

# GAP COVER SERIES EMPLOYER GROUP APPLICATION FORM

Underwritten by Constantia Insurance Company Limited (CICL), Reg. No. 1952/001514/06, FSP No: 31111 (The Insurer)

- THIS IS NOT A MEDICAL SCHEME AND THE COVER IS NOT THE SAME AS THAT OF A MEDICAL SCHEME.
- THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP.
- THE MASTER POLICY ISSUED IS THE SOURCE OF ALL BENEFITS, RIGHTS, AND OBLIGATIONS AND EXCLUSIONS. TO DETERMINE YOUR INDIVIDUAL NEEDS, WE SUGGEST THAT YOU CONTACT YOUR BROKER AND REQUEST ADVICE FROM HIM / HER.

## BROKER DETAILS

BROKER / CONSULTANT NAME											
NAME OF BROKERAGE											
FSP NUMBER							BROKER CODE				
BROKER CONTACT NUMBER		AREA CODE						VAT NUMBER			
BROKER E-MAIL ADDRESS							UNIQUE IDENTIFIER (IF NECESSARY)				

## EMPLOYER GROUP DETAILS

COMPANY NAME											
REGISTRATION NUMBER							VAT NUMBER				
POLICY NUMBER											
PAYMENT METHOD		ELECTRONIC FUNDS TRANSFER (EFT)									
		INDIVIDUAL DEBIT ORDERS									

## CONTACT DETAILS

POSTAL ADDRESS						PHYSICAL ADDRESS (IF DIFFERENT TO POSTAL)					
POSTAL CODE											
CONTACT NAME						DESIGNATION					
HOME NUMBER		AREA CODE					WORK NUMBER		AREA CODE		
CELL NUMBER		AREA CODE					E-MAIL				
INCEPTION DATE		D	D	M	M	Y	Y	Y	Y		
NUMBER OF EMPLOYEES TO BE COVERED											
BASIS OF PARTICIPATION		VOLUNTARY									
		COMPULSORY									
CATEGORY OF EMPLOYEES COVERED ON A COMPULSORY PARTICIPATION BASIS:											

