

1. UPDATE YOUR PROFILE

Please select the change to be made to your profile.

Appoint a financial advisor (Complete Sections 3, 6 and 8.)

Add my dependant (Complete Sections 3, 4, 7 and 8. Please submit supporting documents for underwriting purposes when adding dependants. For a spouse, a copy of the medical aid membership certificate and proof of marriage; for an adult dependant, a copy of the medical aid membership certificate; for a newborn, a copy of the medical aid membership or birth certificate; and a child dependant, a copy of the medical aid membership certificate.)

Change my option (Complete Sections 3, 5, 7 and 8.)

Change my corporate policy to private capacity (Complete Sections 3, 5, 7 and 8. Complete Section 6 if you're appointing a financial advisor. To change a policy from private capacity to a corporate policy, our 2025 Corporate Gap Cover Client Application Form must be completed as the policy premium, benefits and waiting periods may differ.)

Change my debit order details (Complete Sections 3, 7 and 8.)

Do a status swap to note someone else as the policyholder (Complete Sections 2, 3, 7 and 8.)

For other profile changes not listed here, like removing a dependant, email your request to us at: yoursupport@stratumbenefits.co.za

2. CURRENT POLICYHOLDER DETAILS

Complete this section if a new policyholder must be noted on the policy, as indicated in Section 1 - Update Your Profile. Provide the current policyholder's details and the reason for the request in this section and the new policyholder's details in the following section.

Policyholder has passed away (Attach a copy of the death certificate.)

Policyholder and main member of the medical aid membership to align (Attach a copy of the medical aid membership certificate.)

Other

CURRENT POLICYHOLDER DETAILS

Name Surname
 Policy No. ID/Passport No.

3. POLICYHOLDER DETAILS

Please complete this section to ensure we have your most up-to-date details.

Title Name Surname
 ID/Passport No. Date of Birth --
 Cellphone No. Alternative Contact No.
 Physical/Postal Address Postal Code
 Email Address Medical Aid
 Medical Aid Plan Membership No.

4. ADDITION OF DEPENDANT

Your policy covers you and your spouse, even if you belong to different medical aids or medical aid plans, including the dependants registered on either medical aid plan.

When adding or removing a dependant from your medical aid membership, do the same on your **Gap Cover** policy.

When a child dependant applies for their own medical aid membership, they must apply for their own policy. A full-time student **26 or younger** may remain on your policy even if they belong to a different medical aid plan, provided proof of full-time studies is submitted annually. Distance and online learning don't qualify.

If you add a dependant **65 or older**, you'll pay a **65 or older family premium**.

Cover start dates can't be backdated. Your dependant's cover will start on the 1st of a future month. Newborns added with in **6 months** of birth will be added from their date of birth.

Title Name Surname
 Relationship ID/Passport No.
 Medical Aid Medical Aid Plan
 Membership No. Date of Birth --
 Cover Start Date --

Title Name Surname
 Relationship ID/Passport No.
 Medical Aid Medical Aid Plan
 Membership No. Date of Birth --
 Cover Start Date --

4. ADDITION OF DEPENDANT CONTINUED

Is your dependant a transfer applicant switching cover from another **Gap Cover** provider? Yes No

If "Yes", please complete the **Pre-Existing Medical Condition Disclosure** and **Planned Medical Procedure Disclosure** sections below. Submit a copy of your dependant's policy document from their current **Gap Cover** provider dated not older than **31 days** for underwriting purposes.

If "No", complete only the **Pre-Existing Medical Condition Disclosure** section.

Go to www.stratumbenefits.co.za/spouse-and-adult-dependant-underwriting/ to read more about the waiting periods that apply to a spouse and adult dependants.

Go to www.stratumbenefits.co.za/newborn-and-child-dependant-underwriting/ to read more about the waiting periods that apply to newborns and child dependants.

PRE-EXISTING MEDICAL CONDITION DISCLOSURE

As the policyholder, you accept the responsibility of answering this section for your dependants.

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 dependants' cover start dates unless we offer an underwriting concession.

Pre-existing medical conditions include accidental events that occurred before your dependants' cover start dates or a change in health status between signing and submitting this profile update form and their start dates.

