

1. APPLICATION TYPE

Speak with your HR representative or the financial advisor appointed by your employer about the **Corporate Health Insurance** 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 **Health Insurance** policy (Complete **Sections 3, 4, 6, 8, 12 and 13**. Complete **Section 10** if you're applying for the **EMERGENCY & ACCIDENT BENEFIT OPTION** and **HOSPITAL CASH PLAN**. Complete **Section 11** if you're applying for the **DAY-TO-DAY BENEFIT OPTION**. **Sections 5 and 7** are for your appointed financial advisor to complete.)
- Employee switching cover from another **Health Insurance** provider or medical aid (Complete **Sections 3, 4, 6, 8, 9, 12 and 13**, and submit a recent copy of your policy document or medical aid membership certificate dated not older than **31 days** for underwriting purposes. Complete **Section 10** if you're applying for the **EMERGENCY & ACCIDENT BENEFIT OPTION** and **HOSPITAL CASH PLAN**. Complete **Section 11** if you're applying for the **DAY-TO-DAY BENEFIT OPTION**. **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" value="Y Y Y Y"/> - <input type="text" value="M M"/> - <input type="text" value="D D"/>

(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. PRINCIPAL INSURED 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" value="Y Y Y Y"/> - <input type="text" value="M M"/> - <input type="text" value="D D"/>		
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"/>				

4. DEPENDANT DETAILS

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

Your and your spouse's parents may join as adult dependants. Other extended family members don't qualify for cover.

Speak with your HR representative or the group's appointed financial advisor about adding your dependants.

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
ID/Passport No.	<input type="text"/>	Date of Birth	<input type="text" value="Y Y Y Y"/> - <input type="text" value="M M"/> - <input type="text" value="D D"/>	Relationship	<input type="text"/>
Gender	<input type="text"/>				
Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
ID/Passport No.	<input type="text"/>	Date of Birth	<input type="text" value="Y Y Y Y"/> - <input type="text" value="M M"/> - <input type="text" value="D D"/>	Relationship	<input type="text"/>
Gender	<input type="text"/>				
Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
ID/Passport No.	<input type="text"/>	Date of Birth	<input type="text" value="Y Y Y Y"/> - <input type="text" value="M M"/> - <input type="text" value="D D"/>	Relationship	<input type="text"/>
Gender	<input type="text"/>				
Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
ID/Passport No.	<input type="text"/>	Date of Birth	<input type="text" value="Y Y Y Y"/> - <input type="text" value="M M"/> - <input type="text" value="D D"/>	Relationship	<input type="text"/>
Gender	<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. BENEFIT OPTIONS

Applicants of all ages may join, as there's no maximum entry age.

Child dependant premiums apply to children **20 or younger**, and adult dependant premiums to children between **21 and 25**. From age **26**, child dependants don't qualify for cover under your policy.

Add the **GP PRE-AUTH WAIVER** when applying for the **DAY-TO-DAY BENEFIT OPTION** to see any network GP without prior approval. A monthly policy premium applies to the waiver regardless of the number of individuals on the policy.

Take up the **EMERGENCY COVER BUY-UP BENEFIT** and/or **HOSPITAL CASH PLAN** when applying for the **EMERGENCY & ACCIDENT BENEFIT OPTION**. The buy-up benefit enhances emergency cover for strokes and heart attacks. When selecting this benefit option with the buy-up benefit or cash plan, all options must cover the same individuals.

If the **GP PRE-AUTH WAIVER** isn't selected with the **DAY-TO-DAY BENEFIT OPTION**, or the **EMERGENCY COVER BUY-UP BENEFIT** and/or the **HOSPITAL CASH PLAN** with the **EMERGENCY & ACCIDENT BENEFIT OPTION** when applying, it can be added for the new benefit year beginning **1 January 2026**.

Go to www.stratumbenefits.co.za/corporate-essential-options/ or scan the **QR code** to read more about the benefits our **Health Insurance** options provide.



