

### 1. APPLICATION TYPE

Speak with your HR representative or the financial advisor appointed by your employer about the **Corporate Gap Cover** option available to you and the terms and conditions of cover. Based on the discussion, please select the type of application which will form the basis of your contract with us.

New or existing employee who isn't already covered by a **Gap Cover** policy (Complete **Sections 3, 4, 6, 8 and 10 - 14. Section 2 is for your HR to complete. Sections 5 and 7 are for your appointed financial advisor to complete.**)

Employee switching cover from another **Gap Cover** provider (Complete **Sections 3, 4, 6 and 8 - 14, and submit a recent copy of your policy document dated not older than 31 days for underwriting purposes. Section 2 is for your HR to complete. Sections 5, 7 and 9 are for your appointed financial advisor to complete.**)

### 2. EMPLOYER GROUP DETAILS

Employer Group	<input type="text"/>	Employer Group Branch (if applicable)	<input type="text"/>
HR Representative	<input type="text"/>	HR Representative Email Address	<input type="text"/>
Employer Group Stamp / Authorised Signatory	<input type="text"/>		
	Employee No.	<input type="text"/>	
	Employee Appointment Date	<input type="text"/>	<input type="text"/>

(Submit written confirmation from your HR representative that confirms your employment date if you're applying for cover **within 90 days** of your permanent employment date for underwriting purposes.)

### 3. POLICYHOLDER 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"/>	
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"/>			Medical Aid	<input type="text"/>	
Medical Aid Plan	<input type="text"/>			Membership No.	<input type="text"/>	

### 4. DEPENDANT DETAILS

We'll cover you and your spouse on one **Gap Cover** policy, even if you belong to different medical aids or medical aid plans, including the dependants registered on either medical aid plan. Speak with your HR representative or the group's appointed financial advisor about adding your dependants.

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.

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Relationship	<input type="text"/>			ID/Passport No.	<input type="text"/>
Medical Aid	<input type="text"/>			Medical Aid Plan	<input type="text"/>
Membership No.	<input type="text"/>			Date of Birth	<input type="text"/>

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Relationship	<input type="text"/>			ID/Passport No.	<input type="text"/>
Medical Aid	<input type="text"/>			Medical Aid Plan	<input type="text"/>
Membership No.	<input type="text"/>			Date of Birth	<input type="text"/>

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Relationship	<input type="text"/>			ID/Passport No.	<input type="text"/>
Medical Aid	<input type="text"/>			Medical Aid Plan	<input type="text"/>
Membership No.	<input type="text"/>			Date of Birth	<input type="text"/>

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Relationship	<input type="text"/>			ID/Passport No.	<input type="text"/>
Medical Aid	<input type="text"/>			Medical Aid Plan	<input type="text"/>
Membership No.	<input type="text"/>			Date of Birth	<input type="text"/>

## 5. BROKERAGE & FINANCIAL ADVISOR DETAILS

Brokerage	<input type="text"/>	Financial Advisor	<input type="text"/>
Brokerage Code	<input type="text"/>	Advisor Code	<input type="text"/>
		Advisor Signature	<input type="text"/>

## 6. OPTIONS & EXCLUSIONS

Your monthly premium is based on the quote your employer accepted.

Go to [www.stratumbenefits.co.za/corporate-overviews/](http://www.stratumbenefits.co.za/corporate-overviews/) or scan the QR code to read more about the benefits our Corporate Gap Cover options provide.

Once on our webpage, click **View Option** for benefit and general exclusions.



If the Gap Cover option your employer offers isn't shown here, please provide the option name:

Policy Start Date  -  -

## 7. FINANCIAL ADVISOR RECOMMENDATION

Your financial advisor, as indicated in **Section 5 - Brokerage & Financial Advisor Details**, will give advice and recommend a **Gap Cover** option based on your healthcare insurance needs and other considerations, such as the medical expense shortfalls you could incur on your medical aid plan.

If you don't agree with the recommendation, or want to change your option at a later stage, you should bring this to your financial advisor's attention.

