



2018 AUH GAP RANGE INDIVIDUAL MEMBER APPLICATION



African Unity Health (Pty) Ltd is an authorised financial services provider. FSP 43066
Underwritten by Western National Insurance Company Limited an authorised financial services provider. FSP 9465

PERSONAL INFORMATION:

Surname: _____ Title: _____

First Name: _____ Initials: _____

ID Number:

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Medical Scheme*: _____ Scheme Number: _____

Medical Scheme Option: _____

(* You must be a member of a registered South African medical scheme to qualify for gap cover)

DEPENDANT INFORMATION - Main member and Spouse, even when not on the same medical scheme. Child dependants must be registered on either Main member or spouse's medical scheme. Extended Family dependants must be registered on Main member's medical scheme.

Name & Surname	ID Number	Relationship

Have you or any of your dependants been diagnosed with any form of cancer before joining? Yes/No

If the answer is YES please specify which person was previously diagnosed? _____

Telephone Number Work:

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Cell phone Number:

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E-Mail: _____

Postal Address: _____

Code:

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OPTION SELECTION: (Per Family Per Month)

- Premiums quoted are inclusive of all charges including Commission, Risk Premium, Binder & Administration Fees
- Please clearly indicate your option/s by marking the appropriate box with an X

MAXIMUM ENTRY AGE 70		
GAP	<input type="checkbox"/>	R 270.00 pfpm
GAP SELECT	<input type="checkbox"/>	R 390.00 pfpm
GAP SELECT EXCESS*	<input type="checkbox"/>	R 350.00 pfpm
LPE	<input type="checkbox"/>	R 280.00 pfpm

71 YEARS AND OLDER		
SENIORS GAP	<input type="checkbox"/>	R 340.00 pfpm
SENIORS GAP SELECT	<input type="checkbox"/>	R 460.00 pfpm
SENIORS GAP SELECT EXCESS*	<input type="checkbox"/>	R 435.00 pfpm
SENIORS LPE	<input type="checkbox"/>	R 350.00 pfpm

Please fax this form to **086 688 5285** or e-mail to **AUHapplications@africanunity.co.za**

PREMIUM PAYMENT:

Account Holders Name:

Banking Institution:

Account Number:

Branch Name/Number:

Account Type:

Deduction Date:

Please note that applications must be received prior to the 20th of the month for activation to take place on the 1st of the following month

Having applied for the above cover and on acceptance of my application by the insurer, I hereby authorise African Unity Health to debit my account, for the premiums payable under the above plan/s monthly in advance, on the nominated day of the month in accordance with the Debit Order system. Such authorisation shall remain in force and effect until cancelled by myself, in writing with one calendar month notice.

SIGNATURE OF ACCOUNT HOLDER: _____ (DEBIT ORDER AUTHORISATION)
(You have an obligation to pay your premium if you are to enjoy cover. Although we will do our utmost to ensure premium is collected every month it remains your responsibility to ensure your premium is paid)

DECLARATION:

- I declare that I have not withheld any information and I accept that this application and declaration shall form the basis of the contract of insurance between the Insurance Company and me, which will become effective on the first day of the month for which premiums are paid.
- I understand that in the event of any material non-disclosure or misrepresentation my policy may be rendered null and void and that the Insurer may decline to indemnify or compensate me for any claims under any item or section of cover.
- I confirm that I am currently a member of a registered South African Medical Scheme and irrevocably authorise African Unity Health to collect any relevant information that they deem necessary to assess and underwrite this application.
- I hereby irrevocably authorise African Unity Health to obtain information required relating to this application, even after my death, and to share with other Insurers to assess risk and claims.
- I also declare that I understand and am aware of the benefits, limits and exclusions as well as, any waiting periods applicable to this policy.
- I further confirm that the following notable conditions have been explained to me: 3 month general waiting period, 10 month maternity specific waiting period and 6 month procedure specific waiting period for: Joint surgery, Nasal and Sinus surgery, Tonsillectomy, Adenoidectomy, Grommets, Endoscopic and Arthroscopic procedures, Hernia repairs, Hysterectomy, Cardiac Surgery, Spinal surgery, Dentistry and Cataract procedures. Previously diagnosed cancer, within a period of 12 months preceding the date of inception, will be regarded as a pre-existing condition and Oncology Cover will be excluded for 12 months.

SIGNATURE OF APPLICANT: _____ INCEPTION DATE:

IMPORTANT NOTES:

- Your Gap cover policy is a separate short-term insurance policy and is not linked to your medical scheme in any way.
- Although African Unity Health will endeavour to collect premiums every month it remains your responsibility to ensure your premium is deducted from your bank account every month. If no premium is received for 2 consecutive months your cover will lapse and waiting periods will be applied at reinstatement. No backdating of cover will be allowed.
- It is your responsibility to ensure you are familiar with the policy wording explaining your limits and benefits on your selected option.
- You may upgrade or downgrade your cover once during the course of the year. Alternatively, changes may be made at renewal which is annually on 31 December.
- On termination of cover you must ensure that African Unity Health receive and process the termination request. African Unity Health will not be liable and will not refund premium unless there is clear evidence that the termination request was received in time by us. You are required to give 30 days' notice on termination.
- * Excess products will carry a R1 500 excess deduction on tariff shortfalls per admission.

BROKER INFORMATION:

I hereby declare that I have complied with the necessary statutory protocols and notices. I further agree and accept that should this policy be cancelled during the grace period that all commissions paid will be reversed.

BROKER NAME: Tyrone Raman BROKER CODE: TEL NUMBER: 076 9444 542
 BROKERAGE NAME: Rob Mitchell Brokers CORRESPONDENCE EMAIL: tyrone@coverthegap.co.za

Please fax this form to **086 688 5285** or e-mail to **AUHapplications@africanunity.co.za**