



Amble Down is an Authorised Financial Services Provider, No. 10287



Absa Gap Cover Series Employer Group Application Form

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

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 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:

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

 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 No

Employer group details

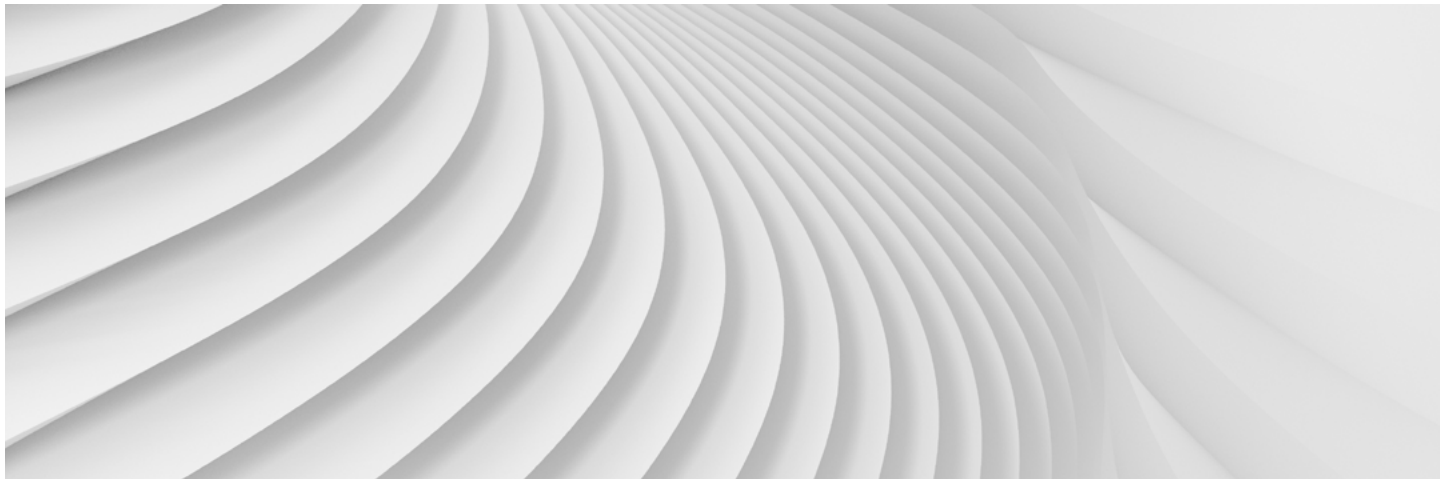
* Compulsory fields

Company name: _____










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

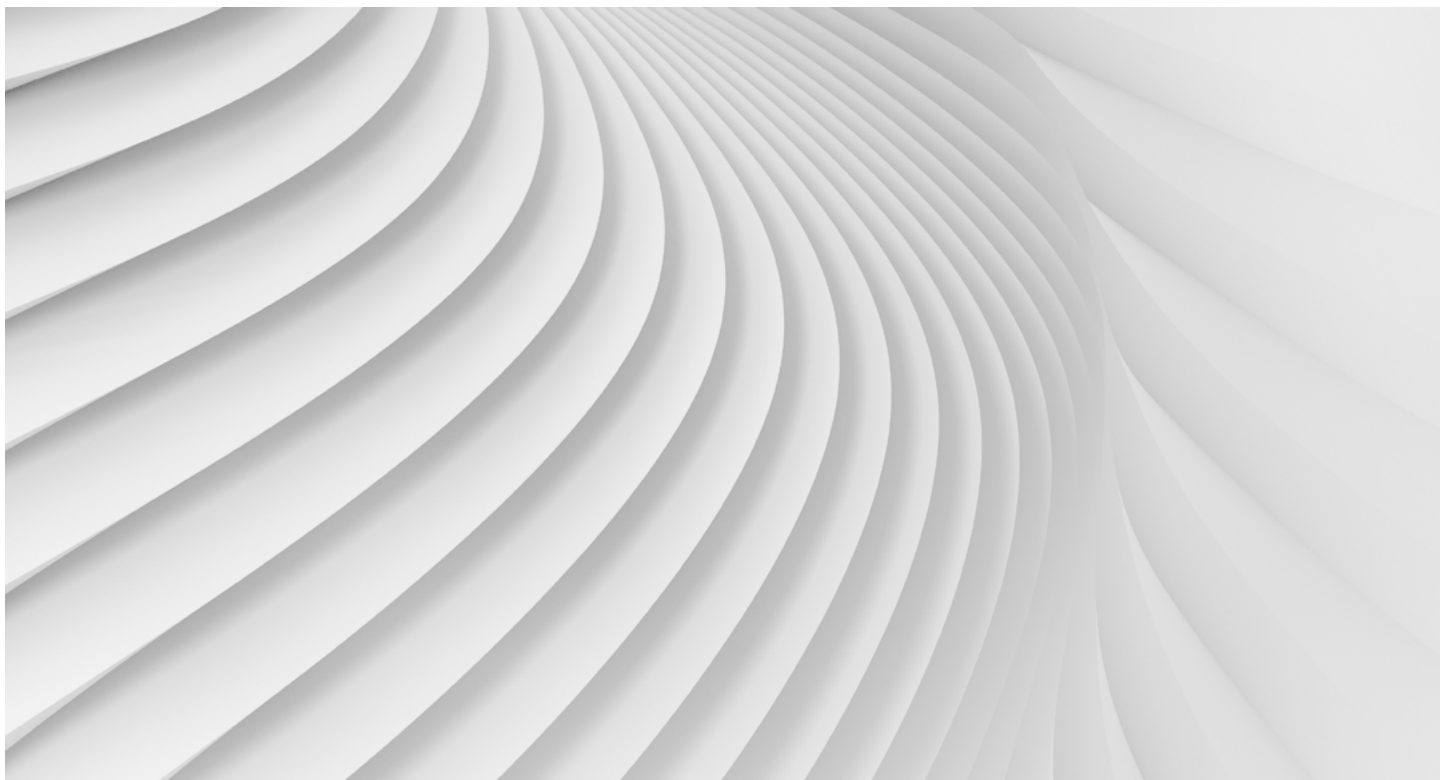
Contact details

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|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Postal address | Physical address (if different to postal) | | | | | | | | | | | | | | | | | | | | | | |
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| Postal code: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | Postal code: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | |
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| Contact name: _____ | Designation: _____ | | | | | | | | | | | | | | | | | | | | | | |
| Home number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | Cell number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | |
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| Work number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | Email: _____ | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Inception date (DD/MM/YYYY): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | 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 |
|--|---|---|
| Absa Gap Cover Series |  | Gap Cover 100 benefit covers charges above the medical scheme tariff for associated services in-hospital, listed outpatient procedures, chemotherapy or radiotherapy for the treatment of cancer and kidney dialysis. Limited to 6 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. |
| |  | Sub-limitation benefit covers charges above the defined in-hospital sub-limits imposed by the medical scheme. |
| |  | The cancer benefit covers the shortfall - either the co-payment after the sub-limitation or the sub-limitation - for traditional methods of cancer treatment, or sub-limitation for treatment of cancer with defined biological drugs, immunotherapy, hormone therapy, targeted therapy (including Small Molecule Drugs), photodynamic therapy, and/or stem cell transplants. |
| |  | 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. |
| Trauma Recovery Benefit |  | This benefit will pay a once off if a beneficiary suffers an event that necessitates hospitalisation where such an event was due to violent physical force so as to injure, abuse, damage or destroy. This benefit terminates at the member reaching the benefit expiry age, or age 65. |
| Accidental Death Benefit |  | This benefit is payable following the Accidental Death of the Principal Insured Person, Eligible Spouse and or Eligible Child Dependants,. Accidental Death means death caused by a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place. |
