



TOTAL CARE GAP COVER APPLICATION FORM - 2012

An authorised financial services provider, FSP No 40815

IMPORTANT INFORMATION!!

Please complete this form and send it to your broker, Alternatively, you can send it to Sanlam Healthcare Management, as follows:
By post to P.O.Box 2297, Pretoria, 0001 OR via e mail to gapcover@sanlamhealth.co.za

FOR OFFICE USE ONLY

Date received	<input type="text"/>	Medical Aid Membership number	<input type="text"/>
Date captured	<input type="text"/>	Broker / Brokerage	<input type="text"/>
Captured by	<input type="text"/>		<input type="text"/>
Checked by	<input type="text"/>	Broker Code	<input type="text"/>

SECTION 1 - PERSONAL DETAILS

MAid Membership Number	<input type="text"/>	Med. Aid inception date	<input type="text"/>
Med. Aid Benefit Option	<input type="text"/>	Gap Cover inception date	<input type="text"/>
Title	(Please mark with a tick) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="text"/> (Specify) <input type="text"/>	Initials	<input type="text"/>
First names (in full)	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>	Cell No	<input type="text"/>
Employer	<input type="text"/>	Alt. contact no.	<input type="text"/>
E-mail address	<input type="text"/>		
Postal address	<input type="text"/>		
Identity No.	<input type="text"/>		

SECTION 2 - BENEFICIARY DETAILS

Name	Date of Birth (YYYY/MM/DD)	Sex Male / Female

SECTION 3 - PRODUCT OPTIONS

OPTION 1 - R150 000-00 in aggregate, per annum, per beneficiary, per incident (groups)	<input type="checkbox"/>	R104.00 per month
OPTION 2 - R1 000 000-00 in aggregate, per annum, per beneficiary, per incident (groups)	<input type="checkbox"/>	R116.50 per month

SECTION 4 - DEBIT ORDER DETAILS (MEMBER TO COMPLETE)

Bank	<input type="text"/>	Account Number	<input type="text"/>
Branch	<input type="text"/>	Account Holder	<input type="text"/>
Branch Code	<input type="text"/>	Type of Account	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> Other <input type="text"/> (please specify)

MEMBER DECLARATION: I have read the terms and conditions on the reverse hereof and I am fully aware of the contents thereof

I, the undersigned,
declare that the foregoing details are, to the best of my knowledge true, correct and complete. I hereby authorise Total Risk Administrators to deduct an amount of R..... from my bank account, monthly in advance, for my premiums to the Total Care Gap Cover Insurance product. (Premiums are subject to an annual review) **Insured needs to submit notice of resignation to Insurer 30 days prior to resignation date and must be in writing.**

_____	<input type="text"/>
CLIENT SIGNATURE	DATE

Terms and conditions

- The monthly cut-off date for the receipt of application forms will be the 20th of each month (or closest working day to the 20th)
- Existing scheme members joining gap cover during the year will be subject to a 3 month general waiting period. This will be communicated to the policyholder via a membership certificate.
- New members to the scheme will be subject to the underwriting applied by the scheme itself.
- Main members over the age of 65 years do not qualify for entry onto the product.
- Claims relating to PMB expenses as defined in the Medical Schemes Act are excluded.
- No in-hospital dentistry claims unless authorized by the Scheme or related to dependants under the age of 12 years.
- There is a 9 month waiting period on maternity benefits for all new policyholders entering the product.
- No co-payment amounts or costs above a scheme specific limitation will be covered under the gap cover product.
- Claims to the value of R100 or less will be subject to an excess of the same amount.
- Policyholders who resign from their medical aid scheme will automatically retain their Gap Cover membership unless the Insurer receives written notification of their intention to resign from the product.