RESOLUTION underwriters

Boskruin Office Park,
President Fouche Avenue,
Boskruin, 2154
(Entrance Boskruin Village Centre)

P O Box 1555, Fontainebleau, 2032
Telephone: 0861 791 6425
Facsimile: 086 508 2292

ADD-ON PRODUCT APPLICATION FORM

Medical Scheme (If apl.) Membership Number

Name of Scheme

Is this application part of a group? YES NO

If YES, group name

PRINCIPAL INSURED DETAILS

First Name(s) *(in full)*

Title

Surname

Initials

Date of Birth D D M M Y Y Y Y

Required Inception Date D D M M Y Y Y Y

ID No.

Contact Details

Home No. (C O D E)

Work No. (C O D E)

Fax No. (C O D E)

Mobile No.

Email Address

Postal Address

Code C O D E

Residential Address

Code C O D E

DEPENDANTS

Dependants are:
-Spouse and/or dependant children up to the age of 18 years
-Students up to the age of 25 – please proof full time enrollment
-Adopted / foster child – please add adoption /custody order
-Disabled child – please attach document to confirm the dissablility

1

Dependant Type — Spouse ☐ Child ☐

Surname

First Name(s) *(in full)*

Initials — Title — Gender M F

ID Number

Date of Birth D D M M Y Y Y Y — Age

Relationship to Applicant

2

Child ☐

Surname

First Name(s) *(in full)*

Initials — Title — Gender M F

ID Number

Date of Birth D D M M Y Y Y Y — Age

Relationship to Applicant

3

Dependant Type — Child ☐

Surname

First Name(s) *(in full)*

Initials — Title — Gender M F

ID Number

Date of Birth D D M M Y Y Y Y — Age

Relationship to Applicant

4

Child ☐

Surname

First Name(s) *(in full)*

Initials — Title — Gender M F

ID Number

Date of Birth D D M M Y Y Y Y — Age

Relationship to Applicant

ADD-ON PRODUCTS

These products are short-term insurance stated benefit products under the Short Term Insurance Act no: 53 of 1998 underwritten by Resolution Underwriters (Pty) Ltd under contract from Resolution Insurance Company Limited. These products cover a family of 5 members. There is a general 3 month waiting period and no maximum entry age. Pre existing conditions may be excluded for a period longer than 12 months or permanently.

GAP COVER

Gap Cover pays the difference between the NHRPL and the private rates charged by doctors or specialists for in-hospital procedures, up to 300%.

Premium per month Option 1 ☐ R 50 (Annual limit: R1 000 000 Excess: R500/incident)

Option 2 ☐ R 75 (Annual limit: R2 000 000 Excess: None)

*Intermediary Fee R _____

Total R _____.00 Signature of Insured: _____

MEDICAL AID DEATH BENEFIT

The Medical Aid Death Benefit pays a stated benefit to the insured, or the insured's family, in case of death. It is required that the insured be part of a medical aid to qualify for this policy.

Premium per month R50

*Intermediary fee R _____

Total R _____.00 Signature of Insured: _____

ESSENTIAL!

Essential! pays stated benefits according to a table of benefits for the co-payments charged by medical schemes.

Premium per month ☐ R 85 for family of 5 members

*Intermediary Fee R _____

Total R _____.00 Signature of Insured: _____

PREMIUM WAIVER

Premium Waiver pays the insured a stated benefit for his/her medical aid contribution, in case of death, disability or redundancy.

Premium per month Option 1 ☐ R 25 (R1500 per month)

Option 2 ☐ R 35 (R2500 per month)

Option 3 ☐ R 60 (R3500 per month)

*Intermediary Fee R _____

Total R _____.00 Signature of Insured: _____

PMB +

PMB Plus is specifically designed as an add-on to Resolution Health's Fundamental Plan and pays a stated benefit for certain non-PMB diagnosis's according to a table of stated benefits.

