

1. UPDATE YOUR PROFILE

Please select the change to be made to your profile.

Appoint a financial advisor (Complete Sections 2, 5 and 8.)

Add my dependant (Complete Sections 2, 3, 7 and 8. Please submit supporting documents as proof of guardianship when adding child dependants of whom you're the legal guardian.)

Change my option or add an option to my existing profile (Complete Sections 2, 4, 7 and 8. Complete Section 6 if you're changing to or adding the **Emergency & Accident Benefit Option**.)

Change my corporate policy to private capacity (Complete Sections 2, 4, 7 and 8. Complete Section 5 if you're appointing a financial advisor. To change a policy from private capacity to a corporate policy, our **2024 Corporate Health Insurance Client Application Form** must be completed as the policy premium, benefits and waiting periods may differ.)

Change my debit order details (Complete Sections 2, 7 and 8.)

For other profile changes not listed here, like removing a dependant, email us at [yoursupport@stratumbenefits.co.za](mailto:yoursupport@stratumbenefits.co.za) with your request.

2. PRINCIPAL INSURED DETAILS

This section needs to be completed to make sure we have your most up-to-date details.

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

3. ADDITION OF DEPENDANT

We'll cover you and your spouse on one **Health Insurance** policy, including children of whom you're the parent or legal guardian. Submit a legal document from the South African Court of Law as proof of guardianship, where applicable.

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

If you add a dependant aged **56 or older** to your policy, they'll be charged a **56 or older** premium. If they submit proof of **15 credible years** of medical aid membership or primary healthcare insurance cover from **35 years** of age, with no break in cover of **3 or more** months, they'll be charged a premium in the **55 or younger** category.

Children **20 years or younger** pay child dependant premiums until age **21**. Children between **21 and 25** of age pay adult dependant premiums. From **26 years** of age, child dependants must apply for cover on their own policies.

Cover start dates can't be backdated. Your dependant's cover will start on the **1st** of a future month.

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>		
ID/Passport No.	<input type="text"/>			Date of Birth	<input type="text"/>	-	<input type="text"/>
Gender	<input type="text"/>			Relationship	<input type="text"/>		
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Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>		
ID/Passport No.	<input type="text"/>			Date of Birth	<input type="text"/>	-	<input type="text"/>
Gender	<input type="text"/>			Relationship	<input type="text"/>		
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Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>		
ID/Passport No.	<input type="text"/>			Date of Birth	<input type="text"/>	-	<input type="text"/>
Gender	<input type="text"/>			Relationship	<input type="text"/>		
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Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>		
ID/Passport No.	<input type="text"/>			Date of Birth	<input type="text"/>	-	<input type="text"/>
Gender	<input type="text"/>			Relationship	<input type="text"/>		

## 4. CONTINUATION OF COVER/OPTION CHANGE

If your **Stratum Benefits Health Insurance** policy started **before** age 56, you'll pay a **55 or younger** premium when continuing cover in your private capacity or changing your option.

If your current policy is within any waiting periods, the remainder of the waiting period will be carried over to your new policy.

When option changing to the **ESSENTIAL PRIMARY PLUS DAY-TO-DAY BENEFIT OPTION**, the **DAY-TO-DAY BENEFITS**, **WELLNESS ASSESSMENT** and **PREVENTATIVE CARE BENEFITS** will be subject to waiting periods unless we offer an underwriting concession.

An option change can be done once during the year. Option change dates can't be backdated.

Go to [www.stratumbenefits.co.za/health-insurance-options/](http://www.stratumbenefits.co.za/health-insurance-options/) or scan the **QR code** to read more about the benefits our **Health Insurance** options provide. Click **View Option** for general exclusions.



Select the **Health Insurance** option you're continuing with in a private capacity or changing to and confirm the effective continuation date.

### DAY-TO-DAY BENEFIT OPTION

Ages	Monthly Premiums			
55 or younger	Principal Insured <input type="radio"/> R 410	Spouse <input type="radio"/> R 329	Adult Dependant <small>(Child dependant between 21 and 25 years of age)</small> <input type="radio"/> R 329	Child Dependant <small>(20 years or younger)</small> <input type="radio"/> R 130
56 or older	Principal Insured <input type="radio"/> R 619	Spouse <input type="radio"/> R 538		

**GP PRE-AUTH WAIVER** (Can only be taken when adding the **DAY-TO-DAY BENEFIT OPTION** to your existing profile and when changing your corporate policy to private capacity)

Ages	Monthly Policy Premium
All ages	<input type="radio"/> R 39

### EMERGENCY & ACCIDENT BENEFIT OPTION

Ages	Monthly Premiums			
55 or younger	Principal Insured <input type="radio"/> R 192	Spouse <input type="radio"/> R 107	Adult Dependant <small>(Child dependant between 21 and 25 years of age)</small> <input type="radio"/> R 107	Child Dependant <small>(20 years or younger)</small> <input type="radio"/> R 44
56 or older	Principal Insured <input type="radio"/> R 246	Spouse <input type="radio"/> R 161		

