

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										POSTAL CODE					
CONTACT NAME							DESIGNATION								
TELEPHONE NUMBER	AREA CODE						FAX NUMBER	AREA CODE							
CELL NUMBER	CODE						E-MAIL								
INCEPTION DATE															
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"> • 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 • 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. • SUBLIMITATION BENEFIT COVERS CHARGES ABOVE THE DEFINED IN-HOSPITAL SUB-LIMITS IMPOSED BY THE MEDICAL SCHEME. • 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. • 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.
DREAD DISEASE (SEVERE ILLNESS) BENEFIT	<ul style="list-style-type: none"> • PROVIDES A ONCE OFF DREAD DISEASE BENEFIT, LIMITED TO DIAGNOSIS OF CANCER. ★ SEE DREAD DISEASE EXCLUSIONS <ul style="list-style-type: none"> - SENIORS (66 YEARS & OLDER) EXCLUDED.
PREMIUM WAIVER BENEFIT	<ul style="list-style-type: none"> • PROVIDES A LUMP SUM PAYMENT EQUAL TO 6 MONTHS OF THE MEMBER'S MEDICAL SCHEME CONTRIBUTION. - SENIORS (66 YEARS & OLDER) EXCLUDED.
GUARDIAN*	<ul style="list-style-type: none"> • PROVIDES BENEFITS FOR MEDICAL SCHEME SHORTFALLS BUT EXCLUDE GAP COVER; • BENEFITS INCLUDE: CO-PAYMENTS OR DEDUCTABLES, IN-HOSPITAL SUB-LIMITS, CANCER COVER AND THE CASUALTY WARD BENEFIT. • DREAD DISEASE BENEFIT: PROVIDES A ONCE OFF DREAD DISEASE BENEFIT, LIMITED TO DIAGNOSIS OF CANCER. ★ SEE DREAD DISEASE EXCLUSIONS. <ul style="list-style-type: none"> - SENIORS (66 YEARS & OLDER) EXCLUDED. • PREMIUM WAIVER: PROVIDES A LUMP SUM PAYMENT EQUAL TO 6 MONTHS OF THE MEMBER'S MEDICAL SCHEME CONTRIBUTION <ul style="list-style-type: none"> - SENIORS (66 YEARS & OLDER) EXCLUDED. <p>* THE GUARDIAN POLICY MAY BE BOUGHT AS A STAND-ALONE PRODUCT.</p>
GAP LPE ADVANCED	<ul style="list-style-type: none"> • GAP COVER 100 BENEFIT; PLUS • 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.

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		R150,000	<input type="checkbox"/>	
	- CASUALTY BENEFIT	R10,000			
GAP PLUS	- GAP COVER 100 - CO-PAYMENT COVER		R150,000	<input type="checkbox"/>	
	- CASUALTY BENEFIT	R10,000			
GAP SELECT	- GAP COVER 100 - CO-PAYMENT COVER - SUB-LIMIT COVER - CANCER COVER		R150,000	<input type="checkbox"/>	
	- CASUALTY BENEFIT	R10,000			
	- DREAD DISEASE BENEFIT	ONCE OFF R50,000 ON DIAGNOSIS			* See dread disease exclusions
GAP ELITE	- GAP COVER 100 - SUB-LIMIT COVER - CANCER COVER		R150,000	<input type="checkbox"/>	
	- 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 - CO-PAYMENT COVER - SUB-LIMIT COVER - CANCER COVER		R150,000	<input type="checkbox"/>	
	- 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 - SUB-LIMIT COVER - CANCER COVER		R150,000	<input type="checkbox"/>	
	- 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 LPE ADVANCED	- GAP COVER 100		R150,000	<input type="checkbox"/>	
	- MEDICAL EXPENSES RELATED TO 10 DEFINED PROCEDURES	A R75,000 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								E-MAIL	

SIGNATURE OF ACCOUNT HOLDER D D M M Y Y Y Y

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

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



Ambledown is an Authorised Financial Services Provider, No. 10287
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Underwritten by Constantia Insurance Company Limited FSP No.: 31111