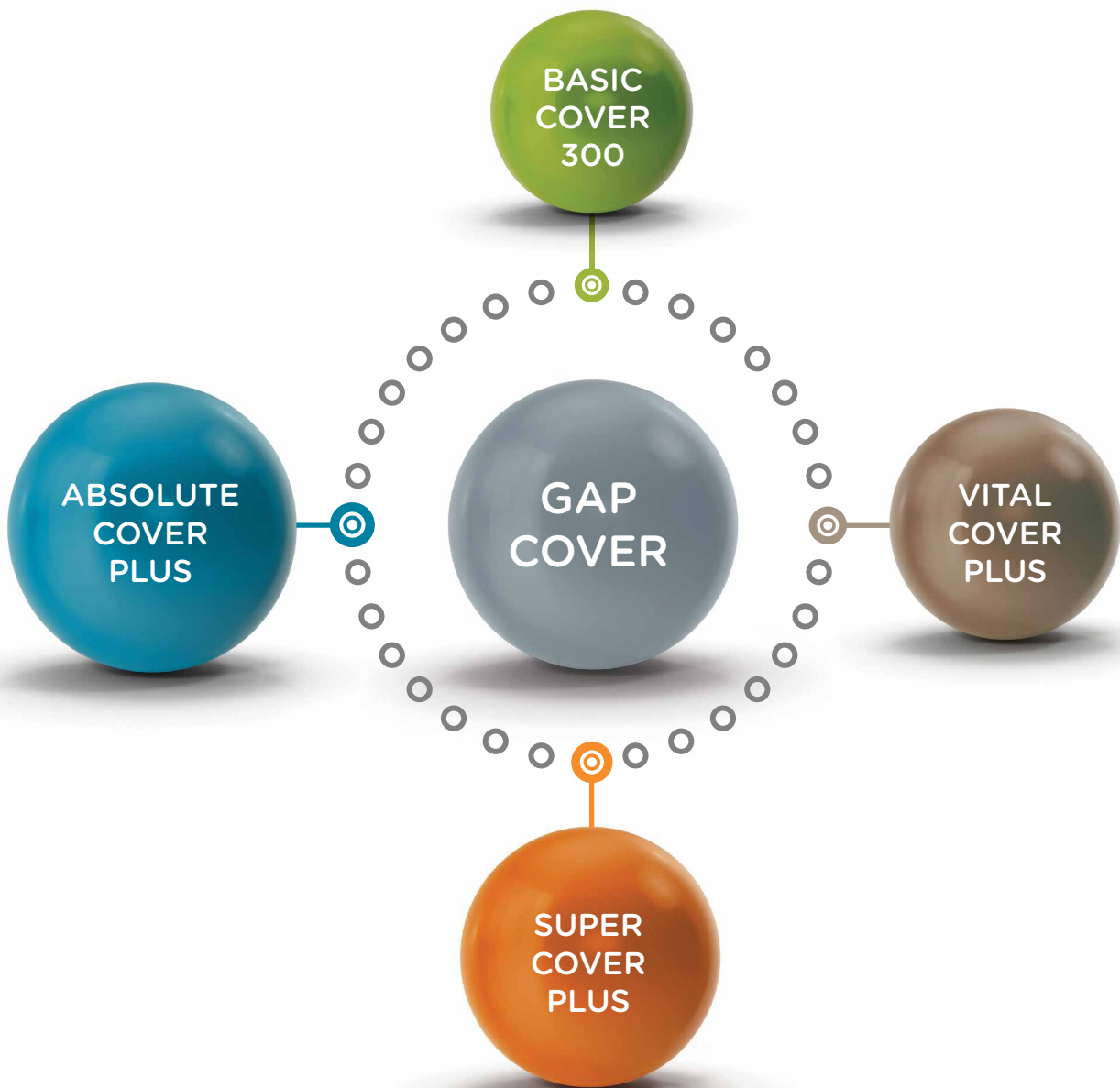




TOTALRISKADMINISTRATORS

GAP COVER

In-Hospital Medical Shortfall Cover



2021

PREMIUMS AND BENEFITS

GAP COVER

THE FOLLOWING BENEFITS ARE SUBJECT TO AN AGGREGATE ANNUAL LIMIT OF R171 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, subject to medical aid review | Covered, subject to medical aid review | Covered, subject to medical aid review | Covered, subject to medical aid review |
| CASUALTY UNIT BENEFIT: • Accidents only • Children under the age of 8 ONLY - May be admitted for any treatment at a casualty unit linked to a hospital between the hours of 7pm to 7am from Monday to Friday, from 7pm on a Friday until 7am on a Monday, and all day on a public holiday. | Up to R2 750 per policy per annum | Up to R7 500 per policy per annum | Up to R10 000 per policy per annum | Up to R20 000 per policy per annum |
| CO-PAYMENT BENEFIT: (In Network) • The co-payment or deductible that your medical aid charges you for certain in-hospital procedures, e.g. a gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy . • The co-payment or deductible that your medical aid charges you for certain procedures performed in the doctor's rooms e.g. a gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy BUT which have been authorised and paid from the In-Hospital or Major Medical benefit. • 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 R171 000 per insured person per annum |
| CO-PAYMENT BENEFIT: (Out of Network i.e. Voluntary use of a non-designated service provider) • 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 limit of R15 000 |
