



TOTALRISKADMINISTRATORS

GAP COVER

In-Hospital Medical Shortfall Cover



2019 PREMIUMS AND BENEFITS

GAP COVER

THE FOLLOWING BENEFITS ARE SUBJECT TO AN AGGREGATE ANNUAL LIMIT OF R158 000 PER INSURED PERSON
(This limit may be subject to regulatory amendment) (Sub-limits may apply)

PRODUCT	BASIC COVER 300	VITAL COVER PLUS	SUPER COVER PLUS	ABSOLUTE COVER PLUS
GAP COVER: The shortfall that arises after your medical aid has processed your account and is due to service providers charging above scheme tariff for authorised in-hospital procedures. The cover is limited to a percentage of the original scheme tariff.	300%	700%	700%	700%
PRESCRIBED MINIMUM BENEFITS: A set of defined benefits, as per the Medical Schemes Act, in terms of which all medical schemes have to cover the costs related to the diagnosis, treatment and care of: any emergency medical condition; a limited set of 270 medical conditions; and 27 chronic conditions.	Covered	Covered	Covered	Covered
CASUALTY UNIT BENEFIT: <ul style="list-style-type: none"> Costs related to the treatment received while in a hospital casualty unit. The treatment is immediately required, is of an external nature or came about due to an external force and / or impact with something or someone. Your medical aid has processed this account and paid their share of the claim, even if this amount is zero. 	Up to R2 750 per policy per annum	Up to R5 000 per policy per annum	Up to R7 500 per policy per annum	Up to R15 000 per policy per annum
CO-PAYMENT BENEFIT: (In Network) <ul style="list-style-type: none"> The co-payment or deductible that your medical aid charges you for certain in-hospital procedures. This co-payment or deductible is NOT related to the scheme tariff and service provider charge shortfall or designated service provider arrangements. 	No Benefit	Up to R10 000 per policy per annum	Up to R50 000 per policy per annum	Unlimited but subject to R158 000 per insured person per annum
CO-PAYMENT BENEFIT: (Out of Network i.e. Voluntary use of a non-designated service provider) <ul style="list-style-type: none"> The co-payment or deductible that your medical aid charges you for certain in-hospital procedures. This co-payment or deductible is NOT related to the scheme tariff and service provider charge shortfall or designated service provider arrangements. 	No Benefit	No Benefit	No Benefit	2 Co-payments per policy per annum up to a combined maximum of R14 000
SUB-LIMIT BENEFIT: Internal Prostheses The shortfall on a service provider account that is not covered because you have reached the sub-limit for Internal Prostheses imposed by your medical aid and this is directly related to an authorised hospitalisation event.	No Benefit	Up to R5 000 per policy per annum	Up to R10 000 per policy per annum	Unlimited but subject to R158 000 per insured person per annum. Up to R30 000 per event
SUB-LIMIT BENEFIT: MRI / CT / PET Scans The shortfall on a service provider account that is not covered because you have reached the sub-limit for MRI / CT and/or PET scans imposed by your medical aid and this is directly related to an authorised hospitalisation event.	No Benefit	No Benefit	No Benefit	2 MRI / CT / PET scans per policy per annum up to R4 000 per scan

ONCOLOGY:	BASIC COVER 300	VITAL COVER PLUS	SUPER COVER PLUS	ABSOLUTE COVER PLUS
ONCOLOGY GAP BENEFIT The shortfall that arises after your medical aid has processed your account and is due to service providers charging above scheme tariff for medical aid approved oncology treatment plans. (NB: Subject to: the gap cover percentage; and medical aid approved treatment plan being covered up to scheme tariff and within annual scheme oncology limit).	Up to an aggregate of R158 000 per insured person per annum	Up to an aggregate of R158 000 per insured person per annum	Up to an aggregate of R158 000 per insured person per annum	Up to an aggregate of R158 000 per insured person per annum
ONCOLOGY CO-PAYMENT BENEFIT <ul style="list-style-type: none"> The co-payment or deductible that your medical aid charges you for certain in-hospital procedures. This co-payment is NOT related to the scheme tariff and service provider charge shortfall or designated service provider arrangements, OR For claims where the medical aid will only pay a percentage for the approved treatment and the policyholder needs to pay the remaining percentage of the account. All costs to be within the annual scheme oncology limit. 	None	Up to R10 000 per policy per annum	Up to R50 000 per policy per annum	Unlimited but subject to R158 000 per insured person per annum
ONCOLOGY EXTENDER BENEFIT (Includes ANY approved costs above annual scheme oncology limit but subject to scheme covering up to this limit)	None	None	None	Unlimited but subject to R158 000 per insured person per annum

THE FOLLOWING BENEFITS ARE NOT SUBJECT TO AN AGGREGATE ANNUAL LIMIT OF R158 000 PER INSURED PERSON.
(Sub-limits may apply)