### FINANCIAL ADVISOR DISCLOSURE

I've reviewed and determined my client's healthcare insurance needs. Based on our discussions, my recommendation is as follows:

Option	<input type="text"/>
Reasons for my recommendation	<input type="text"/>

*I confirm that I've fully discharged my duties set out in Section 8 of the FAIS General Code of Conduct.*

Financial Advisor Signature

Date  -  -

## 8. WAITING PERIODS & LIMITED PAYOUT BENEFIT

Depending on the quote your employer accepted, waiting periods may apply from your cover start date and your dependants' cover start dates if they join. If you join within **90 days** of your permanent employment date, you'll receive the waiting periods the employer group received when joining. Standard waiting periods will apply if you join **after 90 days** of your permanent employment date.

The waiting periods for each insured person will be confirmed in the **Cover Letter** you'll receive when your policy is activated.

### 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.

### EXCEPTION TO THE RULE

Unless we confirm otherwise, the **OUT-PATIENT SPECIALIST CONSULTATION BENEFIT** offered on our **CORPORATE ELITE<sup>500</sup>** option always receives a **3 Month General Waiting Period**.

### 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.

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

**Please let us know of any change in your or your dependants' health statuses between signing and submitting this application form and your cover start dates.**

### LIMITED PAYOUT BENEFIT

If you or your dependants claim from our **GAP BENEFIT**, **CO-PAYMENT BENEFITS** or **SUB-LIMIT BENEFITS** for specific medical procedures and scans in the first **10 months** of cover, we'll pay between **20%** and **100%** of the **approved claim amount**, subject to applicable benefit limits. The percentage depends on the quote your employer accepted.

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

Go to [www.stratumbenefits.co.za/limited-payout-benefit/](http://www.stratumbenefits.co.za/limited-payout-benefit/) or scan the QR code to read more about the medical events that form part of the **Limited Payout Benefit**.

*I accept that my policy may be subject to waiting periods and the **Limited Payout Benefit**.*



## 9. TRANSFER APPLICANTS

This section applies to you and your dependants applying to switch cover from another **Gap Cover** provider, as indicated in **Section 1 - Application Type**.

### REPLACEMENT POLICY DISCLOSURE

- A change in terms and conditions, monthly premiums and benefits will apply as products offered by **Gap Cover** providers differ.
- Standard waiting periods may apply if there's a break between the last day of cover with the current provider and the first day with us.
- The waiting periods for each insured person will be confirmed in the **Cover Letter** you'll receive when your policy is activated.

### TRANSFER PROCESS & UNDERWRITING

If you switch cover when your existing policy is still within a **General Waiting Period**, the remainder of this waiting period may be carried over to your new policy.

### PRE-EXISTING MEDICAL CONDITION WAITING PERIOD APPLICABLE TO LIKE-FOR-LIKE BENEFITS AND/OR ENHANCED BENEFITS

If you switch cover when your existing policy has been active for **less than 12 months**:

- the remainder of any **Pre-Existing Medical Condition Waiting Period** may be carried over to your new policy; and
- if our policy offers benefits that your existing policy doesn't offer, a **6 Month Pre-Existing Medical Condition Waiting Period** may apply to the enhanced benefits.

If you switch cover when your existing policy has been active for **12 months or longer**, a **6 Month Pre-Existing Medical Condition Waiting Period** may apply to the enhanced benefits.

Waiting periods that apply won't exceed those confirmed in the quote your employer accepted.

Standard waiting periods may apply if you don't inform us that you or your dependants are transfer applicants. You'll have **60 days** from receiving your **Cover Letter** to request that the underwriting be amended.

Please disclose in **Section 11 - Planned Medical Procedures** if you or your dependants plan on having a medical procedure in the first **10 months** of cover.