DAY-TO-DAY BENEFIT OPTION

Principal Insured Spouse Adult Dependand Child Dependand
GP PRE-AUTH WAIVER (Can only be taken when applying for the **DAY-TO-DAY BENEFIT OPTION**) Monthly Policy Premium

EMERGENCY & ACCIDENT BENEFIT OPTION

Principal Insured Spouse Adult Dependand Child Dependand

EMERGENCY COVER BUY-UP BENEFIT (Can only be taken when applying for the **EMERGENCY & ACCIDENT BENEFIT OPTION**)

Principal Insured Spouse Adult Dependand Child Dependand

HOSPITAL CASH PLAN (Can only be taken when applying for the **EMERGENCY & ACCIDENT BENEFIT OPTION**)

Principal Insured Spouse Adult Dependand Child Dependand
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 **Health Insurance** option based on your healthcare insurance needs and other considerations, such as affordability and the medical expense shortfalls you could incur, whether you belong to a medical aid or not.

If you don't agree with the advice or 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

Reasons for my recommendation

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

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.

Waiting periods don't apply to employer groups when it's compulsory for **20 or more** employees to join. When **fewer than 20** employees join, or when it's voluntary for employees to join, the below waiting periods will apply.

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

GENERAL WAITING PERIOD

A **1 Month General Waiting Period** will apply if the **GP PRE-AUTH WAIVER** is added or a **0 Month General Waiting Period** if the waiver isn't added.

There's no cover during this period for the **DAY-TO-DAY BENEFITS**, **WELLNESS ASSESSMENT** and **PREVENTATIVE CARE BENEFITS**.

9 MONTH PRE-BIRTH CONSULTATION WAITING PERIOD

12 MONTH CHRONIC MEDICATION WAITING PERIOD

12 MONTH EYE CARE WAITING PERIOD

12 MONTH CHILDBIRTH WAITING PERIOD

There's no cover during this period for the **CHILDBIRTH PAYOUT BENEFIT** under the **HOSPITAL CASH PLAN**.

EXCEPTION TO THE RULE

Waiting periods don't apply to the **EMERGENCY** and **ACCIDENT BENEFITS** and **ESSENTIAL ASSISTANCE PROGRAMME (EAP)**.

I accept that my policy may be subject to waiting periods for specific medical events.

9. TRANSFER APPLICANTS

This section applies to you and your dependants applying to switch cover from another **Health Insurance** provider or medical aid, as indicated in **Section 1 - Application Type**.

REPLACEMENT POLICY DISCLOSURE

- A change in terms and conditions, monthly premiums and benefits may apply as products offered by **Health Insurance** providers and medical aids 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 **Certificate of Membership** you'll receive when your policy is activated.

TRANSFER PROCESS & UNDERWRITING

Your policy may be subject to transfer underwriting when switching cover between **Health Insurance** providers or medical aids.

If you transfer as part of a voluntary group or a group where **fewer than 20** employees join, transfer underwriting may apply.

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

Please submit a copy of your current policy document or medical aid membership certificate dated not older than **31 days** for underwriting purposes.

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 **Certificate of Membership** to request that the underwriting be amended.

I accept that my policy may be subject to waiting periods.

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 or Medical Aid		Bryte Insurance Company Limited
Option Name		
Cancellation and Policy Start Date		
Premium		
Commission		
Difference in Options		
Reason for Transferring Cover		

10. NOMINATION OF BENEFICIARIES

The **EMERGENCY & ACCIDENT BENEFIT OPTION** offers an **ACCIDENTAL DEATH PAYOUT 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 benefit for child dependants, if death is due to a motor vehicle accident, will be paid to you. In the event of your accidental death, the payout benefit will be paid to your estate.

The full terms and conditions are explained in the **Policy Schedule** you'll receive when your policy is activated.

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"/>		

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** and a **CHILDBIRTH PAYOUT BENEFIT** that pays out when specific qualifying criteria are met.