PRODUCT	BASIC COVER 300	VITAL COVER PLUS	SUPER COVER PLUS	ABSOLUTE COVER PLUS
ACCIDENTAL DEATH COVER Insured / Spouse Dependant	R3 000 R1 500	R4 000 R2 000	R6 000 R3 000	R8 000 R4 000
POLICY EXTENDER The full gap cover premium is covered in the case of the death of the main policyholder.	6 months	6 months	6 months	6 months
TRA ASSIST (powered by ER24 Assist)				
Home Drive designated driver service (now includes a Taxi Service).	6 free trips per policy per annum. Limited to a 50km radius.	6 free trips per policy per annum. Limited to a 50km radius.	6 free trips per policy per annum. Limited to a 50km radius.	6 free trips per policy per annum. Limited to a 50km radius.
Panic Button - 24-hour access to a crisis manager who will guide you through an emergency.	Included	Included	Included	Included
Medical Health Line - Unlimited access to qualified nurses 24 hours a day for telephonic emergency medical advice, assessment of symptoms, explanation of medical terms, etc.	Included	Included	Included	Included
Submit Claim - Submit your claims documents via the mobile app.	Included	Included	Included	Included

Refer to policy document for full details of limitations and exclusions.

PRODUCT	BASIC COVER 300	VITAL COVER PLUS	SUPER COVER PLUS	ABSOLUTE COVER PLUS
Under 65's (Age of main insured) premium per policy per month		R180	R227	R390
Over 65's (Age of main insured) premium per policy per month	R300	R270	R340	R470
Premium per Individual per policy per month	R 99			
Premium per Family per policy per month	R150			

For Office Use Only

Broker / Brokerage

Broker Code

Section 1: Personal Details

A copy of the ID of the main insured A copy of the medical aid membership certificate

Proof of address less than three months old (for example utility bill, Telkom account, store account statement, bank statement with address, DSTV account, municipal letter, etc...). Should you not have proof of address in your name, you may provide a declaration by a third party confirming that you share an address with them and provide the third party's proof of ID and proof of address (less than three months old.)

NB: This application will not be processed if any of the items above are not sent through with this form.

Med. Aid Membership Number Med. Aid Inception Date

Med. Aid Benefit Option Gap Cover Inception Date

Title Other (please specify)

First Names (in full) Initials

Surname

Date of Birth Cell no.

Gender (main member) Alt. Contact no.

Email Address

Postal Address

Employer

Identity No.

Section 2: Dependant's Details

Name	Contact Number	Email Address	ID Number	Sex (M/F)	Relationship to Main Member

Common Law partners need to provide an affidavit proving 12 months of cohabitation for membership to be considered.

Section 3: Product Options (Please tick required products and options)

PRODUCT	BASIC COVER 300	VITAL COVER PLUS	SUPER COVER PLUS	ABSOLUTE COVER PLUS
Under 65's (Age of main insured) premium per policy per month		R180	R227	R390
Over 65's (Age of main insured) premium per policy per month	R300	R270	R340	R470
Premium per Individual per policy per month	R99			
Premium per Family per policy per month	R150			

Broker service and administration fee: None R10 pm R20 pm R30 pm R40 pm R50 pm

Section 4: Debit Order Details (person responsible for payment to complete)

Bank											Debit order date (including December)	1st	7th	15th	25th	26th
Branch											Account Number					
Branch Code											Account Holder					
Type of Account	Cheque	Savings	Transmission	Other	(please specify)											

The abbreviated short name TOTALRISK is the reference that should appear on your bank statement. Any queries relating to your debit order can be made by calling 011 372 1540.

Section 5: Gap Cover Waiting Periods

General waiting period: There is no general 3 month waiting period.
 10 Month condition specific waiting period: No claims may be submitted within the first 10 months of membership for any Gap Cover policy if they relate to any of the following conditions:

- Head, neck and spinal procedures (including stimulators) e.g. Laminectomy
- All types of hernia procedures
- Endoscopic procedures e.g. Colonoscopy, Gastroscopy
- Oesophagitis, Gastroenteritis and Gastro-Intestinal Disorders
- Pregnancy and childbirth (including caesarean delivery)
- Gynaecological conditions e.g. Hysterectomy
- Male genital system (including prostatectomy / robotic prostatectomy)
- All robotic type surgery
- Joint replacement (including Arthroplasty, Arthroscopy, Metatarsal Osteotomy) but excluding treatment due to accidental trauma.
- Inability to walk / move without pain
- Any Ear, Nose and Throat procedures (including nasal, sinus, tonsil and adenoid procedures)
- Cardiac (relating to the heart)
- Dentistry (unless due to accidental trauma)
- Cataracts and / or eye laser surgery (including all eye and lens procedures)
- Neurological conditions and procedures (including stimulators)
- Organ transplants (including cochlear implants)
- Renal Failure
- Reconstructive surgery as a result of an incident or condition that occurred prior to membership (including skin grafts)
- Mental health or psychiatric conditions (including depression)
- Varicose veins
- Diabetes and related complications

All claims for these conditions received within the waiting period will be reviewed by medical management to identify pre-existing conditions.

