## 1. APPLICATION TYPE

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

First-time applicant who isn't already covered by a **Gap Cover** policy (Complete **Sections 3**, **4**, **6**, **8** and **10** - **13**. **Sections 5** and **7** are for your appointed financial advisor to complete.)

Transfer applicant switching cover from another **Gap Cover** provider (Complete **Sections 3**, **4**, **6** and **8** - **13**, and submit a recent copy of your policy document dated not older than **31** days for underwriting purposes. **Sections 5**, **7** and **9** are for your appointed financial advisor to complete.)

Existing dependant applying for continuation of cover on your own **Gap Cover** policy (*Complete Sections 2 - 4, 6, 8, 12 and 13. Complete Sections 10 and 11 if you're upgrading to an option that provides more comprehensive benefits. Sections 5 and 7 are for your appointed financial advisor to complete.)* 

upgruumg to u	in option that provides more t	comprehensive benefits. Sections 5 and 7 a	re for your uppo	onntea phantial advisor ti	o complete.)	
2. CURRENT	POLICYHOLDER DE	TAILS				
Complete this sec	tion if you're a dependant o	covered on an existing <b>Stratum Benefits</b>	policy applyin	g for your own policy. P	Provide the current policyholder's o	details.
Name			Surname			
ID/Passport No.			and/or Policy No.			
3. POLICYHO	DLDER DETAILS					
Title	Name		Surname			
ID/Passport No.				Date of Birth	Y Y Y Y - M M -	- D D
Cellphone No.			Alternative Contact No.			
Physical/Postal Address					Postal Code	
Email Address			Medical Aid			
Medical Aid Plan			Membership No.			
Employer Name						
4. DEPENDA	NT DETAILS					
either medical aid When adding or re When a child depe	l plan. emoving a dependant from endant applies for their owi	Cover policy, even if you belong to differ your medical aid membership, do the sa n medical aid membership, they must ap cal aid plan, provided proof of full-time s	me on your <b>Ga</b> ply for their ov	np Cover policy. wn policy. A full-time sto	udent <b>26</b> or <b>younger</b> may remain o	
Title	Name		Surname			
Relationship			ID/Passport No.			
Medical Aid			Medical Aid Plan			
Membership No.				Date of Birth	Y Y Y Y - M M -	D D
Title	Name		Surname			
Relationship			ID/Passport No.			
Medical Aid			Medical Aid Plan			
Membership No.				Date of Birth	Y Y Y Y - M M -	D D
Title	Name		Surname			
Relationship			ID/Passport No.			
Medical Aid			Medical Aid Plan			
Membership No.				Date of Birth	Y Y Y Y - M M -	D D
Title	Name		Surname			
Relationship			ID/Passport No.			
Medical Aid			Medical Aid Plan			
Membership No.				Date of Birth	Y Y Y Y - M M -	D D

5. BROKERAGE & FINANCIAL ADVISOR DETAILS												
Brokerage			Financial Advisor									
Brokerage Code	A	dvisor Code		Advisor Signature								
6. OPTIONS, PREMIUMS	& EXCLUSIONS											
Applicants of all ages may join, as there's no maximum entry age.  Your monthly policy premium will be determined by the oldest applicant's age at the time of the policy's start date, even if you or your dependants are transfer applicants switching cover from another Gap Cover provider.  Go to www.stratumbenefits.co.za/gap-cover-options/ or scan the QR code to read more about the benefits our options provide. Once on our webpage, click View Option for benefit and general exclusions.												
ENTRY AGE	COMPACT <sup>300</sup>	MERIDIAN <sup>400</sup>	ELITE <sup>500</sup>	ACCESS OPTIMISER	ACCESS CO-PAY PLUS <sup>300</sup>							
Individual 35 or Younger		R 250										
Individual between 36 to 64		R 320										
Individual 64 or Younger	R 330		R 481									
Family 64 or Younger	R 399	R 320	R 591									

Policy Start	Υ	Υ	Υ	Υ	 ММ	_	D D	
Date								

GAP MATCH is a guiding tool that matches the best-suited Gap Cover option with your medical aid plan. Go to <a href="https://www.stratumbenefits.co.za/gap-match">www.stratumbenefits.co.za/gap-match</a>/ to find your match.

R 780

R 954

R 197

R 262

#### 7. FINANCIAL ADVISOR RECOMMENDATION

Your financial advisor, as indicated in Section 5 - Brokerage & Financial Advisor Details, will give advice and recommend a Gap Cover option based on your healthcare insurance needs and other considerations, such as affordability and the medical expense shortfalls you could incur on your medical aid plan.

