

## CLIENT APPLICATION FORM / KLIËNT AANSOEKVORM

Completion of all fields is compulsory in order for your Client Application Form to be processed. / Voltooiing van alle velde is verpligtend vir die verwerking van jou Kliënt Aansoekvorm.

Brokerage / Makelary

Broker / Makelaar

Broker Signature / Handtekening van Makelaar

### 1) CREATE YOUR PROFILE / BOU JOU PROFIEL

#### TYPE OF APPLICATION / TIPE AANSOEK

- New client application / Nuwe kliënt aansoek
- Transfer existing cover from another provider (Please submit your existing policy document not older than 30 days to avoid all waiting periods being applied) / Oorplasing van bestaande dekking vanaf 'n ander verskaffer (Heg asseblief 'n bestaande polisdokument aan wat nie ouer as 30 dae is nie om volle wagperiodes te verhoed)
- Dependant applying for cover in personal capacity as Principal Insured / Afhanklike wie in hul persoonlike hoedanigheid aansoek doen vir dekking as Hoofversekerde
- Employee application if part of an Employer Group Scheme (Completion of the below fields as well as confirmation of employee appointment date are compulsory) / Werknemer-aansoekvorm indien deel van 'n Werkgewergrøep Skema (Voltooiing van onderstaande velde asook bewys van aanstellingsdatum is verpligtend)

Employer Group Scheme /  
Werkgewergrøep Skema

HR Representative Name /  
HR Verteenwoordiger Naam

HR Contact Number /  
HR Kontaknommer

Employee Appointment Date /  
Werknemer Aanstellingsdatum

#### MAIN APPLICANT DETAILS / HOOFAANSOEKER BESONDERHEDE

Title / Titel First Name(s) / Voornaam(e)



Surname / Van

ID Number / ID Nommer

Medical Scheme / Mediese Skema

Medical Scheme Option / Mediese Skema-Opisie

Membership Number / Lidmaatskapnommer

Cellphone / Selfoon

Telephone (H) / Telefoon (H)

Telephone (W) / Telefoon (W)

Email Address / E-pos Adres

Preferred Language of Policy Document /  
Taal Voorkeur van Polisdokument

- Eng  Afr

Physical Address / Fisiese Adres • Postal Address / Posadres



Postal Code /  
Poskode

#### DEPENDANT DETAILS / AFHANKLIKE BESONDERHEDE

**Applicable to our Gap Cover Product Range** - We cover you and your spouse even if you are not on the same medical scheme or medical scheme option as well as all dependants registered on your or your spouse's medical scheme option. Individuals of all ages are covered. All applicants reflecting on your medical scheme membership must also reflect on your Stratum Benefits Cover Certificate at the time of a claimable event. **Applicable to our Primary Healthcare Range** - We cover you, your spouse and any child dependant of whom you are the parent or legal guardian. Full time students between the ages of 21 and 28 will pay a child dependant premium provided proof of studies is submitted yearly. Entry age before 55th birthday applicable to all applicants. All applicants must reflect on your Stratum Benefits Cover Certificate at the time of a claimable event. / **Van toepassing op ons Gaping Dekking Produkreeks** - Ons dek jou en jou gade selfs al behoort julle aan verskillende mediese skemas of mediese skema-opsies, sowel as alle geregistreerde afhanklikes op jou of jou gade se mediese skema-opsie. Individue van alle ouderdomme is gedek. Alle aansoekers wie op jou mediese skema lidmaatskap verskyn moet ook op jou Stratum Benefits Dekkingsertifikaat verskyn ten tye van die eisbare geval. **Van toepassing op ons Primêre Gesondheidsorg Reeks** - Ons dek jou, jou gade en enige kinderafhanklike van wie jy die ouer of die wettige voog is. Voltydse studente tussen die ouderdomme van 21 en 28 sal 'n kinderafhanklike premie betaal indien hulle jaarlikse bewys van studies kan lewer. Intree-ouderdom voor 55ste verjaarsdag van toepassing op alle aansoekers. Alle aansoekers moet op jou Stratum Benefits Dekkingsertifikaat verskyn ten tye van die eisbare geval.

