



# RONBEL GAP & FAMILY FUNERAL APPLICATION FORM



Administered by  
Underwritten by

Ambledown Risk and Underwriting Managers (Pty) Ltd Reg 2004/006271/07 FSP 10287  
Constantia Insurance Company Limited Reg 1952/001514/06  
Constantia Life and Health Assurance Co.Ltd. Reg 99/13922/06

NAPTOSA Membership No.

Unique Provincial Code 

N	A	P	M	E	M				
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## DETAILS OF INSURED PERSON (PRINCIPAL MEMBER)

FIRST NAME:	<input style="width: 90%;" type="text"/>		
SURNAME:	<input style="width: 90%;" type="text"/>		
ID NUMBER:	<input style="width: 90%;" type="text"/>		
MEDICAL AID & OPTION:	<input type="text"/>	MEMBERSHIP NO.:	<input style="width: 40%;" type="text"/>

<b>PHYSICAL ADDRESS</b>	<b>POSTAL ADDRESS</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
POSTAL CODE <input style="width: 40%;" type="text"/>	POSTAL CODE <input style="width: 40%;" type="text"/>

## CONTACT DETAILS

TEL NUMBER (WORK)	FAX:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
TEL NUMBER (HOME)	CELL:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
E-MAIL	
<input style="width: 95%;" type="text"/>	

GAP COVER		PREMIUM PAYABLE	
<p><b>*IMPORTANT NOTE:</b> Should either the Principal Member or any of their dependents ever have been diagnosed or treated for any form of cancer, there will be a permanent exclusion for that person on the Cancer Cover benefit. However, the member or dependents still qualify for the other gap products.</p>			
<p><b>GAP SUPREME</b> Maximum age of entry - 70</p>	<p>Gap Cover, Co-Payment Cover, MRI &amp; CT Scan Cover, Co-Payment Cover for MRI &amp; CT Scan, Sub-Limitation Cover, Cancer Cover, 6 Month Medical Scheme Premium Waiver and Costs incurred in casualty unit as a result of an accident.</p>	Y/N	<b>200.00</b>

NOTE: for Senior application (over 70 years) – please contact the office on 041 363 7333

FAMILY FUNERAL COVER		PREMIUM PAYABLE	
<p>Member/Spouse Children 14-21 Children 7-13 Children 0-6 Stillborn Maximum age of entry - 65</p>	<p>R30 000 R20 000 R15 000 R7 500 R2 000  (Double the benefit if death is due to accidental causes)</p>	Y/N	<b>65.00</b>
PfpM – Per family per month		<b>(COMPULSORY FIELD – PLEASE COMPLETE) - TOTAL PFPM PREMIUM DUE*</b>	
			<b>R</b>

**DETAIL OF INSURED PERSONS**

RELATIONSHIP	NAME	SEX	AGE	ID NUMBER
SPOUSE				
CHILD DEPENDANT 1				
CHILD DEPENDANT 2				
CHILD DEPENDANT 3				
CHILD DEPENDANT 4				

**Eligible child** means a child who is factually (by way of natural/biological child born of or stepchild or legally adopted child or placed under the foster care of the Principal Insured member) or financially dependent on the Principal Member and who has not attained the age of twenty one (21) and who is not already insured under this policy or any other insurance issued by the Company providing similar cover. This age may be extended to twenty five (25) in respect on an unmarried child who is a full time student for Gap Cover and to twenty six (26) for Funeral Cover. There will be no age restriction for children who are either mentally or physically incapacitated from maintaining themselves always provided that the children are wholly dependent on the Principal Insured Member for support and maintenance. A child shall only be accepted for cover if such child is covered in terms of the Principal Insured Member's medical aid scheme.

**Extended family** - Should you have extended family on your medical scheme they are not covered on this policy. They can apply as the principal member at the same Naptosa Rates.

**NOMINATED BENEFICIARY (FUNERAL COVER ONLY)**

NAME		ID NUMBER	
CONTACT DETAILS			

**DEBIT ORDER AUTHORISATION**

INCEPTION DATE									PREFERRED DEBIT ORDER DATE	1 <sup>ST</sup>	15 <sup>TH</sup>	20 <sup>TH</sup>	25 <sup>TH</sup>

ACCOUNT HOLDER:			
BANK:			
ACCOUNT NUMBER:		BRANCH:	
BRANCH CODE:		ACCOUNT TYPE:	

**SIGNATURE OF ACCOUNT HOLDER**

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount of \*R\_\_\_\_, \_\_\_\_ ( \_\_\_\_\_ ) (AMOUNT IN WORDS) or any variable amount pertaining to this agreement, on day \_\_\_\_\_ of each month. This being the amount necessary for the settlement of the monthly premium due by you in respect of our contract dated \_\_\_\_\_.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally. I/we the undersigned "instruct" and authorize your agent to draw against my/our account. I/we also understand that details of each withdrawal will be printed on my/our statement.

An administration fee of R 50 will be charged for returned debit orders. I/we agree to pay any banking charges relating to this debit order instruction. This authority may be cancelled by means of giving you thirty days' notice in writing/fax/email to Memp Financial Services (Pty) Ltd, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

I/we declare that I/we have not withheld any material information and I/we accept that this application and declaration shall be the basis of the contract of insurance between Constantia Life & Health Assurance Co/Constantia Insurance Co. and me/us. I/we declare that I/we understand that this application is subject to waiting periods, pre-existing conditions and exclusions as per the Master Policy Document. I/we further declare that I/we are aware that full details of the relevant FAIS disclosures are available from the NAPTOSA regional office and the website and Memp Financial Services (Pty) Ltd - <http://www.memp.co.za/private/extranet/naptosa/>

<b>Name of Principal Member</b>	<b>Date</b>	<b>Signature</b>