R 698

If you don't agree with the recommendation, or want to change your option at a later stage, you should bring this to your financial advisor's attention.

FINANCIAL ADVISOR DISCLOSURE

Individual or Family 64 or Younger

Individual or Family 65 or Older

Individual 65 or Older

Family 65 or Older

I've reviewed and determined my client's healthcare insurance needs. Based on our discussions, my recommendation is as follows:

Option		
Reasons for my recommendation		
	<u></u>	

I confirm that I've fully discharged my duties set out in Section 8 of the FAIS General Code of Conduct.

R 629

Financial Advisor Signature	Date	Υ	Υ	Υ	Υ	-	ММ	-	D D

## 8. WAITING PERIODS & LIMITED PAYOUT BENEFIT

Waiting periods apply from your and your dependants' cover start dates, but never to accidental events that occur after your start dates.

The waiting periods for each insured person will be confirmed in the Cover Letter you'll receive when your policy is activated.

3 MONTH GENERAL WAITING PERIOD

There's no cover during this period, except for accidental events that occur after your and your dependants' cover start dates.

**EXCEPTION TO THE RULE** 

Unless we confirm otherwise, the OUT-PATIENT SPECIALIST CONSULTATION BENEFIT offered on our ELITE<sup>500</sup> option always receives a **3 Month General Waiting Period**. 12 MONTH PRE-EXISTING MEDICAL CONDITION WAITING PERIOD

There's no cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed or for which advice or treatment was received **12 months** before your or your dependants' cover start dates.

Pre-existing medical conditions include accidental events that occurred before your cover start dates or a change in health status between signing and submitting this application form and your start dates.

Please let us know of any change in your or your dependants' health statuses between signing and submitting this application form and your cover start dates.

LIMITED PAYOUT BENEFIT

If you or your dependants claim from our GAP BENEFIT, CO-PAYMENT BENEFITS or SUB-LIMIT BENEFITS for specific medical procedures and scans in the first 10 months of cover, we'll pay 20% of the approved claim amount, subject to applicable benefit limits.

If the medical event is related to a medical condition for which you or your dependants received advice or treatment 12 months before your cover start dates, the claim will be subject to a Pre-Existing Medical Condition Waiting Period.

Go to www.stratumbenefits.co.za/limited-payout-benefit/ or scan the QR code to read more about the medical events that form part of the Limited Payout Benefit.

I accept that my policy may be subject to waiting periods and the Limited Payout Benefit.



R 404

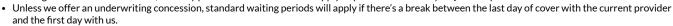
R 537

### 9. TRANSFER APPLICANTS

This section applies to you and your dependants applying to switch cover from another **Gap Cover** provider, as indicated in **Section 1 - Application Type**.

REPLACEMENT POLICY DISCLOSURE







• The waiting periods for each insured person will be confirmed in the Cover Letter you'll receive when your policy is activated.

TRANSFER PROCESS & UNDERWRITING

Our transfer process and the waiting periods that may apply from your and your dependants' cover start dates are explained in our **Transfer Process for Individuals** document.

Go to www.stratumbenefits.co.za/gap-cover-transfer-process-for-individuals/ or scan the QR code to view or download our transfer process document.

to request that the underwriting be amended.	orm us that you or your dependants are transfer applica cedures if you or your dependants plan on having a medic	ants. You'll have <b>60 days</b> from receiving your <b>Cover Letter</b> cal procedure in the first <b>10 months</b> of cover.
I accept that my policy may be subject to waiting FOR YOUR FINANCIAL ADVISOR TO COMPLETE Please provide details of the policy replacement in the subject to waiting the policy replacement in the subject to waiting the policy replacement in the subject to waiting the subject t		lanned medical procedures in the first <b>10 months</b> of cover.
POLICY REPLACEMENT RECORD	CURRENT POLICY	REPLACEMENT POLICY
Name of Insurer		Guardrisk Insurance Company Limited
Option Name		
Cancellation and Policy Start Date		
Premium		
Difference in Options		
Reason for Transferring Cover		
10. PRE-EXISTING MEDICAL CONDI	TION DISCLOSURE	
advice or treatment was received <b>12 months</b> befo Pre-existing medical conditions include accidental this application form and your start dates. Claims received in the first <b>12 months</b> of cover for non-disclosure.	ons, medical procedures, surgeries or treatments related re your or your dependants' cover start dates. events that occurred before your cover start dates or a planned medical procedures that weren't disclosed to u	d to any illness or medical condition diagnosed or for which a change in health status between signing and submitting us before your cover start dates, may be rejected based on nitting the application form and your cover start dates.
NAME	PRE-EXISTING MEDICAL CONDITION	LAST TREATMENT DATE
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
11. PLANNED MEDICAL PROCEDUR	ES	
Please indicate if any medical condition stated in S treatment within the first 10 months of your or yo		will require an investigation, medical procedure, surgery or
NAME	MEDICAL PROCEDURE	MEDICAL PROCEDURE DATE
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D