*I accept that my policy may be subject to waiting periods and a limited pay out when claiming for disclosed planned medical procedures in the first **10 months** of cover.*

## 9. TRANSFER APPLICANTS CONTINUED

FOR YOUR FINANCIAL ADVISOR TO COMPLETE

Please provide details of the policy replacement in the table below:

POLICY REPLACEMENT RECORD	CURRENT POLICY	REPLACEMENT POLICY
Name of Insurer		Guardrisk Insurance Company Limited
Option Name		
Cancellation and Policy Start Date		
Premium		
Differences in Options		
Reason for Transferring Cover		

## 10. PRE-EXISTING MEDICAL CONDITION DISCLOSURE

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

Please answer the question below regardless of whether a **Pre-Existing Medical Condition Waiting Period** will apply to you or your dependants.

Have you or any of your dependants been diagnosed with an illness, been advised to see or have seen a healthcare provider, or visited a medical facility for an investigation, medical procedure, surgery, or test in the past **12 months**, except for the common cold, routine dental work or routine check-up?

Yes                      No                      If "Yes", please provide more details about the medical condition and last treatment date.

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

NAME	PRE-EXISTING MEDICAL CONDITION	LAST TREATMENT DATE
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D

## 11. PLANNED MEDICAL PROCEDURES

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

NAME	MEDICAL PROCEDURE	MEDICAL PROCEDURE DATE
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D

## 12. DEBIT ORDER DETAILS

Please complete this section if you're the policy premium payer.

By signing this section and upon acceptance of your application, 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 1<sup>st</sup>.
6. understand that cover will commence after the first premium is received.
7. agree that this debit order authority will remain in force until cancelled in writing by the policyholder.
8. accept that **Stratum Benefits** may cancel your policy if:
  - 8.1 premiums aren't received for two consecutive months;
  - 8.2 the bank account being debited is closed;
  - 8.3 the account holder is deceased; or
  - 8.4 the authority to debit is no longer granted.
9. understand that this debit order authority may only be assigned to a third party if this contract is assigned accordingly.
10. 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.
11. accept that if a debit order deduction is returned, an administration fee of **R 25.00** will be added to the following premium deduction.
12. 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.
13. 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.
14. 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.
15. 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 No.	<input type="text"/>					
Account Holder	<input type="text"/>										
Debit Order Date (Refer to 12.5)	<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 FEE

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 fee at any time.

Professional Fee (Increments of R 10.00)	R	<input type="text"/>	Policy Premium	R	<input type="text"/>	Total Monthly Premium	R	<input type="text"/>
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Account Holder Signature

## 13. POLICYHOLDER ACCEPTANCE

As the policyholder, you understand and acknowledge that **Gap Cover** isn't a medical aid, doesn't provide similar cover as medical aid and can't be substituted for a medical aid membership.

You have the right to information about the insurer, administrator, and other matters of importance about the insurance policy you're purchasing.

Go to [www.stratumbenefits.co.za/pre-inception-disclosure-notice/](http://www.stratumbenefits.co.za/pre-inception-disclosure-notice/) or scan the **QR code** to view or download our **Pre-Inception Disclosure Notice**.

I accept the terms and conditions set out in the **Pre-Inception Disclosure Notice**.

Policyholder Signature

Date  Y  Y  Y  Y -  M  M -  D  D



## 14. PROTECTION OF PERSONAL INFORMATION

### USE OF PERSONAL INFORMATION DECLARATION

By submitting this application form, you allow us to process your personal information in line with our **POPI Privacy Policy** and agree to receive communication, such as annual renewal and benefit change communications, and occasional marketing communication via SMS or email. If you want to opt out of receiving marketing communication, please email your request to: [yoursupport@stratumbenefits.co.za](mailto:yoursupport@stratumbenefits.co.za)

Go to [www.stratumbenefits.co.za/popi-privacy-policy/](http://www.stratumbenefits.co.za/popi-privacy-policy/) or scan the **QR code** to view or download our **POPI Privacy Policy**.



Send the completed application form to your HR, financial advisor or email us at: [yourapplication@stratumbenefits.co.za](mailto:yourapplication@stratumbenefits.co.za)

Please contact us if you haven't received confirmation of cover or your policy documents within **7 working days** of submitting your application form.