Sanlam

underwritten by GENRIC Insurance

Application Form - Individual

PRINCIPAL INSURED DETAILS

Policy inception date: Y Y Y Y M M D D Employer/Company Name: _____

Full names (as per ID): _____ Surname: _____

ID number / passport: _____ ☐ Mr ☐ Mrs ☐ Miss ☐ Dr _____ Other

Date of birth: Y Y Y Y M M D D ☐ Male ☐ Female

Email address: _____

Home no.: _____ Work no.: _____

Fax no.: _____ Cell no.: _____

Postal address: _____

_____ Post code: _____

Residential Address: _____

_____ Post code: _____

SPOUSE DETAILS

Full names (as per ID): _____ Surname: _____

ID number / passport: _____ ☐ Mr ☐ Mrs ☐ Miss ☐ Dr _____ Other

Date of birth: Y Y Y Y M M D D ☐ Male ☐ Female

Email address: _____

Home no.: _____ Work no.: _____

Fax no.: _____ Cell no.: _____

DEPENDANTS

Cover is limited to:
- The Policyholder and maximum of 4 dependants in total
- Only one adult dependant is permitted
- The only other dependants allowed are child dependants
- An adult who is dependent on the policyholder and approved as eligible for membership of this policy.

Dependants are:
- Spouse and/or dependent children up to the age of 21 years
- Students up to the age of 27 (please prove full time enrolment)
- Adopted/foster child (please attach documentary proof)

Full names (as per ID): _____ Surname: _____

ID number / passport: _____ ☐ Male ☐ Female

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

Full names (as per ID): _____ Surname: _____

ID number / passport: _____ ☐ Male ☐ Female

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

Financial Planning | Retirement | Insurance | Health | Investments | Wealth | Credit

Sanlam Health Solutions
2 Strand Road, Bellville, South Africa
PO Box 1, Sanlamhof 7532, South Africa

Sanlam Health Solutions Reg no 1959/001562/06
Licensed Financial Services and Registered Credit Provider (NCRCP43)
Refer to the Sanlam website for directors and company secretary details.

DEPENDANTS continued

Full names (as per ID): _____ Surname: _____

ID number / passport: ☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ Male ☐ Female

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

Full names (as per ID): _____ Surname: _____

ID number / passport: ☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ Male ☐ Female

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

STATISTICS

Race ☐ Indian/Asian ☐ Black/Coloured ☐ White ☐ Other

Gender: Income ☐ Male ☐ Female

Bracket: ☐ 0 - 2 500 ☐ 2 501 - 5 000 ☐ 5 001 - 7 500 ☐ 10 001 - 12 500 ☐ 12 501 - 15 000 ☐ 15 001+

MEDICAL QUESTIONS

Atfin Consulting(Pty)Ltd
Tel No: 021 0071623
applications@atfin.com

Intermediary group: _____ Intermediary code: 200143

INTERMEDIARY DETAILS

We believe in protecting your privacy and will not share, rent or sell any personal information or any statistical data received to third parties outside of Sanlam Primary Healthcare Solutions, except as described in this policy.
The following questions are related to the policyholder and or any beneficiaries or dependents on the policy.

1. Have you been admitted to hospital in the last 4 months? Yes ☐ No ☐
2. Are expecting a hospital admission or aware of any conditions or Illness that would require treatment in the next 12 months? Yes ☐ No ☐
3. Are you or any of your dependants currently pregnant? Yes ☐ No ☐
4. Have you taken or are currently taking chronic medication in the past 24 months? Yes ☐ No ☐
5. Is there any additional information not specifically mentioned in this questionnaire related to your health statement that can affect our decision on cover? Yes ☐ No ☐

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

Question No.	Applicant/Dependents	Full Details (including details of disorder, date diagnosed, nature, duration of treatment and details of consulting doctor)

OPTION SELECTION

Sanlam Primary Standard with A + E Adult ☐ Adult dependant ☐ Child ☐

Sanlam Primary Standard Adult ☐ Adult dependant ☐ Child ☐

Sanlam Primary Standard & Hospital Plan Adult ☐ Adult dependant ☐ Child ☐

Are you a member of Fedhealth SAVVY? Yes ☐ No ☐

Signature of policy holder _____ Date: Y Y Y Y M M D D

Spouse (If married in community of property) _____ Date: Y Y Y Y M M D D

NOMINATED BENEFICIARY (related to Accidental Death Benefits)

Full names (as per ID): _____ Surname: _____

ID number / passport: ☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Date of birth: Y Y Y Y M M D D Email address: _____

Home no.: _____ Work no.: _____

Fax no.: _____ Cell no.: _____

Relationship to applicant: _____

BROKER FEE AGREEMENT

Full names (as per ID): _____ Surname: _____

ID number / passport: ☐☐☐☐☐☐☐☐☐☐☐☐☐

acknowledge that my broker / advisor is (Company Name) _____

with FSP number _____ is authorised to request Sanlam Primary Healthcare Solutions with FSP number _____ ,

to collect an additional broker fee of R _____ with my monthly premium on this policy for the services listed below.

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 of Brokerage _____ Date: Y Y Y Y M M D D

Signature of Client _____ Date: Y Y Y Y M M D D

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 of 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 activity. 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 voluntary 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://www.genric.co.za.***