

### 1. APPLICATION TYPE

Please select the type of application relevant to your profile, which will form the basis of your contract with us.

First-time applicant who isn't already covered by a **Gap Cover** policy (Complete **Sections 3, 4, 6, 8 and 10 - 13. Sections 5 and 7 are for your appointed financial advisor to complete.**)

Transfer applicant switching cover from another **Gap Cover** provider (Complete **Sections 3, 4, 6 and 8 - 13, and submit a recent copy of your policy document dated not older than 31 days for underwriting purposes. Sections 5, 7 and 9 are for your appointed financial advisor to complete.**)

Existing dependant applying for continuation of cover on your own **Gap Cover** policy (Complete **Sections 2 - 4, 6, 8, 12 and 13. Complete Sections 10 and 11 if you're upgrading to an option that provides more comprehensive benefits. Sections 5 and 7 are for your appointed financial advisor to complete.**)

### 2. CURRENT POLICYHOLDER DETAILS

Complete this section if you're a dependant covered on an existing **Stratum Benefits** policy applying for your own policy. Provide the current policyholder's details.

Name	<input type="text"/>	Surname	<input type="text"/>
ID/Passport No.	<input type="text"/>	and/or Policy No.	<input type="text"/>

### 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"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y - <input type="text"/> M <input type="text"/> M - <input type="text"/> D <input type="text"/> 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"/>			Medical Aid	<input type="text"/>
Medical Aid Plan	<input type="text"/>			Membership No.	<input type="text"/>
Employer Name	<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.

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"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y - <input type="text"/> M <input type="text"/> M - <input type="text"/> D <input type="text"/> D

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"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y - <input type="text"/> M <input type="text"/> M - <input type="text"/> D <input type="text"/> D

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"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y - <input type="text"/> M <input type="text"/> M - <input type="text"/> D <input type="text"/> D

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"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y - <input type="text"/> M <input type="text"/> M - <input type="text"/> D <input type="text"/> D

## 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, PREMIUMS & EXCLUSIONS

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

Your monthly policy premium will be determined by the oldest applicant's age at the time of the policy's start date, even if you or your dependants are transfer applicants switching cover from another **Gap Cover** provider.

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



ENTRY AGE	COMPACT <sup>300</sup>	MERIDIAN <sup>400</sup>	ELITE <sup>500</sup>	ACCESS OPTIMISER	ACCESS CO-PAY PLUS <sup>300</sup>
Individual 35 or Younger		R 250			
Individual between 36 to 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

Policy Start 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/](http://www.stratumbenefits.co.za/gap-match/) to find your match.

## 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 affordability and 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  Y  Y  Y  Y -  M  M -  D  D

## 8. WAITING PERIODS & LIMITED PAYOUT BENEFIT

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

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 accidental events 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 **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 **20%** of the **approved claim amount**, subject to applicable benefit limits.

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 will 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.
- Unless we offer an underwriting concession, standard waiting periods will 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

Our transfer process and the waiting periods that may apply from your and your dependants' cover start dates are explained in our **Transfer Process for Individuals** document.

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** to view or download our transfer process document.

Standard waiting periods will 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 payout when claiming for disclosed planned medical procedures in the first **10 months** of cover.*

### 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		
Difference 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.

### 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.

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

**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.**

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

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

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="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	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"/>
Account Holder Signature	<input type="text"/>							

## 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	<input type="text"/>	Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	-	<input type="text"/> M <input type="text"/> M	-	<input type="text"/> D <input type="text"/> D
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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](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 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.