Title / Titel First Name(s) / Voornaam(e)



Surname / Van

ID Number / ID Nommer

Relationship / Verwantskap

## 2) SELECT YOUR PRODUCT(S) / KIES JOU PRODUK(TE)

Cover Start Date /  
Aanvangsdatum van Dekking

Standard underwriting, exclusions and age restrictions will apply, unless otherwise specified. Please refer to the Stratum Benefits website, product brochure, your broker or Stratum Benefits directly for further details. / Standaard onderskrywing, uitsluitings en ouderdomsbeperkings sal toegepas word, tensy anders gespesifiseer. Verwys asseblief na die Stratum Benefits webwerf, produk brosjure, jou makelaar of Stratum Benefits direk vir meer inligting.

### ⊕ BASE

Monthly Premium /  
Maandelikse Premie R 150.00

### ⊕ CO-EVOLUTION

Monthly Premium /  
Maandelikse Premie R 185.00

### ⊕ ELITE

Monthly Premium /  
Maandelikse Premie R 275.00

### ⊕ G-FORCE

Most recent proof of government employment is required /  
Mees onlangse bewys van staatsindiensneming word vereis

Monthly Premium /  
Maandelikse Premie R 200.00

### ⊕ HOSPITAL OPTIMISER

Monthly Premium /  
Maandelikse Premie R 75.00

### ⊕ ACCESS OPTIMISER

Monthly Premium /  
Maandelikse Premie R 160.00

Add GAP BENEFIT /  
Voeg GAPING VOORDEEL by R 40.00

### ⊕ CORPORATE ELITE

As per tailored group rate /  
Soos per aangepaste groep tarief

### ⊕ CORPORATE ACCESS

As per tailored group rate /  
Soos per aangepaste groep tarief

### ⊕ CORPORATE ESSENTIAL

As per tailored group rate /  
Soos per aangepaste groep tarief

Principal Insured /  
Hoofversekerde

Spouse /  
Gade

Child Dependant /  
Kinderafhanklike

### ⊕ ESSENTIAL PRIMARY PLUS

Principal Insured /  
Hoofversekerde R 240.00

Spouse /  
Gade R 180.00

Child Dependant /  
Kinderafhanklike R 70.00

## 3) YOUR PAYMENT SUMMARY / JOU BETALING OPSOMMING

Having applied for cover and on acceptance by the Insurer, where I am not part of an Employer Group Scheme paying the policy premium on my behalf, I hereby authorise the Insurer to debit my account for the policy premium payable in advance, on the stipulated day of the month in accordance with the debit order system. Such authorisation shall remain in force and effective until cancelled by the Principal Insured in writing or due to the policy premium not being received for two consecutive months. Policy premium payable may vary to reflect changes in cover, risk, sum insured and policy rates. Cover will commence after the first successful debit order. Credit card accounts, electronic transfers and manual payments are not acceptable payment methods. Product premium is inclusive of VAT. **If my policy premium is paid by my Employer Group Scheme, I am not required to complete the payment summary.** / As my aansoek om dekking deur die Versekeraar aanvaar word, en ek nie deel is van 'n Werkgewergroep Skema wie die polispremie namens my betaal nie, gee ek hiermee aan die Versekeraar toestemming om my rekening vir die vooruitbetaalbare maandelikse premie te debiteer, op die bepaalde dag van die maand in ooreenstemming met die debietorder stelsel. Hierdie toestemming sal blywend wees tot skriftelik gekanselleer word deur die Hoofversekerde of as gevolg van onbetaalde premies vir twee agtereenvolgende maande. Die polispremie mag gewysig word deur veranderinge wat verband hou met die dekking, risiko, versekerde bedrae en polistarie. Dekking sal in werking tree na die invordering van die eerste suksesvolle debietorder. Kredietkaart rekeninge, elektroniese oordragte en direkte betalings is nie aanvaarbare betalingsmetodes nie. Produkpremie sluit BTW in. Ek hoef nie die betaling opsomming te voltooi as my polispremie deur my Werkgewergroep Skema betaal word nie.

