

# ABSAgold&silver 2020GapCoverSeries

Underwritten by Absa Insurance Company Limited (AIC) FSP No: 8030; Registration number: 1992/001 373/06

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)	

## Personal particulars

### Applicant

Title		Surname	
ID / passport number		First names	
Date of birth	D D M M Y Y Y Y		
Country of residence			
Country of nationality			
Face to face	Yes	No	If you have an existing gap cover policy - provide a membership certificate including period of cover and insured persons.
Do you have an existing gap cover policy?	Yes	No	

### Employer

Name of employer	Date employed	D D M M Y Y Y Y
Occupation		

### Medical scheme

Name of medical scheme	Plan option
Date joined	Medical scheme number
D D M M Y Y Y Y	






### Dependants to see who qualifies as a dependant see declaration c)

First name (and surname if different)	Relationship	ID or passport number	Date of birth
			D D M M Y Y Y Y
			D D M M Y Y Y Y
			D D M M Y Y Y Y
			D D M M Y Y Y Y
			D D M M Y Y Y Y
			D D M M Y Y Y Y

## Contact details

Postal address		Physical address (if different to postal)	
Postal code		Postal code	
Home number	Area code	Work number	Area code
Cell number	Area code	E-mail	

## 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 and MRI scans.	
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.	

## 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
silver	- Gap Cover 100		R165,000	<input type="text"/>	<input type="text"/>
	- Casualty benefit	R10,000			
gold	- Gap Cover 100		R165,000	<input type="text"/>	<input type="text"/>
	- Co-payment Cover				
	- Sub-limit Cover				
	- Cancer Cover				
	- Casualty benefit	R10,000			

Inception date (date cover is to commence)

## Premium payment

### Payroll details

Employer name		Employee name	
Employee cost centre		Employee surname	
Date employed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Employee number	
Source of funds			

Please note that if premiums are paid via payroll they will be collected monthly in arrears (unless otherwise specified) for the current month of cover.

Having applied for the policy detailed above, and on acceptance of my application by the insurer, I hereby authorise my salaries/ payroll division to deduct the above premium from my salary and remit to the insurer on a monthly basis. Such authorisation shall remain in force and effect until cancelled by myself, in writing with thirty one (31) days notice or I leave the employ of my current employer. I further authorise the Insurer to increase the amount as per Amendments of the policy and authorise my salaries/ payroll division to effect payment on relevant increases. 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



## Debit order details

Account holders name		Bank / building society	
Account number		Branch	
Branch code		Account type	Current
Source of funds			Transmission
			Savings

Please select preferred debit order collection date

1st  7th  15th  20th  25th  28th  Last day of the month

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 have not withheld any information and I accept that this application and declaration shall be the basis of the contract of insurance between me and 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. I further confirm that the following notable conditions have been explained to me:

- a) No benefits will be payable during a general 3 month waiting period for all treatment received unless the treatment was required as a result of an accident (external violent physical means).
- b) No benefits will be payable for treatment during the first 12 months of the policy if treatment or advice was received 12 months prior to inception of the policy that related to the subsequent treatment.
- c) Not all your dependants on your medical scheme are automatically covered under this policy, only your eligible spouse and your eligible children are covered as per the policy definitions.
  - i. Only one spouse is allowed.
  - ii. The maximum age for a child dependant is under 21. This age may be extended to 25 (under 26) in respect of an unmarried child who is a dependant on the Principal Insured Person's Medical Scheme.
  - iii. No cover is provided for extended family members.

I confirm that although I have completed this application form, it does not constitute an insurance contract until a membership number is assigned, policy issued and premium is successfully paid.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

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](mailto:admin@ambledown.co.za)