| CO-PAYMENT BENEFIT: Out of Hospital MRI/CT/PET scans The co-payment or deductible that your medical aid charges you for MRI / CT / PET scans BUT which have been authorised and paid from the In-Hospital or Major Medical benefit. | No Benefit | No Benefit | 1 MRI / CT / PET scan per policy per annum up to R10 000 | 2 scans per policy per annum. Unlimited but subject to R171 000 per insured person per annum |
| 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 which has been authorised and paid from the In-Hospital or Major Medical benefit. | No Benefit | Up to R5 000 per policy per annum | Up to R10 000 per policy per annum | Unlimited but subject to R171 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 / PET scans imposed by your medical aid AND which has been authorised and paid from the In-Hospital or Major Medical benefit. | No Benefit | No Benefit | 1 MRI / CT / PET scan per policy per annum up to R3 000 | 2 MRI / CT / PET scans per policy per annum up to R4 000 per scan |
| SUB-LIMIT: COLONOSCOPIES AND GASTROSCOPIES The shortfall on a service provider account that is not covered because you have reached the sub-limit for Colonoscopies and Gastroscopies imposed by your medical aid AND which has been authorised and paid from the In-Hospital or Major Medical benefit. | No Benefit | No Benefit | Up to R12 000 per policy per annum. Up to R3 000 per event | Up to R20 000 per insured person per annum. Up to R4 000 per event |
| GLOBAL FEE BENEFIT: Where a global fee has been negotiated between a medical aid and service providers for a specific procedure e.g. robotic surgery (which includes ALL costs related to that procedure) and service providers charge amounts in excess of this global fee (not related to a tariff rate, co-payment or sub-limit). | No Benefit | No Benefit | Up to R6 000 per policy per annum | Up to R12 000 per policy per annum |