**HOSPITAL CASH PLAN** (Can only be taken when adding the **EMERGENCY & ACCIDENT BENEFIT OPTION** to your existing profile and when changing your corporate policy to private capacity)

Ages	Monthly Premiums			
55 or younger	Principal Insured <input type="radio"/> R 90	Spouse <input type="radio"/> R 90	Adult Dependant <small>(Child dependant between 21 and 25 years of age)</small> <input type="radio"/> R 90	Child Dependant <small>(20 years or younger)</small> <input type="radio"/> R 30
56 or older	Principal Insured <input type="radio"/> R 120	Spouse <input type="radio"/> R 120		

Effective Continuation / Option Change Date     -   -

## 5. APPOINT A FINANCIAL ADVISOR

If a financial advisor is currently noted on your **Health Insurance** policy, we'll inform them 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. If you agree to pay a fee, your advisor must explain the additional services you can expect for the fee.

The professional fee will be added to your policy premium and paid to your advisor monthly. You may cancel, reduce, or increase the professional fee anytime.

If a professional fee is currently being paid to your financial advisor, the same fee can only be paid to your newly appointed financial advisor if we're instructed to do so.

**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.**

Professional Fee (Increments of R 10.00)  Product Premium  Total Monthly Premium  Principal Insured Signature

## 6. NOMINATION OF BENEFICIARIES

The **EMERGENCY & ACCIDENT BENEFIT OPTION** offers an **ACCIDENTAL DEATH BENEFIT** that pays out in the event of your and/or your spouse's accidental death.

If beneficiaries aren't nominated, the benefit amounts will be paid to your respective estates.

The payout benefit applicable to child dependants, if death is due to a motor vehicle accident will be paid out to the principal insured or the principal insured's estate if there's no surviving principal insured.

### NOMINATION BY THE PRINCIPAL INSURED

Title  Name  Surname   
ID/Passport No.  Relationship   
Email Address  Contact No.

## 6. NOMINATION OF BENEFICIARIES CONTINUED

### 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 No.	<input type="text"/>

The **HOSPITAL CASH PLAN** offers a **DAILY HOSPITAL PAYOUT BENEFIT** that pays out in the event of your and/or your registered dependants' accidental death. If a beneficiary isn't nominated, the benefit amounts will be paid to the principal insured's estate.

### 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 No.	<input type="text"/>

As the principal insured, you understand that the beneficiary nominated will receive proceeds from the benefits payable under the **ACCIDENTAL DEATH BENEFIT** and/or **DAILY HOSPITAL PAYOUT 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 **Unity Health** is 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"/>
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## 7. DEBIT ORDER DETAILS

By signing this section, you:

1. authorise **Stratum Benefits** to accept this debit order authority as confirmed payment instruction issued by the account holder.
2. authorise **Stratum Benefits** to debit your account for monthly policy premiums payable in advance on the selected debit order date.
3. understand that the debit order deductions will be processed through a computerised system provided by the South African Banks. Details of each deduction will be referenced on your bank statement with the prefix "**Stratum**" and an **8-digit number** ending with "**Netcash**".
4. understand that selecting an annual premium won't result in a premium discount.
5. accept that depending on the selected debit order date, a double or triple debit may be incurred.
6. agree that this debit order authority will remain in force until cancelled in writing by the principal insured person.
7. accept that **Stratum Benefits** may cancel your policy if:
  - 7.1 premiums aren't received for two consecutive months;
  - 7.2 the bank account being debited is closed;
  - 7.3 the account holder is deceased; or if
  - 7.4 authority to debit is no longer granted.
8. understand that this debit order authority may only be assigned to a third party if this contract is assigned accordingly.
9. understand that the debit order date will default to the following working day if the payment date falls on a Sunday or recognised South African public holiday.
10. accept that if a debit order deduction is returned, an administration fee of **R 25.00** will be added to the following premium deduction.
11. accept that you're not entitled to any refund of amounts deducted while this debit order authority is in force if such payments are legally due.
12. understand that policy premiums include VAT but aren't tax deductible, as medical aid contributions. An IT3 tax certificate can't be issued for this purpose.
13. accept that the policy premium may be adjusted during an annual renewal or due to benefit restructuring necessitated by legislation with **31 days** written notice. Subject to your right of cancellation of cover, the debit order authority will extend to the adjusted premium.
14. accept that your responsibility is to ensure premiums are collected and paid to remain covered.

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. If you agree to pay a fee, your advisor must explain the additional services you can expect for the fee.

The professional fee will be added to your policy premium and paid to your advisor monthly. You may cancel, reduce, or increase the professional fee anytime.

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.

Professional Fee (Increments of R 10.00)	<input type="text"/>	R	Product Premium	<input type="text"/>	R	Total Monthly Premium	<input type="text"/>	R	Account Holder Signature	<input type="text"/>
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## 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	<input type="text"/>	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Send the completed profile update form to [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.