## BENEFITS SUMMARY

BENEFIT	DESCRIPTION
GAP SERIES	<ul style="list-style-type: none"> <li>• GAP COVER 100 BENEFIT COVERS CHARGES ABOVE THE MEDICAL SCHEME TARIFF FOR ASSOCIATED SERVICES IN-HOSPITAL, LISTED OUT-PATIENT PROCEDURES, CHEMOTHERAPY OR RADIOTHERAPY FOR THE TREATMENT OF CANCER AND KIDNEY DIALYSIS. LIMITED TO 5 TIMES THE SCHEME TARIFF.</li> <li>• CO-PAYMENT BENEFIT COVERS CO-PAYMENTS OR DEDUCTIBLES LEVIED BY THE MEDICAL SCHEME FOR IN-HOSPITAL ADMISSIONS, LISTED OUTPATIENT PROCEDURES AND MRI AND CT SCANS.</li> <li>• SUBLIMITATION BENEFIT COVERS CHARGES ABOVE THE DEFINED IN-HOSPITAL SUB-LIMITS IMPOSED BY THE MEDICAL SCHEME.</li> <li>• CANCER BENEFIT COVERS THE SHORTFALL, EITHER THE CO-PAYMENT AFTER THE SUB-LIMITATION OR THE SUB-LIMITATION FOR CANCER TREATMENT FOR TRADITIONAL METHODS OR FOR EITHER THE CO-PAYMENT OR SUB-LIMITATION FOR TREATMENT OF CANCER WITH BIOLOGICAL DRUGS.</li> <li>• CASUALTY WARD BENEFIT COVERS THE COST OF A MEDICAL OR A SURGICAL PROCEDURE FOLLOWING AN EMERGENCY INCURRED IN A HOSPITAL CASUALTY UNIT OF A HOSPITAL WHERE SUCH COSTS WERE NOT MET BY THE MEDICAL SCHEME.</li> </ul>
DREAD DISEASE (SEVERE ILLNESS) BENEFIT	<ul style="list-style-type: none"> <li>• PROVIDES A ONCE OFF DREAD DISEASE BENEFIT, LIMITED TO DIAGNOSIS OF CANCER.</li> <li>★ SEE DREAD DISEASE EXCLUSIONS               <ul style="list-style-type: none"> <li>- SENIORS (66 YEARS &amp; OLDER) EXCLUDED.</li> </ul> </li> </ul>
PREMIUM WAIVER BENEFIT	<ul style="list-style-type: none"> <li>• PROVIDES A LUMP SUM PAYMENT EQUAL TO <b>6 MONTHS</b> OF THE MEMBER'S MEDICAL SCHEME CONTRIBUTION.</li> <li>- SENIORS (66 YEARS &amp; OLDER) EXCLUDED.</li> </ul>
GUARDIAN*	<ul style="list-style-type: none"> <li>• PROVIDES BENEFITS FOR MEDICAL SCHEME SHORTFALLS BUT EXCLUDE GAP COVER;</li> <li>• BENEFITS INCLUDE: CO-PAYMENTS OR DEDUCTABLES, IN-HOSPITAL SUB-LIMITS, CANCER COVER AND THE CASUALTY WARD BENEFIT.</li> <li>• DREAD DISEASE BENEFIT: PROVIDES A ONCE OFF DREAD DISEASE BENEFIT, LIMITED TO DIAGNOSIS OF CANCER.</li> <li>★ SEE DREAD DISEASE EXCLUSIONS.               <ul style="list-style-type: none"> <li>- SENIORS (66 YEARS &amp; OLDER) EXCLUDED.</li> </ul> </li> <li>• PREMIUM WAIVER: PROVIDES A LUMP SUM PAYMENT EQUAL TO <b>6 MONTHS</b> OF THE MEMBER'S MEDICAL SCHEME CONTRIBUTION               <ul style="list-style-type: none"> <li>- SENIORS (66 YEARS &amp; OLDER) EXCLUDED.</li> </ul> </li> </ul> <p>* THE GUARDIAN POLICY MAY BE BOUGHT AS A STAND-ALONE PRODUCT.</p>
LPE ADVANCED	<ul style="list-style-type: none"> <li>• GAP COVER 100 BENEFIT; PLUS</li> <li>• PROVIDES A BENEFIT EQUAL TO THE COST OF IN-HOSPITALISATION AND ASSOCIATED MEDICAL EXPENSES (AS DEFINED) RELATING TO ONE OF THE LISTED PROCEDURES LESS THE COVER PROVIDED BY THE MEDICAL SCHEME OPTION.</li> <li>• CASUALTY WARD BENEFIT COVERS THE COST OF A MEDICAL OR A SURGICAL PROCEDURE FOLLOWING AN EMERGENCY INCURRED IN A HOSPITAL CASUALTY UNIT OF A HOSPITAL WHERE SUCH COSTS WERE NOT MET BY THE MEDICAL SCHEME.</li> </ul>

## PRODUCT SUMMARY & SELECTION

PRODUCT	LISTED BENEFITS	SPECIFIC LIMITATION PER INSURED PERSON PER ANNUM	OVERALL LIMITATION PER INSURED PERSON PER ANNUM	PREMIUM PER FAMILY PER MONTH (incl. VAT) 18-65 YEARS OLD	
GAP COVER	- GAP COVER 100		R157,000	<input type="checkbox"/>	
	- CASUALTY BENEFIT	R10,000			
GAP PLUS	- GAP COVER 100		R157,000	<input type="checkbox"/>	
	- CO-PAYMENT COVER				
GAP SELECT	- CASUALTY BENEFIT	R10,000	R157,000	<input type="checkbox"/>	
	- DREAD DISEASE BENEFIT	ONCE OFF R50,000 ON DIAGNOSIS			* See dread disease exclusions
	- GAP COVER 100				
GAP ELITE	- CO-PAYMENT COVER		R157,000	<input type="checkbox"/>	
	- SUB-LIMIT COVER				
	- CASUALTY BENEFIT	R10,000			
	- DREAD DISEASE BENEFIT	ONCE OFF R50,000 ON DIAGNOSIS			* See dread disease exclusions
	- PREMIUM WAIVER BENEFIT	LIMITED TO 6 MONTHS MEDICAL AID CONTRIBUTIONS	** See premium waiver exclusion		
GAP SUPREME	- GAP COVER 100		R157,000	<input type="checkbox"/>	
	- CO-PAYMENT COVER				
	- SUB-LIMIT COVER				
	- CASUALTY BENEFIT	R10,000			
	- DREAD DISEASE BENEFIT	ONCE OFF R50,000 ON DIAGNOSIS	* See dread disease exclusions		
	- PREMIUM WAIVER BENEFIT	LIMITED TO 6 MONTHS MEDICAL AID CONTRIBUTIONS	** See premium waiver exclusion		
GUARDIAN (Excludes Gap Cover 100 benefit)	- CO-PAYMENT COVER		R157,000	<input type="checkbox"/>	
	- SUB-LIMIT COVER				
	- CASUALTY BENEFIT	R10,000			
	- DREAD DISEASE BENEFIT	ONCE OFF R50,000 ON DIAGNOSIS			* See dread disease exclusions
	- PREMIUM WAIVER BENEFIT	LIMITED TO 6 MONTHS MEDICAL AID CONTRIBUTIONS	** See premium waiver exclusion		
LPE ADVANCED	- GAP COVER 100		R157,000	<input type="checkbox"/>	
	- CASUALTY BENEFIT	R10,000			
	- MEDICAL EXPENSES RELATED TO 10 DEFINED PROCEDURES	A R100,000 LIMITATION APPLIES TO ANY ONE OF THE 10 DEFINED PROCEDURES			