Account Holder / Rekeninghouer

Bank / Bank

Account Number / Rekeningnommer

Account Type /  
Tipe Rekening

Cheque /  
Tjek

Savings /  
Spaar

Term /  
Termyn

Monthly /  
Maandeliks

Annual /  
Jaarliks

Debit Date /  
Debiet Datum

1st /  
1ste

15th /  
15de

20th /  
20ste

25th /  
25ste

28th /  
28ste

Broker Fee /  
Makelaarsfooi

R 10

R 20

R 30

R

Total Premium /  
Totale Premie

Account Holder Signature /  
Handtekening van Rekeninghouer

## DISCLOSURE & DECLARATION ACCEPTANCE / OPENBAARMAKING & VERKLARING AANVAARDING

Is any person applying for cover reasonably aware of any medical condition that will require a medical procedure within the first 6 months from the first day their cover starts? If "Yes" is selected, please provide the relevant applicant's full name, medical condition, planned medical procedure and procedure date. / Is enige persoon wat aansoek doen vir dekking redelik bewus van enige mediese toestand wat 'n mediese prosedure sal vereis binne die eerste 6 maande vanaf die eerste dag wat hul dekking begin? Indien "Ja" gekies word, dui asseblief die betrokke aansoeker se volle naam, mediese toestand, beplande mediese prosedure en datum van prosedure aan.

Yes / Ja

No / Nee

The Insurer reserves the right to investigate and reject any claim where the medical condition may be deemed pre-existing unless an underwriting concession applies. / Die Versekeraar behou die reg voor om enige eis te ondersoek of af te keur as 'n mediese toestand vooraf bestaan het, behalwe as 'n onderskrywings toewyding van toepassing is.

### REPLACEMENT POLICY DISCLOSURE

Applicants transferring from another service provider must take note of the Replacement Policy Disclosure. Please refer to the Stratum Benefits website, Your Policy Particulars, your broker or Stratum Benefits directly for further details.

### DECLARATION

Applicable to all applicants

I hereby apply for insurance cover with the Insurer subject to the terms and conditions of the policy contract. I hereby declare that all the information provided is true and correct and that I have not withheld anything which may be material to or likely to affect the assessment of my risk. I understand that in the event of any material non-disclosure or misrepresentation my policy may be rendered null and void, that I will forfeit any and all premiums and that the Insurer may decline to indemnify or compensate me for any claims under any item or section of cover. I hereby irrevocably authorise Stratum Benefits to obtain information required relating to this application, even after my death, and to share with other Insurers and the South African Insurance Association any information to assess risk and claims.

Main Applicant Signature / Hoofaansoeker Handtekening

### POLISVERVANGING OPENBAARMAKING

Aansoekers wat dekking van 'n ander diensverskaffer oordra moet let op die Polisvervanging Openbaarmaking. Verwys asseblief na die Stratum Benefits webwerf, Jou Polis Besonderhede, jou makelaar, of Stratum Benefits direk vir verdere inligting.

### VERKLARING

Van toepassing op alle aansoekers

Ek doen hiermee aansoek vir versekeringsdekking met die Versekeraar en aanvaar die terme en voorwaardes van die poliskontrak. Ek verklaar dat alle inligting waar en korrek is en geen inligting weerhou is wat die onderskrywing van die voorgestelde versekeringsrisiko mag beïnvloed nie. Ek verstaan dat enige verkeerde of valse verklarings my polis ongeldig kan verklaar, dat ek alle premies sal verbeur en die Versekeraar mag weier om my te vrywaar of vergoed vir eise onder enige item of afdeling in die geval van wanvoorstelling of nie-openbaarmaking. Ek magtig die Versekeraar om enige persoon te nader oor inligting wat betrekking het op hierdie aansoek, selfs na my afsterwe, en die inligting mag deel met ander Versekerars en die Suid-Afrikaanse Versekeringsvereniging om risiko en eise te onderskryf.

Date / Datum

## RETURN TO STRATUM BENEFITS / STUUR TERUG AAN STRATUM BENEFITS

REG NO: 2003/018155/07

Please enquire if you have not received Your Policy Particulars within 7 days from submitting your Client Application Form. / Doen asseblief navraag as Jou Polis Besonderhede nie binne 7 dae vanaf die indiening van jou Kliënt Aansoekvorm ontvang is nie.

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