| PRODUCT | BASIC COVER 300 | VITAL COVER PLUS | SUPER COVER PLUS | ABSOLUTE COVER PLUS |
|---|---|---|---|--|
| ONCOLOGY: | | | | |
| 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 R171 000 per insured person per annum | Up to an aggregate of R171 000 per insured person per annum | Up to an aggregate of R171 000 per insured person per annum | Up to an aggregate of R171 000 per insured person per annum |
| ONCOLOGY CO-PAYMENT BENEFIT: (In Network) • 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. • 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. | No Benefit | Up to R10 000 per policy per annum | Up to R50 000 per policy per annum | Unlimited but subject to R171 000 per insured person per annum |
| ONCOLOGY CO-PAYMENT BENEFIT: (Out of Network i.e. voluntary use of a non-designated service provider) • 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. • 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. | No Benefit | No Benefit | No Benefit | 2 Co-payments per policy per annum up to a combined limit of R15 000 |
| ONCOLOGY EXTENDER BENEFIT: Includes ANY approved costs above annual scheme oncology limit but subject to the medical aid scheme covering up to this limit. | No Benefit | No Benefit | Up to R30 000 per policy per annum | Unlimited but subject to R171 000 per insured person per annum |
| ONCOLOGY GAP BENEFIT: BREAST RECONSTRUCTION SURGERY 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 related breast reconstruction surgery, including the unaffected breast. (NB: Subject to: the gap cover percentage; and medical aid approved treatment plan being covered up to scheme tariff and within the annual scheme oncology limit). | No Benefit | No Benefit | Up to R10 000 per policy per annum | Up to R20 000 per policy per annum |

| | | | | |
|--|------------|---|---|---|
| MATERNITY PRIVATE WARD BENEFIT: The shortfall between the General Ward Rate and the Private Ward Rate, for hospitalisation for childbirth, where an admission to a Private Ward occurred. | No Benefit | No Benefit | No Benefit | Limited to a maximum of R1 000 per day, for a total of 3 consecutive days |
| COVID-19 ISOLATION HOTEL BENEFIT: The shortfall that arises due to an admission into a Covid-19 Isolation Hotel, based on testing positive for Covid-19. | No Benefit | Up to R300 per day for a maximum of 10 days | Up to R600 per day for a maximum of 10 days | Up to R900 per day for a maximum of 10 days |

THE FOLLOWING BENEFITS ARE NOT SUBJECT TO AN AGGREGATE ANNUAL LIMIT OF R171 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 | R5 000 R2 500 | R7 500 R3 750 | R10 000 R5 000 | R15 000 R7 500 |
| POLICY EXTENDER The full gap cover premium is covered in the case of the accidental death of the main policyholder. | 9 months | 9 months | 9 months | 9 months |
| TRA ASSIST (powered by ituASSIST) | | | | |
| HOME DRIVE A designated driver service including "Own Vehicle" OR "Uber" services. | 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 AND TRAUMA COUNSELLING LINE Unlimited access to qualified nurses 24 hours a day for telephonic emergency medical advice, assessment of symptoms, explanation of medical terms, etc. Now includes a COVID-19 CARE LINE. | Included | Included | Included | Included |
| SUBMIT CLAIM Submit your claims documents via the mobile app. | Included | Included | Included | Included |

MONTHLY PREMIUMS

| PRODUCT | BASIC COVER 300 | VITAL COVER PLUS | SUPER COVER PLUS | ABSOLUTE COVER PLUS |
|---|-----------------|------------------|------------------|---------------------|
| Under 65's (Based on the age of the oldest Beneficiary) premium per policy per month | | R235 | R265 | R480 |
| Premium per Individual per policy per month | R 99 | | | |
| Premium per Family per policy per month | R165 | | | |
| Over 65's (Based on the age of the oldest Beneficiary) premium per policy per month | R330 | R350 | R380 | R585 |

For Office Use Only

| | |
|-------------------------------|--|
| Broker / Brokerage | |
| Broker Code | |
| Leads Company (if applicable) | |
| Leads Code (if applicable) | |

Section 1: Personal Details

- A copy of the the valid RSA ID, or passport if there is no valid RSA 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 | Y Y M M D D |
| Med. Aid Benefit Option | | Gap Cover Inception Date | Y Y M M D D |
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify) | | |
| First Names (in full) | | Initials | |
| Surname | | | |
| Date of Birth | Y Y M M D D | Cell no. | |
| Gender (main member) | M <input type="checkbox"/> F <input type="checkbox"/> O <input type="checkbox"/> | Alt. Contact no. | |
| Email Address | | | |
| Postal Address | | | |
| Employer | | | |
| Identity No. | | | |
| Passport Number (Only complete if you don't have a valid RSA ID number) | | | |

