SIRAGO UNDERWRITING MANAGERS (PTY) LTD
REG NO: 1993/001387/07 | VAT NO: 4950188724 | FSP NO: 4710
PHYSICAL ADDRESS: Irene Link Precinct, 7 Impala Avenue, Centurion, 0157
POSTAL ADDRESS: PO Box 1115, Bromhof, 2154
TEL NO: 010 599 1163 | EMAIL: applications@sirago.co.za
COMPLIANCE OFFICER: Moonstone Compliance (Pty) Ltd

APPLICATION FORM

Please complete this form in black ink and CAPITAL letters

Sirago Policy Inception Date: D D M M Y Y Y Y

Name of Medical Scheme:

Medical Scheme membership no:

Medical Scheme option:

Is this application part of a group? (Place a clear X inside the box) yes ☐ no ☐ If YES, group name:

Previous Gap Cover:

Date Joined: D D M M Y Y Y Y

Date Terminated: D D M M Y Y Y Y

INTERMEDIARY DETAILS

Intermediary Group: Rob Mitchell Brokers T/A Cover the Gap

Intermediary Code: G2632860

Sales Person: Tyrone Raman

Sales Code: Tyrone@coverthegap.co.za

Tel no.: 0 3 1 1 0 0 2 3 3 0

Cell no.: 0 7 6 9 4 4 4 5 4 2

POLICYHOLDER DETAILS

Name and Surname:

ID number\ Passport:

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Date of birth: D D M M Y Y Y Y

Email Address:

Contact details Home no.:

Cell no.:

Postal address:

Code:

Residential address:

Code:

ICD Augmentation Cover: Yes ☐ No ☐ ☐ Option 1 R295 ☐ Option 2 R385 ☐ Option 3 R500

*The ICD Augmentation product is an optional add-on available under an existing Sirago policy, with premiums rated per dependant.
The option change is only applicable on 1 January of every year.

DEPENDANTS

For options: Ultimate Gap, Plus Gap, Gap Assist, Gov Gap, Gap Core, **Exact** & Exact with Gap and CoPay**:**

Dependants are:

- Spouse and/or dependent children up to the age of 21 years.
- Students up to the age of 27, if you are on a different medical scheme. Provide proof of enrolment for full time studies or medical scheme certificate,
- For families who belong to a single medical scheme and option, we **cover the policyholder and** dependants as listed by the scheme. **All additional dependants added to the policy will be charged an additional rate per dependant based on their age as indicated. For further details, please refer to our website.**

ADULT DEPENDANT/SPOUSE:

Name & Surname:

ID / Passport no: Male ☐ Female ☐ Date of birth: D D M M Y Y Y Y

Name of Medical Scheme: Medical Scheme No: applicant:

ICD Augmentation Cover: Yes ☐ No ☐

OTHER DEPENDANTS:

1. Name & Surname:

ID / Passport no: Male ☐ Female ☐

Date of birth: D D M M Y Y Y Y Relationship to

ICD Augmentation Cover: Yes ☐ No ☐

2. Name & Surname:

ID / Passport no: Male ☐ Female ☐

Date of birth: D D M M Y Y Y Y Relationship to

ICD Augmentation Cover: Yes ☐ No ☐

Initial here ☐

3. Name & Surname:

ID / Passport no:

Male ☐ Female ☐

Date of birth: D D M M Y Y Y Y

Relationship to

ICD Augmentation Cover: Yes ☐ No ☐

4. Name & Surname:

ID / Passport no:

Male ☐ Female ☐

Date of birth: D D M M Y Y Y Y

Relationship to applicant:

ICD Augmentation Cover: Yes ☐ No ☐

NOMINATED BENEFICIARY

(Refer to the death benefits and/ or premium waivers)

Name & Surname:

ID number / Passport:

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Cell no.:

Email Address:

Relationship to Main member:

SPECIFIC HEALTH QUESTIONS

The following questions relate to you, your beneficiaries and dependants covered under this policy.

		Yes	No
1	Have you been admitted to hospital in the last 4 months?		
2	Are you expecting a hospital admission or aware of any conditions or illness that would require treatment in the next 12 months?		
3	Are you or any of your dependants currently pregnant?		
4	Have you taken chronic medication in the past 24 months, or are currently taking chronic medication?		
5	Have you been on gap cover before and/ or have had a gap claim? If yes, who was the provider?		

If you answered "YES" to any of the questions, please provide details below.