Claims received in the first **12 months** of cover for planned medical procedures that weren't disclosed to us before their cover start dates, may be rejected based on non-disclosure.

Please let us know of any change in your dependants' health statuses between signing and submitting the profile update form and their cover start dates.

Provide details of any illness or medical condition relevant to your dependants.

NAME	PRE-EXISTING MEDICAL CONDITION	LAST TREATMENT DATE
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D

PLANNED MEDICAL PROCEDURE DISCLOSURE FOR DEPENDANTS TRANSFERRING COVER

Please indicate if any pre-existing medical condition stated in the **Pre-Existing Medical Condition Disclosure** section will require an investigation, medical procedure, surgery or treatment within the first **10 months** of your dependants' cover start dates.

Claims received in the first **12 months** of your dependants' cover start dates for planned medical events that weren't disclosed to us may be rejected based on non-disclosure.

NAME	PLANNED MEDICAL PROCEDURE	MEDICAL PROCEDURE DATE
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D

5. CONTINUATION OF COVER/OPTION CHANGE

If your **Stratum Benefits Gap Cover** policy started **before** age **65**, you'll pay a **64 or younger** premium when continuing cover in a 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 changing to an option that provides more comprehensive benefits, the enhanced benefits will be subject to a **12 Month Pre-Existing Medical Condition Waiting Period** unless we offer an underwriting concession.

Option changes can be done at any time of the year and as often as needed. Option change dates can't be backdated.

If you add a dependant **65 or older**, you'll pay a **65 or older family premium**.

Go to www.stratumbenefits.co.za/gap-cover-options/ or scan the QR code to read more about the benefits our **Gap Cover** options provide. Once on our webpage, click **View Option** for benefit and general exclusions.

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



AGES	COMPACT ³⁰⁰	MERIDIAN ⁴⁰⁰	ELITE ⁵⁰⁰	ACCESS OPTIMISER	ACCESS CO-PAY PLUS ³⁰⁰
Individual 35 or Younger		R 250			
Individual between 36 and 64		R 320			
Individual 64 or Younger	R 330		R 481		
Family 64 or Younger	R 399	R 320	R 591		
Individual or Family 64 or Younger				R 197	R 404
Individual 65 or Older			R 780		
Family 65 or Older			R 954		
Individual or Family 65 or Older	R 629	R 698		R 262	R 537

Effective Continuation / Option Change Date Y Y Y Y - M M - D D

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/ to find your match.

I understand the benefits my chosen **Gap Cover** option offers and accept the terms and conditions of cover.

6. APPOINT A FINANCIAL ADVISOR

If a financial advisor is currently noted on your **Gap Cover** 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 in addition to the monthly commission payable. If you agree to pay a fee, your advisor must explain the additional services you can expect.

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 at any time.

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

I acknowledge that the purpose of charging a professional fee and the additional services I can expect has been explained to me by my appointed financial advisor.

Professional Fee (Increments of R 10.00) R Policy Premium R Total Monthly Premium R Policyholder Signature

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 a double or triple debit may be incurred when selecting a debit order date other than the 1st.
6. agree that this debit order authority will remain in force until cancelled in writing by the policyholder.
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
 - 7.4 the 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 are. 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 Cheque Savings Bank Account No.
Account Holder
Debit Order Date 1st 4th 7th 15th 20th 25th 28th Last Day Term Monthly Annual

FINANCIAL ADVISOR PROFESSIONAL FEES

You may pay your appointed financial advisor a professional fee in addition to the monthly commission. If you agree to pay a fee, your advisor must explain the additional services you can expect.

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 at any time.

I acknowledge that the purpose of charging a professional fee and the additional services I can expect has been explained to me by my appointed financial advisor.

Professional Fee (Increments of R 10.00) R Policy Premium R Total Monthly Premium R Account Holder Signature

8. POLICYHOLDER ACCEPTANCE

As the policyholder, you hereby declare that all the information provided is true and correct. You accept that any non-disclosure or misrepresentation may render your policy null and void.

Policyholder Signature Date Y Y Y Y - M M - D D

Send the completed profile update form to your financial advisor or email us at: yoursupport@stratumbenefits.co.za

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



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75.

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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