

CLIENT APPLICATION FORM AND RECORD OF ADVICE

Brokerage	Broker	Broker Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. CREATE YOUR PROFILE

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

- New client
 Client transferring cover from another Gap Cover provider to Stratum Benefits (Please submit your current policy document not older than **30 days** for underwriting purposes)
 Existing dependant on a Stratum Benefits policy applying for cover as the principal insured on your own policy

MAIN APPLICANT DETAILS

Title	First Name	Surname	ID or Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Aid	Medical Aid Option	Membership Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Cell Phone Number	Alternative Contact Number		
<input type="text"/>	<input type="text"/>		
Email Address	<input type="text"/>		
Physical or Postal Address			
<input type="text"/>			
<input type="text"/>			Postal Code <input type="text"/>

DEPENDANT DETAILS

We cover you and your spouse on one policy, even if you belong to different medical aids or medical aid options, including all dependants registered on your or your spouse's medical aid option.

Our **EDGE²⁰⁰** option provides cover to one insured person per policy.

Title	Name	Surname	ID or Passport Number	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. RECORD OF ADVICE (To be completed by your Broker)

The purpose of this section is to review your health insurance requirements to determine which Gap Cover option best suits your needs. Your broker, where one has been appointed by you, will make recommendations and give advice based on the information provided by you. Should you not agree with the recommendation or advice and require further information, this should be brought to your broker's attention.

Please note that where any person applying for cover is **65** or older, our **65+** premium will apply to the policy.

The following Gap Cover options are available for your consideration:

⊕ EDGE²⁰⁰

Ages	Monthly Premium
18 to 27	Single <input type="radio"/> R 110
28 to 64	Single <input type="radio"/> R 199
65+	Single <input type="radio"/> R 332

⊕ COMPACT²⁰⁰

Ages	Monthly Premium
64 or younger	Single <input type="radio"/> R 199 Family <input type="radio"/> R 232
65+	Single or Family <input type="radio"/> R 387

⊕ BASE

Ages	Monthly Premium
64 or younger	Single <input type="radio"/> R 199 Family <input type="radio"/> R 230
65+	Single or Family <input type="radio"/> R 387

⊕ CO-EVOLUTION

Ages	Monthly Premium
64 or younger	Single <input type="radio"/> R 221 Family <input type="radio"/> R 279
65+	Single or Family <input type="radio"/> R 442

⊕ ELITE

Ages	Monthly Premium
64 or younger	Single <input type="radio"/> R 326 Family <input type="radio"/> R 392
65+	Single <input type="radio"/> R 519 Family <input type="radio"/> R 635

OPTION SELECTION CONTINUED

⊕ ACCESS OPTIMISER

64 or younger	Monthly Premium	65+	Monthly Premium
Single or Family	<input type="radio"/> R 252	Single or Family	<input type="radio"/> R 311
Single or Family including 200% Gap Benefit	<input type="radio"/> R 279	Single or Family including 200% Gap Benefit	<input type="radio"/> R 358
Single or Family including 500% Gap Benefit	<input type="radio"/> R 322	Single or Family including 500% Gap Benefit	<input type="radio"/> R 436

⊕ HOSPITAL OPTIMISER

All Ages	Monthly Premium
Single or Family	<input type="radio"/> R 90

COVER START DATE

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. RECOMMENDATION (To be completed by your Broker)

Following discussions between you and your client in determining the best suitable Gap Cover option, your recommendation is as follows:

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

4. WAITING PERIODS

It is important to note that waiting periods apply from each insured person's respective cover start date before certain benefits can be claimed from, unless otherwise specified in your policy documentation.

3 MONTH GENERAL WAITING PERIOD

During this period, cover does not apply unless you are claiming for an accidental event that occurs after your cover start date.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

During this period, cover does not apply for an investigation, treatment, procedure or surgery relating to any illness or condition that you have been diagnosed with and/or received advice or treatment for **12 months** before your cover start date.

OUR 10 MONTH BENEFIT RULE

Within the first **10 months** of cover, **20%** of the approved medical expense shortfall amount will be payable in respect of specific medical events. Visit our website, refer to our product brochures, speak to your broker or get in touch with us directly for more information.

By signing this application form, you acknowledge and accept that your policy will be subject to waiting periods and a limited benefit in the first **10 months** of cover for specific medical events.

5. REPLACEMENT POLICY DISCLOSURE (To be completed by your Broker if you are transferring cover from another Gap Cover provider)

If you are applying for cover as a transfer client, whereby your current Gap Cover policy will be replaced with a Stratum Benefits Gap Cover policy, it is important to understand that certain aspects of the replacement policy may differ.

REPLACEMENT POLICY DISCLOSURE

- A change in monthly premium and/or special terms and conditions may apply as products are different in benefit and fee structure.
- Our Policy Particulars provide more information about the general exclusions, terms and conditions of cover.

TRANSFER WAITING PERIODS

Underwriting applies regardless of whether your cover is transferred between the same Insurer, or from a different Insurer.

GENERAL WAITING PERIOD

This waiting period may be applied subject to your age demographic. During this period, cover does not apply unless you are claiming for an accidental event that occurs after your transfer cover start date.

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

Where your current Gap Cover policy has been active for less than **12 months** and a **Pre-Existing Condition Waiting Period** applies, the balance of the applicable waiting period will be carried over to a maximum of **12 months**. Where our Gap Cover policy provides enhanced benefits, a **12 Month Pre-Existing Condition Waiting Period** will apply.

During this period, cover does not apply for an investigation, treatment, procedure or surgery relating to any illness or condition that you have been diagnosed with and/or received advice or treatment for **12 months** before your transfer cover start date.

