



# Benefits Summary

## Gap Cover

Gap Cover 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. Gap Cover 100 ensures insured persons have up to 600% cover and Gap Cover 200 provides up to 300% cover.

## Major Medical Co-payment / Deductible Cover

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 year for the penalty imposed by a medical scheme for the use of a non-network hospital. Penalty Co-payment is limited to R15, 000.

## Sub-Limitation Cover

Sub-limitation benefit covers charges above the defined in-hospital sub-limits imposed by the medical scheme.

## Cancer Cover

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, photodynamic therapy, and/or stem cell transplants.

## Casualty Ward Benefit

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.

## LPE Advanced

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: plus  
Gap Cover 100 benefit; plus  
Casualty ward benefit

## Premium Waiver Benefit

Provides for a once off payment equal to 6 months of the member's medical scheme contributions and Gap Cover premium. Cover ceases at age 65.

## Dread Disease (Severe Illness) Benefit

Provides a once off dread disease benefit, limited to the first diagnosis of cancer. \*\* See dread disease exclusions. Cover ceases at age 65.

All Gap Cover Benefits highlighted in green are limited to **R210,580** per insured person per year or any higher amount which may be published by the Regulator during the year.

# Intercare VAP 2025

## ON-DEMAND GP CONSULTATIONS WITH INTERCARE CLINIC ONLINE










- Qualified, experienced doctors wherever you need them
- No waiting room exposure
- See a doctor from the comfort of your home
- Use any internet-connected device
- No appointment necessary
- Text-based or video consultations available
- Start your Intercare Clinic Online journey directly from AmChat







- Ambledown members receive an **additional 5% discount** off the Intercare On-Demand GP consultation fees
  - Ambledown Price: R358
- **Pay by credit card** for On-Demand GP consultation via Intercare Clinic Online
- Consultations may be claimed back from the **member's medical scheme**, subject to the availability of benefits
- **Prescriptions for medications** and additional **in-person services** resulting from use of the platform are the responsibility of the member and/or their medical scheme

*Any advice, diagnosis, treatment, or medical information provided by Intercare is the sole responsibility of Intercare. Ambledown, or any of its business partners, shall not be held liable for any errors, omissions, or damages arising from the use of this service, including, but not limited to, incorrect diagnoses, treatment recommendations, or failure to provide appropriate care. The use of this service is voluntary, and by accessing it, you agree to do so at your own risk.*

# Product Summary & Selection

Product	Listed benefits	Specific limitation per insured person per year	Overall limitation per insured person per year	Premium per family per month (incl. VAT) 18-65 years old	Premium per family per month (incl. VAT) 66 years & older	
Gap Cover 100	Gap Cover 100		<b>R210,580</b> or any higher amount published by the Regulator	 <b>R466.00</b>	 <b>R706.00</b>	
	Casualty benefit	<b>R11,000</b>				
Gap Cover 200	Gap Cover 200		<b>R210,580</b> or any higher amount published by the Regulator	 <b>R318.00</b>	 <b>R443.00</b>	
	Casualty benefit	<b>R11,000</b>				
Gap Plus	Gap Cover 100 Co-Payment Cover		<b>R210,580</b> or any higher amount published by the Regulator	 <b>R588.00</b>	 <b>R771.00</b>	
	Penalty co-payment	<b>R15,000</b>				
	Casualty benefit	<b>R11,000</b>				
Gap Select	Gap Cover 100 Co-Payment Cover		<b>R210,580</b> or any higher amount published by the Regulator	 <b>R693.00</b>	 <b>R995.00</b>	
	Penalty co-payment	<b>R15,000</b>				
	Sub-Limit Cover Cancer Cover					
	Casualty benefit	<b>R11,000</b>				
	Dread Disease benefit	Once off <b>R50,000</b> on diagnosis				*See Dread Disease exclusions
Gap Supreme	Gap Cover 100 Co-payment Cover		<b>R210,580</b> or any higher amount published by the Regulator	 <b>R748.00</b>	Product not available	
	Penalty co-payment	<b>R15,000</b>				
	Sub-limit Cover Cancer Cover					
	Casualty benefit	<b>R11,000</b>				
	Premium Waiver benefit	Limited to 6 months medical aid contributions and Gap Cover premium				** See Premium Waiver exclusion
	Dread Disease benefit	Once off <b>R50,000</b> on diagnosis				** See Dread Disease exclusions