Benefits payable for qualifying hospital admissions for your dependants will be paid to you. In the event of your death due to a qualifying hospital admission, the payout benefit, whichever is applicable, will be paid to your nominated beneficiary. If a beneficiary isn't nominated, the benefit amount will be paid to your 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 nominated beneficiaries will receive proceeds from the benefits payable under the **ACCIDENTAL DEATH PAYOUT BENEFIT**, **DAILY HOSPITAL PAYOUT BENEFIT** and/or **CHILDBIRTH 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 beneficiaries of your choice;
- if the nominated beneficiary can't be located or passes away before your claimable event, the benefit amounts payable to them will be paid to your estate;
- if at the time of payment the nominated beneficiary is a minor, the benefit amounts 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 amounts payable to the nominated beneficiary will be based on the latest valid beneficiary nomination received and accepted by the Insurer.

Policyholder
Signature

Date

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11. PREFERRED HEALTHCARE PROVIDERS

Let us know who your or your family's general practitioners are, and we'll contact them about joining **Unity Health's** provider network if they're not already part of the network.

Doctor	<input type="text"/>	Contact No.	<input type="text"/>
Doctor	<input type="text"/>	Contact No.	<input type="text"/>

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 1st.
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="radio"/> Cheque	<input type="radio"/> Savings	Bank	<input type="text"/>	Account No.	<input type="text"/>					
Account Holder	<input type="text"/>										
Debit Order Date (Refer to 12.5)	<input type="radio"/> 1st	<input type="radio"/> 4th	<input type="radio"/> 7th	<input type="radio"/> 15th	<input type="radio"/> 20th	<input type="radio"/> 25th	<input type="radio"/> 28th	<input type="radio"/> Last Day	Term	<input type="radio"/> Monthly	<input type="radio"/> 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 professional 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"/>
Account Holder Signature	<input type="text"/>							

13. POLICYHOLDER ACCEPTANCE

As the policyholder, you agree and accept that:

1. you're applying for insurance cover subject to the waiting periods, benefit and general exclusions and terms and conditions of the policy contract, which have been communicated and explained to you before the policy's start date.
2. the details provided are true and correct, and no information that may be material to or is likely to affect the assessment or acceptance of your risk has been withheld.
3. if there's any material non-disclosure or misrepresentation, your policy may be rendered null and void. Any premiums will be forfeited, and the Insurer may decline to indemnify or compensate you or your dependants for any claims under any item or section of cover.
4. if you appoint a financial advisor, you're responsible for determining whether a licensed Financial Services Provider mandates the financial advisor with the necessary accreditation and licensing in terms of the Financial Advisory and Intermediary Services Act, 2002, to act on your behalf.
5. when appointing a financial advisor, you authorise **Stratum Benefits** to pay monthly commissions to the advisor.
6. **Stratum Benefits** is authorised to process and store your and your dependants' personal information required to administrate cover under this policy. **Stratum Benefits** will be notified of any change in your details within a reasonable period. This authorisation will be terminated when your policy is cancelled, wherein your data will be stored for the prescribed years and, after that, destroyed responsibly.
7. the Insurer and any medical provider, including emergency and hospital providers, may share information relating to you and your dependants with the staff appointed by the Insurer to ensure you receive appropriate and necessary medical services while reducing inappropriate care and wastage of medical resources.
8. this application form won't be processed if it's incomplete.

Policyholder Signature	<input type="text"/>	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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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

Go to 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 financial advisor or email us at: yourapplication@stratumbenefits.co.za

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



Administered by Unity Health, a division of Ambledown Financial Services (Pty) Ltd, FSP 10287.
Underwritten by Bryte Insurance Company Limited, a licensed insurer and authorised FSP 17703.
In partnership with Stratum Benefits (Pty) Ltd, FSP 2111.



This product is not a medical aid, and the required cover is not the same as that of a medical aid.



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