Adult ☐ R 50 Child ☐ R 30

Adult ☐ R 50 Child ☐ R 30

Child ☐ R 30

*Intermediary Fee R _____

Total R _____.00

Signature of Insured: _____

*This fee is optional and is paid to the intermediary on top of the statutory commission on your approval

DEBIT ORDER DETAILS

Account Name

Bank Name | Branch Code

Account No. | Branch Name

Account Type

Debit order date 1st ☐ 5th ☐ 10th ☐ 15th ☐ 25th ☐

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 Resolution Underwriters (Pty) Ltd. I further authorise you to increase the amount due in the terms of the policy from time to time and authorise my bank to effect payment.

Signature of Account Holder: _____ Date D D M M Y Y Y Y

HEALTH QUESTIONS

Have you or any insured under this policy ever received treatment or expect to receive treatment for any of the following illnesses?

1	Respiratory disorders	Yes	No
2	Cancer, growths or tumors	Yes	No
3	Gastro-Intestinal disorders	Yes	No
4	Musculo-skeletal disorders	Yes	No
5	Neurological disorders	Yes	No
6	Renal disorders	Yes	No
7	Cardiovascular/Endocrine disorders	Yes	No
8	Gynaecological & Male Genito-urinary system	Yes	No
9	Infectious disease, e.g. TB, HIV/AIDS etc.	Yes	No
10	Are you aware of any condition/illness that would need treatment in the next 12 months?	Yes	No

If YES, provide details:

Question	Applicant/Dependents	Full details (Including details of disorder, date diagnosed, nature and duration of treatment and details of consulting doctor)

Should the above space be insufficient, please add an extra page to this application form.

DECLARATION BY APPLICANT

I, the undersigned, hereby declare:

1. that to the best of my knowledge and belief the information provided in connection with this application whether in my own hand writing or not, is true and I have not withheld any material fact which are known to me. (NB: A material fact is likely to influence the assessment of this application by underwriters. If you are in any doubt as to whether a fact is material or not, you should disclose it.)
2. that I understand that any relevant material fact omitted in this proposal form may lead to Underwriters 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 cancellation of this policy or the rejecting of claims, without refund of premiums if applicable.
3. 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.
4. that I acknowledge that the sharing of claims information and underwriting (including credit information) by Insurers is essential to enable the insurance industry to underwrite policies and assess risk fairly and reduce the incidence of fraudulent claims, in the public interest and a view to limiting premiums. I hereby waive any rights to privacy in any claims information supplied by me or on my behalf in respect of any insurance claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I also waive any rights of privacy and consent to the disclosure of any information relevant to claims concerning me or any person I represent. I also acknowledge that information provided by me may be verified against other legitimate sources or databases.
5. I specifically consent to Resolution Underwriters (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 Resolution Underwriters (Pty) Ltd for purposes of verifying the disclosure as provided on my application form.

_____ Applicant

_____ Spouse (If married in community of property)

D D M M Y Y Y Y
Date

INTERMEDIARY DETAILS

Intermediary	PMG Financial Services CC
Brokerage Code	338
Email Address	marelise@pmg.co.za
Email Address	pmg@cape.co.za
Telephone No.	(021) 9757503
Fax No.	(021) 9757504

Consultant

IMPORTANT INFORMATION

- A family means two adults, and three children under the age of 18. Concessions can be made for children whom are financially dependant (21), or full time students (25). A letter from the insured should be sent to prove that the child is financially dependant, and a letter from a recognised educational institution to prove full time studency.
- Adult dependants (e.g. mother, grandfather) would need a separate application.
- Please make sure FULL details are given for questions answered YES. Hence, what, when, how severe, what's current status?
- Application forms could be underwritten and conditions may be excluded for longer than 12 months, or permanently. A concession letter would be sent to the insured to confirm this.
- This policy can be taken with any medical aid. Family members could be on different medical aids, and still have the same Resolution Underwriters policy.
- The onus lies on the insured to make sure that premiums go off on a monthly basis. Reference on bank statements read: multid for safcam

RESOLUTION underwriters

RESOLUTION insurance