# Product Summary & Selection

Product	Listed benefits	Specific limitation per insured person per year	Overall limitation per insured person per year	Premium per family per month (incl. VAT) 18-65 years old	Premium per family per month (incl. VAT) 66 years & older	
<b>Guardian</b> <i>excludes Gap Cover benefit</i>	Co-payment Cover		<b>R210,580</b> or any higher amount published by the Regulator	 <b>R245.00</b>	 <b>R348.00</b>	
	Penalty co-payment	<b>R15,000</b>				
	Sub-limit Cover					
	Cancer Cover					
	Casualty benefit	<b>R11,000</b>				
	Premium Waiver benefit	Limited to 6 months medical aid contributions and Gap Cover premium				** See Premium Waiver exclusion
	Dread Disease benefit	Once off <b>R50,000</b> on diagnosis				*** See Dread Disease exclusions
<b>LPE Advanced</b>	Gap Cover 100		<b>R210,580</b> or any higher amount published by the Regulator	 <b>R460.00</b>	 <b>R682.00</b>	
	Casualty benefit	<b>R11,000</b>				
	Medical expenses related to 13 defined procedures	A <b>R100,000</b> limitation applies to any one of the 13 defined procedures				

Inception date (date cover is to commence)

Premiums are reviewed annually, effective from 1 January. The Insurer reserves the right to alter the premium at any time by providing the Insured with 31 days' written notice, subject to the change being based on sound actuarial reasons.

**\* 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, N0, M0, G1)
- Seniors (65 years & older) excluded.

**Specific condition**

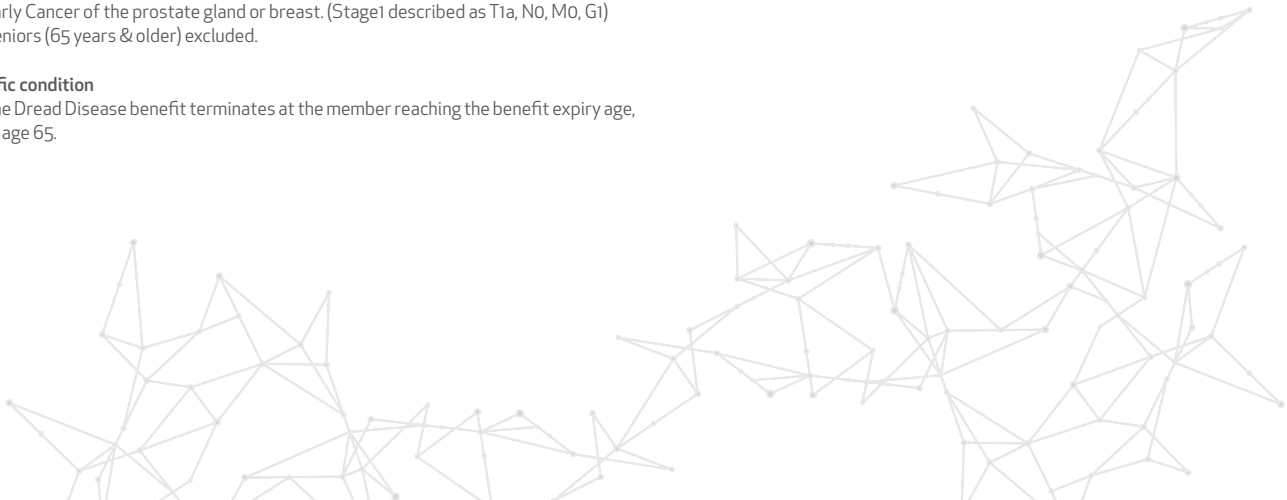
- The Dread Disease benefit terminates at the member reaching the benefit expiry age, or age 65.

