



## 2019 AUH GAP RANGE INDIVIDUAL MEMBER APPLICATION



Xelus (Pty) Ltd is an authorised financial services provider. FSP 36391 a member of the Kaelo Group.  
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

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 <u>70</u>		
GAP		<b>R 330.00</b>
GAP PLUS		<b>R 415.00</b>
GAP SELECT		<b>R 480.00</b>
LPE		<b>R 340.00</b>
ONCOLOGY SUPPLEMENTARY		<b>R 100.00</b>

<u>71</u> YEARS AND OLDER		
SENIORS GAP		<b>R 410.00</b>
SENIORS GAP PLUS		<b>R 495.00</b>
SENIORS GAP SELECT		<b>R 540.00</b>
SENIORS LPE		<b>R 440.00</b>
ONCOLOGY SUPPLEMENTARY		<b>R 100.00</b>

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

**MEDICAL QUESTIONNAIRE**

Do you or any of your dependants suffer from any chronic or recurring illness or any other serious ailment?			Y/N
If YES please specify:			
Have you or any of your dependants received treatment or advice from a Medical Practitioner in the last 12 months?			Y/N
If YES please specify:			
Name of Family's General Medical Practitioner		Contact No.:	
Have you or any of your dependants been hospitalised during the preceding 12 MONTHS?			Y/N
If YES please specify the condition for which hospitalisation was necessary			
Name	Date Hospitalised	Reason For Hospitalisation	
Have you or any of your dependants been diagnosed with cancer?			Y/N
If YES please specify the names of dependants diagnosed with cancer			
Do you or any of your dependants expect to be hospitalised during the next 12 months?			Y/N
If YES please specify the condition for which hospitalisation is necessary			
Name	Expected Date Of Hospitalisation	Reason For Hospitalisation	
Are you or any of your dependants currently pregnant?			Y/N

**PREMIUM PAYMENT:**

Account Holders Name:	<input type="text"/>
Banking Institution:	<input type="text"/>
Account Number:	<input type="text"/>
Branch Name/Number:	<input type="text"/>
Account Type:	<input type="checkbox"/> CURRENT <input type="checkbox"/> SAVINGS <input type="checkbox"/> TRANSMISSION
Deduction Date	<input type="checkbox"/> 1st <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 20th

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

Having applied for the above cover and on acceptance of my application by the insurer, I hereby authorise Kaelo 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 Kaelo to collect any relevant information that they deem necessary to assess and underwrite this application.
- I hereby irrevocably authorise Kaelo 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.

6. 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:

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**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 Kaelo 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 Kaelo receive and process the termination request. Kaelo 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.

**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:

BROKERAGE NAME: Rob Mitchell Brokers

TEL NUMBER: 076 9444 542 E: tyrone@coverthegap.co.za