INCEPTION DATE (DATE COVER IS TO COMMENCE)

D	D	M	M	Y	Y	Y	Y
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### \* Dread disease exclusions:

- All tumours, which are histologically described as pre-malignant, as non-invasive or as cancer in situ.
- All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
- Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.
- Any skin cancer other than malignant melanoma.
- Cancerous cells that have not invaded the surrounding or underlying tissue.
- Early cancer of the prostate gland or breast. (Stage1 described as T1a, NO, MO, G1)
- Seniors (66 years & older) excluded.

### Specific condition

- The Dread Disease Benefit terminates at the member reaching the benefit expiry age, or age 65.

### \*\* Premium waiver exclusion:

- Seniors (66 years & older) excluded.

### Specific condition

- The Premium Waiver Benefit terminates at the member reaching the benefit expiry age, or age 65.

## PREMIUM PAYMENT

THE EMPLOYER MUST PROVIDE AMBLEDOWN WITH A MONTHLY MEMBERSHIP LISTING UPON PAYMENT OF PREMIUM WHEN PAYMENT IS MADE BY WAY OF EFT OR DEBIT ORDER.

DAY IN EACH MONTH ON WHICH PREMIUM EFT WILL BE PAID OVER TO THE INSURER. EG. 1ST		
WILL PREMIUM BE PAID IN ARREARS?		YES
		NO
PREMIUMS ARE TO BE TRANSFERRED TO THE FOLLOWING ACCOUNT	IOM (PTY) LTD FNB CORPORATE BANKING ACCOUNT NUMBER: 62206927850 BRANCH CODE: 255005 REFERENCE: PREFIX AMBLE, FOLLOWED BY A 10-CHARACTER DESCRIPTION	

## DEBIT ORDER DETAILS

ACCOUNT HOLDERS NAME		BANK / BUILDING SOCIETY	
ACCOUNT NUMBER		BRANCH	
BRANCH CODE		ACCOUNT TYPE	CURRENT
			TRANSMISSION
			SAVINGS
EMPLOYER'S PERSON RESPONSIBLE FOR PREMIUM COLLECTION & PAYMENT			
IF CONTACT DETAILS ARE DIFFERENT TO THE ABOVE PLEASE PROVIDE THE FOLLOWING			
CONTACT NUMBER	AREA CODE		EMAIL

SIGNATURE OF AUTHORISED ACCOUNT SIGNATORY

DATE 

D	D	M	M	Y	Y	Y	Y
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## DECLARATION

I declare that I am an authorised signatory on behalf of the above mentioned Employer Group and that I have not withheld any material information and I accept that this application and declaration shall be the basis of the contract of insurance with The Insurer, which will become effective on the first day of the month for which premiums are received. I also acknowledge that should this application not be considered as part of a full financial needs analysis and I have instructed the broker not to proceed with a full financial needs analysis, this could have the effect that all my financial needs may not be properly addressed.

SIGNED

NAME OF AUTHORISED SIGNATORY

DATE 

D	D	M	M	Y	Y	Y	Y
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Please return to your broker or alternatively:

AmbleDown Financial Services (Pty) Ltd  
 PO Box 1862, Cramerview, 2060  
 Tel Number 0861 262533, Fax Number 011 463 1600  
 E-mail Address: premium@ambledown.co.za