless we confirm otherwise, the following benefits are subject to this waiting period:

<b>GAP BENEFIT</b>	<b>CO-PAYMENT BENEFITS</b>	<b>SUB-LIMIT BENEFIT</b>
<b>MRI, CT AND PET SCAN TOP-UP BENEFIT</b>	<b>CANCER BENEFIT</b>	<b>OUT-PATIENT SPECIALIST CONSULTATION BENEFIT</b>
<b>PREVENTATIVE CARE BENEFIT</b>	<b>PRIVATE ROOM BENEFIT</b>	<b>FIRST-TIME CANCER DIAGNOSIS BENEFIT</b>

#### 12 MONTH PRE-EXISTING MEDICAL CONDITION WAITING PERIOD

There's no cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed or for which advice or treatment was received **12 months** before your or your dependants' cover start dates.

Unless we confirm otherwise, the following benefits are subject to this waiting period:

<b>GAP BENEFIT</b>	<b>CO-PAYMENT BENEFITS</b>	<b>SUB-LIMIT BENEFIT</b>
<b>MRI, CT AND PET SCAN TOP-UP BENEFIT</b>	<b>CANCER BENEFIT</b>	<b>OUT-PATIENT SPECIALIST CONSULTATION BENEFIT</b>
<b>PRIVATE ROOM BENEFIT</b>		

#### EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

<b>PHYSICAL REHABILITATION BENEFIT</b>	<b>CASUALTY BENEFIT</b>	<b>TRAUMA COUNSELLING BENEFIT</b>
<b>ACCIDENTAL DEATH AND DISABILITY BENEFIT</b>	<b>MEDICAL AID CONTRIBUTION WAIVER BENEFIT</b>	<b>STRATUM POLICY PREMIUM WAIVER BENEFIT</b>

## SWITCHING COVER FROM ANOTHER GAP COVER PROVIDER

Transfer underwriting applies to applicants who switch cover from another **Gap Cover** provider.

Go to [www.stratumbenefits.co.za/gap-cover-transfer-process-for-individuals/](http://www.stratumbenefits.co.za/gap-cover-transfer-process-for-individuals/) or scan the **QR code** for our **Gap Cover Transfer Process for Individuals**.

## LIMITED PAYOUT BENEFIT

Unless we confirm otherwise, the **Limited Payout Benefit** applies from your and your dependants' cover start dates.

#### HOW IT WORKS

If you claim from our **GAP BENEFIT**, **CO-PAYMENT BENEFITS** or **SUB-LIMIT BENEFIT** in the first **10 months** of cover for any of the medical procedures or scans listed below and the medical event isn't related to a pre-existing medical condition, we'll pay **20%** of the **approved claim amount**, subject to the benefit's rand amount limits, where applicable:

- |                                                                                                                                                                                       |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• adenoidectomy;</li> <li>• cardiovascular procedures;</li> <li>• cataract removal;</li> <li>• dentistry;</li> <li>• hernia repair;</li> </ul> | <ul style="list-style-type: none"> <li>• hysterectomy (full cover if due to cancer diagnosed after the <b>General Waiting Period</b>);</li> <li>• joint replacements;</li> <li>• MRI, CT, and PET scans;</li> <li>• myringotomy (grommets);</li> </ul> | <ul style="list-style-type: none"> <li>• nasal and sinus surgery;</li> <li>• pregnancy and childbirth;</li> <li>• scopes (including medical events where a scope is used);</li> <li>• spinal procedures; or</li> <li>• tonsillectomy.</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### GOOD TO KNOW

- If your medical event is related to a medical condition for which you received advice or treatment **12 months** before your cover start date, the claim will be subject to a **Pre-Existing Medical Condition Waiting Period**.

**Gap Cover** works with your medical aid cover.

Your **Gap Cover** policy includes various benefits covering medical expense shortfalls for just about every medical eventuality.

Depending on the benefit's qualifying criteria, your medical aid must first pay a portion of the cost of your medical event before we step in and take care of the rest. However, not every medical event will qualify for benefits as your policy is subject to benefit and general exclusions.

## BENEFIT EXCLUSIONS

Your **Gap Cover** policy offers many benefits, each with specific qualifying criteria.

For more information about what you can and can't claim, go to [www.stratumbenefits.co.za/benefit-exclusions/](http://www.stratumbenefits.co.za/benefit-exclusions/) or scan the **QR code** to view or download our **Benefit Exclusions**.



## GENERAL EXCLUSIONS

The following exclusions apply to your policy and not only to specific benefits.

Go to [www.stratumbenefits.co.za/general-exclusions/](http://www.stratumbenefits.co.za/general-exclusions/) or scan the **QR code** to download our **General Exclusions**.



## EXPLAINER VIDEOS

Go to our **YouTube** channel, [www.youtube.com/@stratumbenefits8206](http://www.youtube.com/@stratumbenefits8206), or scan the **QR code** for short, animated videos that explain how our benefits work.

## GET COVER!

There's only one thing left to do.

📞 Call your financial advisor, 🌐 visit [www.stratumbenefits.co.za/apply-today/](http://www.stratumbenefits.co.za/apply-today/) to apply online, or 📄 download and email the application form.