| 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 and Gap Cover premiums. - Seniors (66 years & older) excluded. |



 Product summary & selection

| Product | Listed benefits | Specific limitation per insured person per annum | Overall limitation per insured person per annum | Premium single rate per month (incl. VAT) 18-65 years old | Premium per family per month (incl. VAT) 66 years & older | Premium per family per month (incl. VAT) 18-65 years old |
|--------------------------|--|---|--|--|--|---|
| Absa Silver | Gap Cover 100 | | R210,580 or any higher amount published by the Regulator | ○ | ○ | ○ |
| | Casualty Ward Benefit | R10,000 | | | | |
| | Trauma Recovery Benefit | Once off, terminating on benefit expiry age, or age 65 * See specific condition | | | | |
| | Accidental Death Benefit | Adult R10,000 and Child R6,000 | | | | |
| Absa Silver Plus | Gap Cover 100 | | R210,580 or any higher amount published by the Regulator | ○ | ○ | ○ |
| | Co-Payment Cover | | | | | |
| | One Penalty Co-Payment | R10,000 | | | | |
| | Casualty Ward Benefit | R10,000 | | | | |
| | Trauma Recovery Benefit | Once off, terminating on benefit expiry age, or age 65 * See specific condition | | | | |
| | Accidental Death Benefit | Adult R10,000 and Child R6,000 | | | | |
| Absa Gold | Gap Cover 100 | | R210,580 or any higher amount published by the Regulator | ○ | ○ | ○ |
| | Co-Payment Cover | | | | | |
| | One Penalty Co-Payment | R10,000 | | | | |
| | Sub-Limit Cover | | | | | |
| | Cancer Cover | | | | | |
| | Casualty Ward Benefit | R10,000 | | | | |
| | Trauma Recovery Benefit | Once off, terminating on benefit expiry age, or age 65 * See specific condition | | | | |
| Accidental Death Benefit | Adult R12,000 and Child R8,000 | | | | | |
| Absa Platinum | Gap Cover 100 | | R210,580 or any higher amount published by the Regulator | ○ | Product not available | ○ |
| | Co-Payment Cover | | | | | |
| | One Penalty Co-Payment | R10,000 | | | | |
| | Sub-Limit Cover | | | | | |
| | Cancer Cover | | | | | |
| | Casualty Ward Benefit | R10,000 | | | | |
| | Trauma Recovery Benefit | Once off, terminating on benefit expiry age, or age 65 * See specific condition | | | | |
| | Accidental Death Benefit | Adult R15,000 and Child R6,000 | | | | |
| | Dread Disease Benefit | Once off R50,000 on diagnosis | | | | |
| Premium Waiver Benefit | Limited to 6 months medical aid contributions and Gap Cover premiums | | | | | |
| Absa LPE Advanced | Gap Cover 100 | | R210,580 or any higher amount published by the Regulator | ○ | ○ | ○ |
| | Casualty Ward Benefit | R10,000 | | | | |
| | Medical Expenses related to 10 defined procedures | A R100,000 limitation applies to any one of the 10 defined procedures | | | | |
| | Trauma Recovery Benefit | Once off, terminating on benefit expiry age, or age 65 * See specific condition | | | | |
| | Accidental Death Benefit | Adult R8,000 and Child R6,000 | | | | |