Cancer diagnosis waiting period: If a policyholder is diagnosed with any form of cancer prior to membership, all related claims will be subject to a 9 month waiting period. If a policyholder has previously been diagnosed with cancer and is currently in remission, the policyholder needs to advise the insurer by way of medical evidence that the remission period has been for two or more consecutive years.

Pre-existing medical condition/s waiting period: NO claims relating to any pre-existing condition/s that may lead to hospitalisation (excluding cancer: see above) will be covered within the first six (6) months of membership. The insurer reserves the right to request any clinical information from a Policyholder's doctor should a claim in this period indicate, and/or relate to, a pre-existing condition.

All claims for these conditions received within the waiting period will be reviewed by medical management to identify pre-existing conditions.

Section 6: Terms and Conditions

- All Gap Cover policies are subject to an aggregate gap cover annual limit of R158 000 per insured person per annum. (This is subject to regulatory amendment).
- The monthly cut-off date for the receipt of application forms will be the 20th of each month (or closest working day to the 20th) to be effective from the 1st of the following month.
- Upgrades are only allowed once a year in January.
- There is no age limit for entry onto the Gap Cover product.
- Claims relating to any penalties incurred as a result of a policyholder voluntarily choosing a provider outside of a medical scheme approved network will be excluded.
- No in-hospital dentistry claims unless authorised by the Scheme or related to dependants under the age of 18 years. No osseointegrated dental implants will be covered.
- No co-payment or sub-limit amounts will be covered under the Basic Cover 300 product.
- Claims to the value of R100 or less will be subject to an excess of the same amount.
- **Gap Cover is not a medical aid scheme. The cover is not the same as that of a medical scheme. The cover is not a substitute for a medical scheme membership.**
- Gap Cover is distinct from, but supplementary to medical aid cover. Should you change your medical aid scheme please advise TRA for record purposes.
- TRA requires 30 days notice of resignation from any product. Failure to advise TRA of resignation from a medical aid does not constitute a valid claim for a refund of premiums collected.
- If new and eligible Dependants are to be added to the Policy, TRA must be informed within 30 days and provided with written notice of such an addition to the Policy. Thereafter, this claim will **under no circumstances** be valid and will not be paid. If the dependant/s are registered after the 30-day period mentioned above, waiting periods and exclusions will apply.
- **Please refer to the policy document for a full list of terms and conditions.**
- **Consent for Communication:** TRA has a duty to keep policyholders updated about any offers and new products that are made available from time to time. TRA might communicate about these. As a policyholder who has accepted this policy, you accept this possible communication channel.

Section 7: Member Declaration and Consent

FULL SIGNATURES REQUIRED		
MEMBER HEALTH DECLARATION:	SIGN	Are you or any of your dependant/s expecting surgery or planning hospitalisation or treatment in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide brief details of your planned treatment or hospitalisation: _____ Please note that certain medical conditions and related procedures may be subject to various limitations and waiting periods (see section 5 above).
MEMBER DECLARATION:	SIGN	I have read the terms and conditions above and I am fully aware of the contents thereof.
MEMBER CONSENT:	SIGN	I hereby authorise the disclosure of relevant medical information by my medical aid to Total Risk Administrators (Pty) Ltd ("TRA"). This type of information will typically include my diagnosis and ICD-10 diagnostic code. I understand and acknowledge that my medical information will not be disclosed to any unauthorised persons.
PREMIUM BREAKDOWN:	SIGN	SHORT TERM (ST): Gap Cover R Broker Fee (if applicable) R Total R
MEMBER AUTHORISATION:	SIGN	I hereby authorise TRA to deduct an amount of R..... from my bank account, monthly in advance, for my premiums to the insurance products chosen by me on this application form. Premiums are subject to an annual review. The Insured needs to submit notice of resignation to the Insurer 30 days prior to resignation date and must be received in writing. Details of each withdrawal will be printed on my bank statement, which will enable me to identify the deduction. Mandate: I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally. Cancellation: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to TRA. Assignment: I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.
BROKER AUTHORISATION: (if applicable)	SIGN	I hereby appoint _____ as my healthcare consultant with immediate effect and understand that _____ will supply me with ongoing advisory services with regard to my healthcare solutions and has access to my personal documentation.

Y	Y	Y	Y	M	M	D	D
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NAME AND SURNAME _____ SIGNATURE _____ DATE _____

IMPORTANT INFORMATION

Total Risk Administrators (Pty) Ltd (TRA) is an authorised financial services provider. FSP No 40815.
 Please send this completed form to your intermediary for submission to TRA.



TOTALRISKADMINISTRATORS

Administered by:

Total Risk Administrators (Pty) Ltd (TRA), an authorised financial services provider
 FSP No 40815



car | home | business | life insurance

Underwritten by:

Auto & General Insurance Company Limited Registration No 1973/016880/06
 FSP No 16354