



Medical Gap Cover and Premium Waiver

Postnet Suite 87
Private Bag X1005
Claremont
7735

Medical Gap Cover	<input type="checkbox"/> Y	<input type="checkbox"/> N
Medical Premium Waiver - 24 months	<input type="checkbox"/> Y	<input type="checkbox"/> N
Medical Premium Waiver - 60 months	<input type="checkbox"/> Y	<input type="checkbox"/> N

Version 09 December 2013

Needs analysis

The Medical Gap Cover product meets my needs as my medical scheme may not cover the total medical practitioner costs when I am hospitalised. Medical Gap Cover was recommended as a solution because it will cover the difference between the actual medical practitioner charges (subject to a maximum of five times the Admed Tariff rate) and the medical scheme payment.

The Medical Premium Waiver policy meets my needs as it will continue to pay the medical scheme contributions for me and/or my medical scheme dependants in the event of my death or disability. The Medical Premium Waiver product was recommended as a solution because it will cover the medical scheme contributions for me and/or my medical scheme dependant for the benefit payment period selected.

I understand that there are other similar products on the market but the intermediary regards this Medical Gap product as the most suitable product for me. Alternatively, the intermediary does not represent any other Medical Gap and Premium Waiver product supplier. I declare that the monthly premium is affordable taking into account my other financial commitments.

Replacement policy

Will any of the following applications replace an existing policy?

Gap Cover	<input type="checkbox"/> Y	<input type="checkbox"/> N	Name of current insurer _____
Medical Premium Waiver	<input type="checkbox"/> Y	<input type="checkbox"/> N	Name of current insurer _____

If yes, the intermediary will contact you to complete a replacement policy advice record that will provide you with comprehensive information about the consequences of the replacement as the replacement could potentially be prejudicial.

Declarations 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 handwriting or not, is true and I have not withheld any material facts which are known to me. NB: A material fact is likely to influence the assessment of this application by Guardrisk Ltd. (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 Guardrisk Ltd 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 rejecting claims, without refund of premiums if applicable.
3. I confirm that I am currently a member or dependant of a medical scheme and that I understand that it is a prerequisite to remain a member or dependant of a medical scheme to qualify for Medical Gap and/or Premium Waiver cover.
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 Guardrisk Ltd contacting my current medical scheme and/or medical practitioner to verify any medical details as provided in my claim form. I further consent to such information being disclosed to Guardrisk Ltd for purposes of verifying the disclosure as provided on my claim form.
6. We confirm that by signing this application form you have agreed that we will hold and use your details that you have given us for purposes of providing you with excellent service as a policyholder and that we will also hold your information so that we are able to look after your needs by providing you with appropriate insurance products in the future.

Signed at _____ on this _____ day of _____ 20____

Signature of policyholder

Financial adviser / Intermediary details

Full name of adviser _____

Brokerage name (if applicable) _____

Business telephone number

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Email _____

ZestLife code

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