**\*\* Premium Waiver Exclusion**

- Seniors (65 years & older) excluded.

**Specific condition**

- The Premium Waiver benefit terminates at the member reaching the benefit expiry age, or age 65.





# 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
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Premiums are to be transferred to the following account:

Proof of payments must also be sent to premium@ambledown.co.za

Bank:	RMB Corporate
Account name:	Guardrisk Insurance Company Ltd - Downstream FS
Account number:	63014250144
Account type:	Corporate Cheque Account
Branch name:	Johannesburg
Branch code:	255005
Reference:	(Your Policy Number)

## 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 and payment:

**If contact details are different to the above, please provide the following:**

Contact number:	<input type="text"/>	Email:	<input type="text"/>
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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 

D	D	M	M	Y	Y	Y	Y
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# Use of Personal Information Declaration

I hereby consent to Ambledown processing my personal information, including but not limited to, the administrative functions listed below.

- Processing this application;
- Processing of future instructions submitted;
- Communications with me in relation to any matters in relation to my policy.

I consent to Ambledown disclosing and transferring my personal information to any contracted 3rd party for the purposes of collecting premiums, claim assessments and statutory reporting in connection with this contract.

I acknowledge I have the right to –

- object to the processing of my personal information on reasonable grounds unless legislation allows for such processing, in the manner prescribed by the POPI Act;
- lodge a complaint with the Information Regulator;
- request from Ambledown details of any of my personal information Ambledown holds on my behalf and details of how my personal information has been processed.

Ambledown will use its best endeavors to ensure your personal information is reliable, however it remains your responsibility to advise Ambledown of any changes to your personal information in a timely manner. The information supplied to Ambledown must be complete, correct and up to date.

I understand why my personal information is required and the purpose it will be used and I, hereby, give Ambledown consent to process my personal information as provided above.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE 

D	D	M	M	Y	Y	Y	Y
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- Insurer/underwriter - Guardrisk Insurance Company Limited (GICL), a licensed non-life Insurer, a Cell Captive Insurer and an authorised financial services provider, Reg. No. 1992/001639/06, FSP No. 75. Tel: 011 669 1000 / www.guardrisk.co.za.
- Vida Product Services (Pty) Ltd (Vida), a Cell Captive Owner and an authorised financial services provider, Reg. No. 2021/447551/07, FSP No. 52285.
- Ambledown Financial Services (Pty) Ltd (Ambledown), an Underwriting Manager Agency (UMA) and an authorised financial services provider, Reg. No. 2004/006271/07, FSP No. 110287.
- Your broker – Please refer to section labeled “Broker Details”.

## Relationship between Vida and GICL

This Policy is subject to a cell captive relationship between GICL and Vida, as a result of a shareholder and subscription agreement concluded between GICL and Vida, whereby Vida is entitled to share in the profits and losses generated by the insurance business.

Therefore, this is an arrangement whereby GICL shares equity with Vida through a shareholding arrangement and provides Vida a vehicle through which to write insurance risks.





# 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.

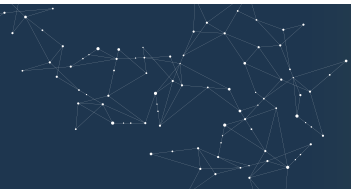
I confirm that a key information disclosure document has been provided to me by my intermediary / broker that sets out key information. The key information document can also be viewed on: [www.ambledown.co.za/compliance](http://www.ambledown.co.za/compliance)

SIGNATURE OF APPLICANT

NAME OF AUTHORISED SIGNATORY

DATE

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



Brokerage: \_\_\_\_\_  
Tel number: 

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FSP number: \_\_\_\_\_  
Email address: \_\_\_\_\_



Ambledown is an Authorised Financial Services Provider, No. 10287



Guardrisk Insurance Company Limited, a licensed Non-Life insurer and an authorised Financial Services provider (No.75)