#### 12. DEBIT ORDER DETAILS

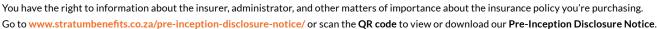
By signing this section and upon acceptance of your application, you:

- 1. authorise Stratum Benefits to accept this debit order authority as confirmed payment instruction issued by the account holder.
- authorise Stratum Benefits to debit your account for monthly policy premiums payable in advance on the selected debit order date.
- understand that the debit order deductions will be processed through a computerised system provided by the South African Banks. Details of each deduction will be referenced on your bank statement with the prefix "Stratum" and an 8-digit number ending with "Netcash".
- 4. understand that selecting an annual premium won't result in a premium discount.
- 5. accept that a double or triple debit may be incurred when selecting a debit order date other than the 1st.
- understand that cover will commence after the first premium is received.
- 7. agree that this debit order authority will remain in force until cancelled in writing by the policyholder.
- accept that Stratum Benefits may cancel your policy if:
  - 8.1 premiums aren't received for two consecutive months;
  - 8.2 the bank account being debited is closed;
  - 8.3 the account holder is deceased; or
  - 8.4 the authority to debit is no longer granted.
- 9. understand that this debit order authority may only be assigned to a third party if this contract is assigned accordingly.
- 10. understand that the debit order date will default to the following working day if the payment date falls on a Sunday or recognised South African public holiday.
- 11. accept that if a debit order deduction is returned, an administration fee of R 25.00 will be added to the following premium deduction.
- 12. accept that you're not entitled to any refund of amounts deducted while this debit order authority is in force if such payments are legally due.
- 13. understand that policy premiums include VAT but aren't tax deductible as medical aid contributions are. An IT3 tax certificate can't be issued for this purpose.
- 14. accept that the policy premium may be adjusted during an annual renewal or due to benefit restructuring necessitated by legislation with 31 days written notice. Subject to your right of cancellation of cover, the debit order authority will extend to the adjusted premium.
- 15. accept that your responsibility is to ensure premiums are collected and paid to remain covered.

Account Type	Cheque		Savings	Bank					Account No.				
Account Holder													
Debit Order Date (Refer to 12.5)	1st	4th	7th	15t	h 20th		25th	28th	Last Day	Term		Monthly	Annual
FINANCIAL ADV	ISOR PROFESSI	ONAL FEE											
, , , ,	You may pay your appointed financial advisor a professional fee in addition to the monthly commission. If you agree to pay a fee, your advisor must explain the additional services you can expect.												
The professional	fee will be added	to your po	licy premium a	and paid	to your advisor mo	onthly	/. You may ca	ncel, redu	ce, or increase	the fee at a	ny ti	me.	
Professional Fee (II	ncrements of <b>R 10.0</b>	00) R			Policy Premium	R			Total Monthly	/ Premium	R		
Account Holder Si	gnature												

# 13. POLICYHOLDER ACCEPTANCE

As the policyholder, you understand and acknowledge that Gap Cover isn't a medical aid, doesn't provide similar cover as medical aid and can't be substituted for a medical aid membership.





I accept the terms and conditions set out in the Pre-Inception Disclosure Notice.

Policyholder Signature			

### 14. PROTECTION OF PERSONAL INFORMATION

USE OF PERSONAL INFORMATION DECLARATION

By submitting this application form, you allow us to process your personal information in line with our POPI Privacy Policy and agree to receive communication, such as annual renewal and benefit change communications, and occasional marketing communication via SMS or email. If you want to opt out of receiving marketing communication, please email your request to: yoursupport@stratumbenefits.co.za



Go to www.stratumbenefits.co.za/popi-privacy-policy/ or scan the QR code to view or download our POPI Privacy Policy.

Send the completed application form to your financial advisor or email us at: yourapplication@stratumbenefits.co.za

Please contact us if you haven't received confirmation of cover or your policy documents within 7 working days of submitting your application form.



and authorised FSP 75.

Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer

