

**2020 INDIVIDUAL CLIENT APPLICATION FORM AND RECORD OF ADVICE**

Brokerage		Signature
Broker		

**1. CREATE YOUR PROFILE**

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

- New client
- Client transferring cover from another Gap Cover provider (Please submit your current policy document not older than **30 days** for underwriting purposes)
- Existing dependant on a Stratum Benefits policy applying for cover as the principal insured on your own policy

**MAIN APPLICANT DETAILS**

Title		Name	
Surname			
ID/Passport		Date of Birth	
Medical Aid		M/A No.	
Medical Aid Option			
Cellphone		Alternative Contact No.	
Email Address			
Physical/Postal Address			
		Postal Code	

**DEPENDANT DETAILS**

We cover you and your spouse on one policy, even if you belong to different medical aids or medical aid options, including all dependants registered on your or your spouse's medical aid option.

Title		Name		ID/Passport	
Surname			Relationship		
Title		Name		ID/Passport	
Surname			Relationship		
Title		Name		ID/Passport	
Surname			Relationship		
Title		Name		ID/Passport	
Surname			Relationship		

**2. GAP COVER OPTIONS**

As an individual aged **65 or older**, you will be covered under the **65+ individual option**. If you apply for cover as a family, and either you or one of your dependants is **65 years or older**, you and your family will be covered under the **65+ family option**.

**COMPACT<sup>200</sup>**

Ages	Monthly Premium
64 or younger	Individual..... <input type="radio"/> R 213    Family..... <input type="radio"/> R 248
65+	Individual or Family..... <input type="radio"/> R 414

**ELITE**

Ages	Monthly Premium
64 or younger	Individual..... <input type="radio"/> R 342    Family..... <input type="radio"/> R 420
65+	Individual..... <input type="radio"/> R 555    Family..... <input type="radio"/> R 679

**CO-EVOLUTION**

Ages	Monthly Premium
64 or younger	Individual..... <input type="radio"/> R 236    Family..... <input type="radio"/> R 306
65+	Individual or Family..... <input type="radio"/> R 473

**BASE**

Ages	Monthly Premium
64 or younger	Individual..... <input type="radio"/> R 213    Family..... <input type="radio"/> R 250
65+	Individual or Family..... <input type="radio"/> R 414

**ACCESS OPTIMISER PLUS**

64 and younger	Monthly Premium
Individual or Family including <b>200% Gap Cover</b> .....	<input type="radio"/> R 299
Individual or Family including <b>500% Gap Cover</b> .....	<input type="radio"/> R 345

**65+ ACCESS OPTIMISER PLUS**

65+	Monthly Premium
Individual or Family including <b>200% Gap Cover</b> .....	<input type="radio"/> R 383
Individual or Family including <b>500% Gap Cover</b> .....	<input type="radio"/> R 467

**COVER START DATE**

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## 6. REPLACEMENT POLICY DISCLOSURE [CONTINUED]

### DISCLOSED PLANNED MEDICAL EVENTS

If you claim in the first **10 months** of cover for a disclosed planned medical procedure, surgery, treatment and/or investigation, your claim will be covered at **20%** of the **approved claim amount**.

### UNDISCLOSED MEDICAL EVENTS

If you claim in the first **12 months** of cover for a medical procedure, surgery, treatment and/or investigation that is deemed pre-existing which you did not disclose, your claim may be investigated and rejected on the basis of non-disclosure.

Please submit a copy of your current policy document **not older than 30 days** for underwriting purposes.

By signing this application, you acknowledge and accept that your policy will be subject to waiting periods and a limited benefit in the first **10 months** of cover for disclosed planned medical events.

Please record details of the policy replacement in the table below:

POLICY REPLACEMENT RECORD	CURRENT PRODUCT	REPLACEMENT PRODUCT
Name of Insurer		Constantia Insurance Company Limited
Product Name		
Cancellation and Cover Start Date		
Premium		
Differences in Products		
Reason(s) for Transferring Cover		

## 7. YOUR PAYMENT PROFILE

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

- understand that cover will commence after the first premium is received.
- authorise Stratum Benefits to debit your account for the policy premium that is payable in advance, on the debit order date as selected.
- authorise Stratum Benefits to accept this debit order authority as a payment instruction issued by the account holder.
- accept that depending on the selected debit order date, a double debit may be incurred.
- agree that this debit order authority will remain in force until cancelled in writing by the principal insured person, or by Stratum Benefits if premiums are not received for two consecutive months.
- understand that this debit order authority may only be assigned to a third party if this contract is also assigned to a third party.
- understand that if your payment date falls on a Sunday, or recognised South African public holiday, the debit order date will default to the next working day.
- accept that if the premium from a previous debit order deduction is returned, a **R 25** admin fee will be added to the next premium deduction.
- accept that your premium may be adjusted during an annual renewal or due to benefit restructuring necessitated by legislation with one month's written notice, and subject to your right of cancellation of cover, the debit order authority will extend to the adjusted premium.
- understand that your debit order deductions will be processed through a computerised system provided by the South African Banks. Details of each debit order deduction will be displayed on your bank statement with the reference prefix "STRATUM" followed by an 8 digit number ending with "SAGEPAY".
- accept that given the debit order authority granted by you, it is your responsibility to ensure that premiums are collected in order to remain covered.
- accept that you shall not be entitled to any refund of amounts which have been deducted while this debit order authority is in force, if such amounts were legally due.
- understand that the product premium is inclusive of VAT.

Bank  Account Number

Account Holder

Account Type  Cheque  Savings  Term  Monthly  Annual  Debit Order Date  1st  4th  7th  15th  20th  25th  28th  Last day of the month

Optional Professional Fee (Increments of R10) R  Total Monthly Premium R  Account Holder Signature

## 8. PROSPECTIVE CLIENT CONSENT (Applicable to all applicants)

As the main applicant applying for insurance cover, I hereby declare and accept that:

- I am applying for insurance cover subject to the waiting periods, benefit and general exclusions, terms and conditions of the policy contract and confirm that these have been communicated and explained to me prior to my cover start date.
- all the details provided are true and correct and that no information has been withheld that may be material to, or is likely to affect the assessment or acceptance of my risk.
- in the event of any material non-disclosure or misrepresentation, my policy may be rendered null and void. I accept that I will forfeit any and all premiums and that Stratum Benefits may decline to indemnify or compensate me and/or my dependant(s) where applicable, for any claims under any item or section of cover.
- should this application form be incomplete, it may not be processed by Stratum Benefits.
- I understand that this insurance cover is not a medical aid membership nor does it provide benefits similar to that of a medical aid.
- my, and my dependant's eligibility for cover is dependent on us remaining active members of a registered medical aid and I undertake to advise Stratum Benefits if I terminate my, and/or my dependant's medical aid membership at any time.
- in terms of the Financial Advisory and Intermediary Services Act, 2002 (FAIS), my broker must be mandated by a licensed Financial Services Provider (FSP) as a representative with the necessary (FAIS) sub-categories to act on my behalf and that it is my responsibility to determine whether my broker has the necessary authorisation.
- I have appointed the above-mentioned broker and authorise payment of their monthly commission.
- Stratum Benefits is irrevocably authorised to process and store my and/or my dependant's personal information required for the purpose of administrating cover under this policy, and I undertake to notify Stratum Benefits of any change in my personal details within a reasonable time period.

Main Applicant Signature  Date

Email [yourapplication@stratumbenefits.co.za](mailto:yourapplication@stratumbenefits.co.za). Please enquire if you have not received your policy documentation within **7 days** from submitting your Client Application Form.



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Constantia Insurance Company Limited, an authorised FSP 31111.  
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