



Medical questionnaire

1. Do you or any of your dependants suffer from any chronic or recurring illness or any other serious ailment?:

No
Yes

If "yes" please specify:

2. Have you or any of your dependants received treatment or advice by a medical practitioner in the last 12 months?:

No
Yes

If "yes" please specify:

Name of family's general medical practitioner:

Contact number: Area code

3. Have you or any of your dependants been hospitalised during the last 12 months?

No
Yes

If "yes" to the above please specify the condition for which hospitalisation was necessary

Name	Date hospitalised	Reason for hospitalisation
	D D M M Y Y Y Y	
	D D M M Y Y Y Y	

4. Do you or any of your dependants expect to be hospitalised during the next 12 months?

No
Yes

If "yes" to the above please specify the condition for which hospitalisation is necessary

Name	Expected date of hospitalisation	Reason for hospitalisation
	D D M M Y Y Y Y	
	D D M M Y Y Y Y	



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.



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
ABSA Silver	- Gap Cover 100		R173,000	<input type="radio"/>	<input type="radio"/>
	- Casualty benefit	R10,000			
ABSA Gold	- Gap Cover 100		R173,000	<input type="radio"/>	<input type="radio"/>
	- Co-payment Cover				
	- Penalty co-payment	R10,000			
	- Sub-limit Cover				
	- Cancer Cover				
	- Casualty benefit	R10,000			

Inception date (date cover is to commence)



Premium payment

Debit order details

Account holder's name:	Bank / building society:
Account number:	Branch:
Branch code:	Account type:
Source of funds:	<input type="checkbox"/> Current <input type="checkbox"/> Transmission <input type="checkbox"/> 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:

- 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).
- 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.
- 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.
 - Only one spouse is allowed.
 - 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.
 - 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: premium@ambledown.co.za



Ambledown is an Authorised Financial Services Provider, No. 10287
 PO Box 1862, Cramerview, 2060, Tel Number 0861 262533, Fax Number 011 463 1600
 Website www.ambledown.co.za

Underwritten by Absa Insurance Company Limited (AIC) FSP No: 8030;
 Registration number: 1992/001373/06

Protection of Privacy

Absa Group Limited, including all of its subsidiaries, having its head office at 15 Troye Street, Johannesburg, South Africa, is committed to maintaining the privacy and security of customers' personal data collected by us, whether in hard copy or electronic form.

Personal data is defined as information that allows us to identify you as a natural person or, where applicable, as a corporate entity (such as a company or trust). AIC is collecting this data to assess your application and, if successful, provide you with the products and/or services as described in this policy.

Unless otherwise specified, you need to provide all of the personal data requested in the application. .

- We may carry out further processing on your personal data for historical, research and statistical purposes or to comply with our legal obligations. We will not engage you in any electronic direct marketing (excluding telemarketing), unless you have given us the relevant consent.
- We may also use your personal data for carrying out automated decisions that may impact you. If you are unhappy about the outcome of the decision, please contact us.
- Where necessary, we may share your personal data within the Absa Group and with other third-party service providers, including credit bureaus that process your personal data in conjunction with us or on our behalf. These third-party providers, whether local or trans-border, are contractually obligated to process your personal data in line with our privacy and security policies. Our third parties may be located within your country of residence or in another country. When appropriate, we may also share your personal data with regulators or other crime-fighting agencies.
- We will keep your personal data only for as long as we have to in terms of applicable laws and regulations. After this time, your personal data will be securely destroyed or de-identified.

For the purposes of the telematics device, we will not share any of your personal details with any external companies or service providers. The information obtained by AIC's service provider linked to the IMEI number of your telematics device, is stored on their system for a maximum of 30 days. Activate will upload the information stored on our service providers system, update your driver scoring and link your IMEI number with your updated scoring to your policy number on our system, all updates are then stored with all other policy details on our system

- To the extent that local legislation permits or if you are a resident of the European Union or United Kingdom, you have the following rights regarding your personal information:
- To access your personal information that we have on record.
- To ask AIC to correct any incorrect personal information. These requests must be sent to us in writing.
- To ask AIC to delete or destroy your personal information. You can also object to AIC processing your personal information. These requests must be sent to AIC in writing. However, if you ask us to do this the Absa Group may have to suspend the provision of products and/or services for a period of time, or even terminate its relationship with you. The Absa Group's records are subject to regulatory retention periods, which means we may not be able to delete or destroy your personal information immediately upon request.
- If you have a complaint relating to the protection of your personal information, including the way in which we collected or processed it, please contact us. If you believe that your complaint was not dealt with satisfactorily, you may lodge a complaint with your local privacy regulator.

By agreeing to the terms and conditions, you agree that the personal information you provided is accurate and complete to the best of your knowledge and you consent to AIC processing your personal data for this purpose. These terms and conditions must be read in conjunction with our detailed privacy statement, which may be found at absa.co.za

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE

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