Section 2: Dependant's Details

| Full Name and Surname | Contact Number | Email Address | ID Number (Passport Number if no valid RSA ID number is available) | Sex (M/F/O) | Relationship to Main Member |
|-----------------------|----------------|---------------|--|-------------|-----------------------------|
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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 (Based on the age of the oldest Beneficiary) premium per policy per month | | R235 <input type="checkbox"/> | R265 <input type="checkbox"/> | R480 <input type="checkbox"/> |
| Premium per Individual per policy per month | R 99 <input type="checkbox"/> | | | |
| Premium per Family per policy per month | R165 <input type="checkbox"/> | | | |
| Over 65's (Based on the age of the oldest Beneficiary) premium per policy per month | R330 <input type="checkbox"/> | R350 <input type="checkbox"/> | R380 <input type="checkbox"/> | R585 <input type="checkbox"/> |
| Product Choice (please tick) | | | | |

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 | <input type="text"/> | Debit order date (including December) | 1st | <input type="text"/> | 7th | <input type="text"/> | 15th | <input type="text"/> | 25th | <input type="text"/> | 26th | <input type="text"/> |
| Branch | <input type="text"/> | Account Number | <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"/> |
| Branch Code | <input type="text"/> | Account Holder | <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"/> |
| Type of Account | <input type="checkbox"/> Cheque | <input type="checkbox"/> Savings | <input type="checkbox"/> Transmission | <input type="checkbox"/> Other | (please specify) <input type="text"/> | | | | | | | |

The abbreviated short name TOTALRISK GAPCOVERTRA 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
- Pregnancy and childbirth (including caesarean delivery)
- Gynaecological conditions e.g. Hysterectomy
- Joint replacement (including Arthroplasty, Arthroscopy, Metatarsal Osteotomy) but excluding treatment due to accidental trauma
- Inability to walk / move without pain
- Any renal, kidney and bladder conditions
- Cardiac (relating to the heart)
- Dentistry (unless due to accidental trauma or oncology)
- Cataracts and / or eye laser surgery (including all eye and lens procedures)
- Neurological conditions and procedures (including stimulators)
- Organ transplants (including cochlear implants)
- 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
- Oesophagitis, Gastroenteritis and Gastro-Intestinal Disorders
- Male genital system (including prostatectomy)
- Carpal Tunnel Syndrome
- Any Ear, Nose and Throat procedures (including nasal, sinus, tonsil and adenoid procedures)
- 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 R171 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.
- It is the policyholder's responsibility to monitor that monthly premiums are received by the Insurer.
- 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.
- This Gap Cover application, which may result in a policy being taken out, will not provide cover if the policyholder and dependants do not belong to a medical aid scheme registered with the Council for Medical Schemes.
- 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 | | Section 7: Member Declaration and Consent | |
| 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 | |
| USE OF PERSONAL INFORMATION: | SIGN | When you enter into this policy you will be giving TRA your personal information that may be protected by data protections legislation, including but not only, the Protection of Personal Information Act, 2013 ("POPI"). We will take all reasonable steps to protect your personal information. You authorise us to: a. Process your personal information to: i. Communicate information to you that you ask us for. ii. Provide you with insurance services. iii. Verify the information you have given us against any source or database. iv. Compile non-personal statistical information about you. b. Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, re-insurance and credit control. c. Transmit your personal information to any third party service provider that we may appoint to perform functions relating to your policy on your behalf. You acknowledge that this consent clause will remain in force even if your policy is cancelled or lapsed. | |
| 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, with the reference TOTALRISK GAPCOVERTRA, 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. | |

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|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

| | | | |
|------------------|----------------------------------|--|------|
| NAME AND SURNAME | PRINCIPAL POLICYHOLDER SIGNATURE | PREMIUM PAYER SIGNATURE (if different to Principal Policyholder) | 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.



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



Underwritten by:
 Auto & General Insurance Company Limited,
 an Authorised Insurer & Financial Services Provider
 - Reg No 1973/016880/06