DISCLOSED PLANNED MEDICAL EVENTS

Should you claim in the first **10 months** of cover for a disclosed planned medical procedure, surgery, treatment or investigation, your claim will be covered at **20%** of the approved medical expense shortfall amount.

UNDISCLOSED MEDICAL EVENTS

Should you claim in the first **12 months** of cover for a medical procedure, surgery, treatment or investigation that are deemed pre-existing and have not been disclosed, your claim may be investigated and rejected on the basis of non-disclosure.

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

POLICY REPLACEMENT RECORD	CURRENT PRODUCT	REPLACEMENT PRODUCT
Policy Number		N/A
Name of Insurer		Constantia Insurance Company Limited
Product Name		
Cancellation and Cover Start Date		
Premium		
Differences in Products		
Reason(s) for transferring cover		

Please submit a copy of your current policy document not older than **30 days** for underwriting purposes.

By signing this application, you acknowledge and accept that your policy will be subject to waiting periods and a limited benefit in the first **10 months** of cover for disclosed planned medical events.

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6. YOUR PAYMENT PROFILE

By signing this section and upon acceptance of your application, you:

1. Understand that cover will commence after the first premium is received.
2. Authorise Stratum Benefits to debit your account for the policy premium that is payable in advance, on the debit order date as selected.
3. Authorise Stratum Benefits to accept this debit order authority as a payment instruction issued by the account holder.
4. Accept that depending on the selected debit order date, a double debit may be incurred.
5. Agree that this debit order authority will remain in force until cancelled in writing by the principal insured person, or by Stratum Benefits if premiums are not received for two consecutive months.
6. Understand that this debit order authority may only be assigned to a third party if this contract is also assigned to a third party.
7. Understand that if your payment date falls on a Sunday, or recognised South African public holiday, the debit order date will default to the next working day.
8. Accept that if the premium from a previous debit order deduction is returned, a **R 25** admin fee will be added to the next premium deduction.
9. Accept that your premium may be adjusted during an annual renewal or due to benefit restructuring necessitated by legislation with one month's written notice, and subject to your right of cancellation of cover, the debit order authority will extend to the adjusted premium.
10. Understand that your debit order deductions will be processed through a computerised system provided by the South African Banks. Details of each debit order deduction will be displayed on your bank statement with the reference prefix "STRATUM" followed by an 8 digit number ending with "SAGEPAY".
11. Accept that given the debit order authority granted by you, it is your responsibility to ensure that premiums are collected in order to remain covered.
12. Accept that you shall not be entitled to any refund of amounts which have been deducted while this debit order authority is in force, if such amounts were legally due.
13. Understand that the product premium is inclusive of VAT.

Account Holder	Bank	Account Number
Account Type	Term	Debit Order Date
<input type="radio"/> Cheque <input type="radio"/> Savings	<input type="radio"/> Monthly <input type="radio"/> Annual	<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 of the month
Broker Fee (Increments of R 10)	Total Monthly Premium	Account Holder Signature
R	R	

7. PRE-EXISTING MEDICAL CONDITION DISCLOSURE

As the main applicant, you accept the responsibility of answering this section on behalf of your dependant(s) and agree that you have the necessary knowledge and authority to fully do so.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

During this period, cover does not apply for an investigation, treatment, procedure or surgery relating to any illness or condition that you or your dependants have been diagnosed with, and/or received advice or treatment for **12 months** before your cover start date.

We reserve the right to investigate and reject a claim where the illness or condition is deemed pre-existing, unless otherwise specified in your policy documentation.

Please provide details of any illness or condition relevant to you and/or your dependant(s), where applicable.

NAME	PRE-EXISTING MEDICAL CONDITION(S)

8. PROSPECTIVE CLIENT CONSENT (Applicable to all applicants)

As the main applicant applying for insurance cover, I hereby declare that:

1. I am applying for insurance cover subject to the waiting periods, benefit and general exclusions, terms and conditions of the policy contract and confirm that these have been communicated and explained to me prior to my cover start date.
2. All the information provided is true and correct and that I have not withheld any information which may be material to, or likely to affect the assessment or acceptance of my risk.
3. In the event of any material non-disclosure or misrepresentation, my policy may be rendered null and void. I accept will forfeit any and all premiums and that Stratum Benefits may decline to indemnify or compensate me and/or my dependant(s) where applicable, for any claims under any item or section of cover.
4. Should this application form be incomplete, it may not be processed by Stratum Benefits.
5. I understand that this insurance cover is not a medical aid membership nor does it provide benefits similar to that of a medical aid.
6. My, and my dependant(s)' eligibility for cover is dependant on us remaining active members of a registered medical aid and I undertake to advise Stratum Benefits if I terminate my, and/or my dependant(s)' medical aid membership at any time.
7. In terms of the Financial Advisory and Intermediary Services Act, 2002 ("FAIS"), my broker must be mandated by a licensed Financial Services Provider ("FSP") as a representative with the necessary FAIS sub-categories to act on my behalf, and that it is my responsibility to determine whether my broker has the necessary authorisation.
8. I have appointed the above-mentioned broker and authorise payment of their monthly commission.
9. Stratum Benefits is irrevocably authorised to process and store my and/or my dependant(s)' personal information required for the purpose of administering cover under this policy, and I undertake to notify Stratum Benefits of any change in my personal details within a reasonable time period.

Main Applicant Signature		Date	
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RETURN TO STRATUM BENEFITS
Stratum Benefits (Pty) Ltd / Reg no.: 2003/018155/07

e yourapplication@stratumbenefits.co.za f 086 633 3761

Please enquire if you have not received your policy documentation within 7 days from submitting your Client Application Form.