Question no:	Applicant/Dependants	Disorder	Medication	Date Diagnosed

I, the undersigned, hereby declare:

- That to the best of my knowledge and belief the information provided in connection with this application whether in my own handwriting or not, is true and I have not withheld any material facts which are known to me. (A material fact is likely to influence the assessment of this application by Sirago Underwriting Managers (Pty) Ltd. If you are in any doubt as to whether a fact is material or not, you should not disclose it)
- That I understand that any relevant material fact omitted in this proposal form may lead to Sirago Underwriting Managers (Pty) Ltd not meeting claims, should the omitted fact have been of such importance that the risk may not have been accepted in the first instance, in terms of the policy. This may lead to the cancellation of this policy or rejection of claims without refund of premiums.
- That I understand that this is an Accident and Health policy with stated benefits in terms of the Short-term Insurance Act 53 of 1998 and not a Medical Scheme product. This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.
- The sharing of claims information and underwriting information by Insurers is essential to enable the insurance industry to underwrite policies, assess risks fairly, reduce the incidence of fraudulent claims and protect the public interest in terms of limiting excessive premium increases.
- I specifically consent to Sirago Underwriting Managers (Pty) Ltd contacting my current Medical Scheme and/or medical practitioner to verify any medical details as provided in my application form. I further consent to such information being disclosed to Sirago Underwriting Managers (Pty) Ltd for purpose of verifying the information as provided on my application form.
- That I will advise Sirago Underwriting Managers (Pty) Ltd of any changes to my health state between the point of application and actual inception of my policy.
- As part of the claims validation process Sirago Underwriting Managers (Pty) Ltd used the services of a contracted third party in order to authenticate medical scheme membership, plan option type, relevant beneficiaries and agreed medical scheme option tariffs amongst other relevant information to validate the claim.
- Sirago Underwriting Managers (Pty) Ltd reserves the right to call for additional information of a clinical nature. In the event that Sirago requests a PMA (Post Medical Assessment) from my doctor as part of the claims assessing and authentication process.
- I authorise Sirago Underwriting Managers to negotiate with service providers on my behalf for my medical claims and or bill and pay the provider directly.
- By agreeing to the terms of this consent form, I expressly consent to the processing of my information for marketing purposes and know & understand that by agreeing to same that I may on occasion, receive marketing materials in the form of sms and /or emails and the like from Sirago Underwriting Managers (Pty) Ltd.

IMPORTANT INFORMATION

- Please make sure FULL details are given for questions answered YES.
- Application forms may be underwritten and conditions may be excluded for longer than 10 months.
- The onus lies on the insured to make sure that premiums are paid on a monthly basis. Reference on bank statements read: **MD SIRAGO [Policynumber]**
- In the event of a bereavement-related claim, the Insurer will pay the benefit into the policyholder or nominated beneficiaries account . The beneficiary must be noted on the policy prior to any loss. We will require the full name, surname, and ID number to note the beneficiary. At the time of a claim we will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss or should we be unable to confirm the identity of the beneficiary, payment will always be made into the policyholder's account.

Initial here ☐

OPTION SELECTION

☐ ULTIMATE GAP COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	☐ 65+
☐ PLUS GAP COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	☐ 65+
☐ GAP ASSIST COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	☐ 65+
☐ GAP CORE COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	
☐ GOV-GAP COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	
☐ EXACT COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	
☐ EXACT WITH GAP AND CO-PAY COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	
☐ GAP LIBERAL	☐ 0-29 R194	☐ 30-39 R225	☐ 40-49 R291	☐ 50-59 R389	☐ 60- 64 R550	☐ 65+ R705
☐ GAP LIBERAL LITE	☐ 0-25 R150	☐ 26-34 R180	☐ 35-39 R210			

Premium per month R

*Intermediary Fee (optional) R

*Intermediary Fee will only be collected subject to us receiving a signed contract between the intermediary and policyholder. This Intermediary fee is optional and is paid to the intermediary on top of the statutory commision on your approval.

*Gap Liberal

- This option is subject to premium rates per beneficiary, segmented by age bands.
- All beneficiaries within each age category pay according to the prescribed premium table, which will be adjusted at each age band applicable upon inception and subsequent renewals of the policy.

DECLARATION BY APPLICANT

Declaration and Informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at GENRIC Insurance Company Limited (GENRIC) respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission, and deletion of your personal information.

Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis our assessment and terms we offer you, it must be correct, complete, and up to date.
We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential: however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent actvity. Should you decide to cancel this insurance contract, you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

Should you decide not to accept the proposal, the information collected will be de-identified and only used for statistical and research purposes.
I hereby voluntarily consent to GENRIC processing my Personal Information.
I understand the purposes for which my Personal Information is required and for which it will be used.
I give GENRIC permission to process my Personal Information as provided above.
Our Privacy Notice and POPIA Policy provides the details of how we deal with the personal information of our clients, and it is available on our website at the following address: *https://genric.co.za*.

Signature of policyholder

Date: D D M M Y Y Y Y

DEBIT ORDER DETAILS AND DEBIT AUTHORITY CONSENT

Name of account holder: (as appears on bank card)

Abbreviated name as registered with the bank

Account no.:

Bank:
☐ Standard Bank ☐ Nedbank ☐ Absa ☐ Capitec ☐ FNB ☐ Other

Account type:
☐ Cheque ☐ Savings ☐ Transmission ☐ Other

Amount to be deducted: R

Branch name:

Branch code:

Debit order day:
☐ 1st ☐ 5th ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ Lat day of the month

I hereby instruct and authorise you to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance, without prejudice to the rights of Sirago Underwriting Managers (Pty) Ltd. I further authorise you to increase the amount in the terms of the policy from time to time and authorise my bank to effect payment. I/We hereby confirm acceptance of the below mentioned insurance policy, and authorise Sirago Underwriting Managers (Pty) Ltd to issue and deliver payment instructions to their Banker, to draw on my/our account at the under mentioned institution in any manner agreed on between Sirago Underwriting Managers (Pty) Ltd and such institution, the amount of the premium payable on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on and request the aforesaid institution to debit my/our account with all debits drawn against it by Sirago Underwriting Managers (Pty) Ltd. All such withdrawals from my/our bank account by Sirago Underwriting Managers (Pty) Ltd shall be treated as though they had been signed by me/us personally. I/we certify that the above bank details are correct. If these banking details have not been provided accurately, or if the details change at any time in the future and I/we fail to notify such changes or if payments are not made in accordance with the Debit Order Instruction, the responsibility of payment will rest with me/us. I acknowledge that any fees and charges levied by the bank on account of the debit order or any debit order payments which may be rejected for any reason whatsoever will be for my account.I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement bearing a specific reference number which will reflect Sirago and my policy number as confirmed in the policy docum ents. This authority may be cancelled by me/us by giving Sirago Underwriting Managers (Pty) Ltd thirty days' notice in writing, however I/we understand that I/we shall not be entitled to any refund of amounts which Sirago Underwriting Managers (Pty) Ltd has withdrawn while this authority was in force, if such amounts were legally owing to Sirago Underwriting Managers (Pty) Ltd. I/We agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We also understand that I/We cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you. 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.

Signature of policyholder

Date: D D M M Y Y Y Y

GENRIC Insurance

CLAIMS BANKING DETAILS

SHOULD YOU NOT COMPLETE THIS SECTION IT WILL RESULT IN US USING YOUR DEBIT ORDER DETAILS

Name of account holder:

Account no.:

Bank:

- ☐ Standard Bank
- ☐ Absa
- ☐ FNB
- ☐ Nedbank
- ☐ Capitec
- ☐ Other

Account type:

- Cheque ☐
- Savings ☐
- Transmission ☐
- Other

Signature of account holder:

Date:

BROKER FEE AGREEMENT

I (Full name) with ID number

acknowledge that my broker/advisor is (Company Name and FSP number)

is authorised to request Sirago Underwriting Managers with FSP number 4710 to collect an additional broker fee of R with my monthly premium; from inception, on this policy for the services listed.

List of services

I agree to the payment of these fees until such time as the policy is cancelled and/ or I revoke the above authority.
I am aware that the fees are in addition to any premium payable and commission that the broker earns and are for the provision of the services above.

Signature

Brokerage

Date D D M M Y Y Y Y

Signature

Policyholder

Date D D M M Y Y Y Y

Initial here ☐

STANDARD TERMS AND CONDITIONS AND WAITING PERIODS

Scan the QR Code below for the full list of Policy Specific Exclusions and the Standard Short-term Policy Exclusions.

SCAN ME

Scan the QR Code below for information regarding the waiting periods and transfer of cover.

Scan Me

Initial here ☐

GENRIC Insurance