

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 email address		Unique identifier (if necessary)	
Is the intention of this policy to replace another policy with the same/similar cover? (If "yes" complete the replacement policy advice record)			Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer group details



















Company name			
Registration number		Policy number	
VAT number		Payment method	Electronic fund transfer (EFT) <input type="checkbox"/>
Nature of business			Individual debit orders <input type="checkbox"/>
Type of business			Group debit order <input type="checkbox"/>
Country of incorporation		Industry	
Country of operation		Face to face	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact details

Postal address		Physical address (if different to postal)	
Postal code		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	
Category of employees covered on a compulsory participation basis		Basis of participation	Voluntary <input type="checkbox"/>
			Compulsory <input type="checkbox"/>



☰ Benefits summary

Benefit	Description
	 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 out-patient procedures and CT, MRI and PET scans. Includes a once-off payment per family, per annum for the penalty imposed by a medical scheme for the use of a non-network hospital. The benefit is limited to R10 000.
Gap Series	 Sub-limitation 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	 Provides a once off dread disease benefit, limited to diagnosis of cancer. * See dread disease exclusions - Seniors (66 years & older) excluded.
Premium Waiver benefit	 Provides a lump sum payment equal to 6 months of the member's medical scheme contribution. - Seniors (66 years & older) excluded.
Guardian	 Provides benefits for medical scheme shortfalls but excludes the Gap Cover 100 benefit. Benefits include: co-payments or deductibles, in-hospital sub-limits, cancer cover and the casualty ward benefit. The Guardian policy may be bought as a stand-alone product. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  Excludes Gap Cover 100 </div> <div style="text-align: center;">  Co-payments or deductibles </div> <div style="text-align: center;">  In-hospital Sub-limits </div> <div style="text-align: center;">  Cancer cover </div> <div style="text-align: center;">  Casualty ward benefit </div> <div style="text-align: center;">  Dread Disease benefit </div> <div style="text-align: center;">  Premium Waiver benefit </div> </div>
LPE Advanced	 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.
	 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.



✔ 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	Premium per family per month (incl.VAT) 66 years & older
Gap Cover	- Gap Cover 100		R165,000	<input type="checkbox"/>	<input type="checkbox"/>
	- Casualty benefit	R10,000			
Gap Plus	- Gap Cover 100		R165,000	<input type="checkbox"/>	<input type="checkbox"/>
	- Co-payment Cover				
	- Penalty co-payment	R10,000			
	- Casualty benefit	R10,000			
Gap Select	- Gap Cover 100		R165,000	<input type="checkbox"/>	<input type="checkbox"/>
	- Co-payment Cover				
	- Penalty co-payment	R10,000			
	- Sub-limit Cover				
	- Cancer Cover				
	- Casualty benefit	R10,000			
	- Dread Disease benefit	Once off R50,000 on diagnosis	* See Dread Disease exclusions		
Gap Elite	- Gap Cover 100		R165,000	<input type="checkbox"/>	<input type="checkbox"/>
	- Sub-limit Cover				
	- Cancer 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		R165,000	<input type="checkbox"/>	<input type="checkbox"/>
	- Co-payment Cover				
	- Penalty co-payment	R10,000			
	- Sub-limit Cover				
	- Cancer 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		R165,000	<input type="checkbox"/>	<input type="checkbox"/>
	- Penalty co-payment	R10,000			
	- Sub-limit Cover				
	- Cancer 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		R165,000	<input type="checkbox"/>	<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			

* Dread Disease exclusions:

 Inception date (date cover is to commence)

- 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, N0, M0, 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
Source of funds			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

I, the undersigned, hereby request and authorise the Insurer or it's representative to deduct the premium payable under the above plan against my bank account or institution (or any other bank or institution or branch where my account is kept or transferred to) on the preferred debit order collection date. Should the collection date selected fall on a weekend or public holiday, I understand that a debit will be processed against my account on the first working day following the weekend or public holiday. I further declare that:

- I authorise my bank or institution (as stated) to debit my account with all debits which may be presented by the company as if I personally signed for each one.
- I also understand that the details of each debit order will be printed on my bank statement as a separate line as proof thereof.
- I declare that all bank costs related to this debit order system and approval, will be for my own account.
- I understand and accept that I or the company can change this arrangement at any time in writing (by giving the other party 31 days' notice) or cancel this arrangement, given that it won't have any effect on the deductions of the company which was already agreed and authorised herein.
- I understand and accept that all payments in terms of this agreement will be made without any prejudice.
- I understand and accept that if any payment in terms of this agreement is not received, the relevant policy/ies will be cancelled effective from the last day of the uninterrupted period for which payment(s) were received.
- I accept that this request and authorisation will be applicable for all amounts payable from inception and monthly thereafter.
- I acknowledge that I need to ensure that premiums are collected for cover to remain in force.
- I understand and accept that the company reserves the right to adjust the premiums by giving thirty one (31) days written notice prior to the effective date of the change.

SIGNATURE OF ACCOUNT HOLDER

DATE

 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.

SIGNATURE OF APPLICANT

NAME OF AUTHORISED SIGNATORY

DATE

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: admin@ambledown.co.za