Inception date (date cover is to commence) DD/MM/YYYY

Specific Limitations

1. Treatment in a casualty unit of a Hospital shall be limited to R10,000 in aggregate per insured person per annum.
2. Severe Illness Benefit is limited to R50,000 payable once in a lifetime per insured person.
3. The maximum benefit payable for cost incurred for the penalty co-payment imposed by the medical scheme is payable once per annum and limited to R10,000 per family per annum.

Overall Limitations

1. The policy benefits are subject to an overall benefit limitation of R210,580 or any higher amount published by the Regulator in aggregate per insured person per annum.

*** Specific Condition**

1. The Trauma Recovery Benefit, Dread Disease and Premium Waiver Benefit terminate at the member reaching the benefit expiry age, or age 65. This means that claims submitted before the benefit expiry age will be assessed and paid, but claims after the benefit expiry age will not be accepted.

**** Dread Disease Exclusions**

1. All tumours, which are histologically described as pre-malignant, as non-invasive or as cancer in situ.
2. All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
3. Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.
4. Any skin cancer other than malignant melanoma.
5. Cancerous cells that have not invaded the surrounding or underlying tissue.
6. Early cancer of the prostate gland or breast. (Stage 1 described as T1a, N0, M0, G1)



Premium payment

Employer group

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 |
| | | Bank: Absa Insurance Company Limited | | | |
| | | Account name: Ambledown | | | |
| | | Account number: 4072377847 | | | |
| | | Account type: Corporate | | | |
| | | Branch name: Ghandi Square | | | |
| | | Branch code: 503005 | | | |
| | | Reference: Company Name | | | |

Premiums are to be transferred to the following account:

Debit order details

| | | | |
|---|--|--------------------------|--|
| Account holders name: | | Bank / Building Society: | |
| Account number: | | Branch: | |
| Branch code: | | Account type: | |
| Source of funds: | | 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: | | Email: | |

I, the undersigned, hereby request and authorise the Insurer or its 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 (DD/MM/YYYY)



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 (DD/MM/YYYY)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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Protection of Privacy

Privacy Notice

How we treat your personal information

We collect and process your personal information to enable us to provide you with products and services, amongst other things, and we may share it with:

- the Absa Group, its service providers and other third parties to comply with our regulatory obligations;
- any party to whom we assign our rights under this agreement or any of our agreements for products and services
- credit bureaus where credit products are applied for by you.

All the personal information we share is subject to our privacy and security requirements and we are responsible for ensuring that your personal information is processed lawfully and in a reasonable manner that does not infringe your privacy rights. We may make automated decisions based on your personal information and should you be unhappy with the outcome, please feel free to contact us. We will notify you if we intend using your personal data for other purposes. We will keep your personal information only for as long as the law requires us to. After this time, we will securely destroy or de-identify this information. You have the right to ask us for access to your personal information and to instruct us to amend and/or delete any personal information or to object to us processing your personal information. You can also let us know if you want us to stop or to limit how we use your personal information.

If you do not agree with how we use your personal information, please lodge a complaint at actionline@absa.co.za

Please read this application form in conjunction with our detailed Privacy Statement which you can access on absa.co.za.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE (DD/MM/YYYY)

| | | | | | | | | | |
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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: admin@ambledown.co.za

