Sanlam Gap Cover Application Form

Important information

- Do not sign unless you understand the benefits, terms and conditions of the insurance product.
- Your signature confirms that you accept the terms and conditions as set out in the insurance policy.
- Should you have any questions regarding this insurance product, we invite you to contact your servicing financial planner to explain the product features, benefits and associated risks.
- This insurance product is underwritten by Centriq Insurance Company Limited. Claims are administered and settled by Xelus (Pty) Ltd who has been mandated as the binder holder and who is an authorised financial services provider. (FSP No 36931).

A. Details of Member & Dependants

(Note: You have to be a member of a medical aid. Cover for dependants as per your medical aid. Cover for children up to age 27.)

	First Name/s	Surname	Birthdate
Member:			
ID Number (complusory for main member):	☐☐☐☐☐☐☐☐☐☐☐☐☐		
Spouse:			DD MM YYYY
Child 1:			DD MM YYYY
Child 2:			DD MM YYYY
Child 3:			DD MM YYYY

(if the space is insufficient please attach a signed addendum to this application form)

Telephone (h): _____ Cell: _____

E-mail: _____

B. Employer

Name: _____ Branch: _____

Employment Date: _____

C. Cover Detail

Medical Scheme: _____ Option: _____

Start Date: DD MM YYYY Membership number: _____

Please indicate your desired date of commencement of cover (month/year): MM YYYY

D. Health Questionnaire

Please answer each question below (tick the relevant box).

Have you or any of your eligible dependants:

D.1 Any existing medical conditions, or do you or they receive any form of on-going treatment or medication? (e.g. heart or vascular disease / back, neck or joint problems / digestive system problems / sinusitis / cancer (incl in remission) kidney disorders / gynaecological problems / ear, nose or throat problems, etc) Yes No

D.2 Been hospitalised within the last 24 months? Yes No

D.3 Have you or any of your dependants consulted with any doctors within the last 12 months? Yes No

D.4 Do you or any of your dependants have any existing medical conditions? Yes No

D.5 Are you or any of your dependants currently pregnant or planning to become pregnant? Yes No

If you have answered yes to any of the questions above, please provide full details in the space provided below (if the space is insufficient please attach a signed addendum to this application form):

Dependant Name ________________ Question Number ________

Details of Condition / Treatment / Disorder: ________________

Provide details of Future Treatment incl. date/s: Last Date of Treatment: D D M M Y Y Y Y

____

Dependant Name ________________ Question Number ________

Details of Condition / Treatment / Disorder: ________________

Provide details of Future Treatment incl. date/s: Last Date of Treatment: D D M M Y Y Y Y

____

Dependant Name ________________ Question Number ________

Details of Condition / Treatment / Disorder: ________________

Provide details of Future Treatment incl. date/s: Last Date of Treatment: D D M M Y Y Y Y

____

Dependant Name ________________ Question Number ________

Details of Condition / Treatment / Disorder: ________________

Provide details of Future Treatment incl. date/s: Last Date of Treatment: D D M M Y Y Y Y

____

E. Application Status

Please indicate the status of your application by ticking one of the relevant boxes below:

E.1 I do not currently have gap cover but wish to join via my employer who has arranged this cover Yes No

E.2 I do not currently have gap cover but wish to join in my private capacity Yes No

E.3 I am currently a Sanlam Gap Cover member but I am leaving my employer and wish to continue cover in my private capacity Yes No

E.4 I currently have gap cover with another provider but I wish to transfer my cover to Sanlam Gap Cover Yes No

Notes:

- Waiting periods may apply to your cover.
- If answered Yes to Question E.4, please provide proof of cover with the other provider i.e. current Gap Cover Membership Certificate.
- All applications remain subject to our standard underwriting terms and conditions which is available in the Sanlam Gap Cover insurance policy agreement.

F. Debit Order Details

(Only complete this section if your employer is not deducting premiums from payroll)

Bank Name: _____ Branch Name: _____

Branch Code: _____ Account Type: _____

Account Number: _____ Account Name: _____

Employer Monthly Premium Amount: _____

Individuals: ☐ R298 (younger than 60y) ☐ R700 (older than 60y)

Debit Order date: *Please specify the date you would like for your debit order to take place each month.*

15th ☐ Last working day

G. Declaration by Principal Member

I, (full name) _____ with ID number ☐☐☐☐☐☐☐☐☐☐☐☐☐ hereby declare that this application form, whether in my handwriting or not, is accurate and complete and forms the basis of the contract of insurance between the underwriter and myself. I hereby apply for Sanlam Gap Cover (underwritten by Centriq) and agree to abide by its policy rules and/or those of its underwriter and any amendments thereto which may be made from time to time. I hereby authorise Centriq to draw against the above bank account all amounts due to Centriq in terms of this insurance cover.

Accurate information

I confirm that all the information provided herein is complete and true and that I have not concealed any relevant of pertinent information that may affect the evaluation of risk considered under this policy of cover.

I understand that the provision of any false, misleading or missing information could result in my application being rejected or my membership being cancelled or claims being rejected. Should this occur, I agree to refund all benefit payments that I have received in relation to this policy of insurance.

In the event that my employer is selecting the cover under this policy, I hereby provide authority for my employer to make such cover nomination on my behalf and furthermore indemnify Sanlam and the Underwriter against liability for any loss that may result from an incorrect nomination of such cover by the employer.

Premium payments

Premiums for Sanlam Gap Cover are payable monthly and deducted by Centriq. The payment reference will reflect as: Multid for SNGAP. Premiums that are in arrears will result in my membership being suspended or possibly terminated.

Where my employer deducts the premium from my salary I hereby provide authority for my employer to deduct such premium and pay this across to Centriq. I accept that any notice given to my employer is deemed to have been given to me.

Benefit payments

In the event that any policy benefit becomes payable subsequent to or as a result of my death, I hereby provide an irrevocable authority for such benefits to be paid directly to my surviving spouse or failing such circumstance to the nominated guardians or trustees responsible for the future care of my minor children or failing either of the preceding events to my estate.

Disclosure documents

I have read and understood the Sanlam Gap Cover Disclosure Notice which I received together with this Application Form.

In the case of transferring my cover to Sanlam Gap Cover (as chosen in E.4 of this form), I understand the difference between my current gap cover and Sanlam Gap Cover as explained to me by my intermediary.

Policy Exclusions and Terms and Conditions

Please refer to your final policy document for the full list of exclusions and terms and conditions.

Full Name: _____ Signature: _____

Date: D D M M Y Y Y Y

H. Details of Intermediary

Name of Company: Cover the Gap Intermediary Code: TG.Raman - 831

Name of Advising Intermediary: Rob Mitchell Brokers_Tyrone Raman

Telephone (w): 031 100 2330 Cell: 076 9444 542

E-mail: tyrone@coverthegap.co.za

The application form should be returned to:
Email: sanlamapps@kx.co.za