

1. CREATE YOUR PROFILE

Please select the type of application relevant to your profile, which will form the basis of your contract with us.

Brand new applicant (For a **first-time joiner** who isn't already covered on a **Gap Cover** policy.)

Transfer applicant (For an individual **switching cover** from another **Gap Cover** provider. Also complete **Section 9 - Replacement Policy Disclosure** and submit your current policy document not older than **31 days** for underwriting purposes.)

Existing dependant applying for continuation of cover as the principal insured on your own policy (Also complete **Section 2 - Current Principal Insured Details**.)

2. CURRENT PRINCIPAL INSURED DETAILS

Complete this section if you're a dependant covered on an existing **Stratum Benefits** policy applying for cover on your own policy. Let us know who the principal insured person is on the policy you're currently covered on.

Name Surname
 ID/Passport No. and/or Policy No.

3. MAIN APPLICANT DETAILS

Title Name
 Surname
 ID/Passport No. Date of Birth Y Y Y Y - M M - D D
 Cellphone No. Alternative Contact No.
 Physical/Postal Address Postal Code
 Email Address
 Medical Aid Membership No.
 Medical Aid Plan

4. DEPENDANT DETAILS

Joining as a family? We'll cover you and your spouse on one **Gap Cover** policy, even if you belong to different medical aids or medical aid plans. Add all the dependants registered on your and your spouse's medical aid plans to the same policy. If your child dependant moves to their own medical aid plan, they must apply for their own **Gap Cover** policy.

Title Name
 Surname Relationship
 ID/Passport No. Date of Birth Y Y Y Y - M M - D D
 Medical Aid Membership No.
 Medical Aid Plan

Title Name
 Surname Relationship
 ID/Passport No. Date of Birth Y Y Y Y - M M - D D
 Medical Aid Membership No.
 Medical Aid Plan

Title Name
 Surname Relationship
 ID/Passport No. Date of Birth Y Y Y Y - M M - D D
 Medical Aid Membership No.
 Medical Aid Plan

4. DEPENDANT DETAILS CONTINUED

Title	<input type="text"/>	Name	<input type="text"/>					
Surname	<input type="text"/>			Relationship	<input type="text"/>			
ID/Passport No.	<input type="text"/>		Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	-	<input type="text"/> M <input type="text"/> M	-	<input type="text"/> D <input type="text"/> D
Medical Aid	<input type="text"/>		Membership No.	<input type="text"/>				
Medical Aid Plan	<input type="text"/>							

Title	<input type="text"/>	Name	<input type="text"/>					
Surname	<input type="text"/>			Relationship	<input type="text"/>			
ID/Passport No.	<input type="text"/>		Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	-	<input type="text"/> M <input type="text"/> M	-	<input type="text"/> D <input type="text"/> D
Medical Aid	<input type="text"/>		Membership No.	<input type="text"/>				
Medical Aid Plan	<input type="text"/>							

5. BROKERAGE & FINANCIAL ADVISOR DETAILS

Brokerage	<input type="text"/>				
Financial Advisor	<input type="text"/>				
Brokerage Code	<input type="text"/>	Advisor Code	<input type="text"/>	Advisor Signature	<input type="text"/>

6. GAP COVER OPTIONS

Premiums are determined by age at entry, and there's no maximum entry age.

If you're an individual who's 65 or older, you'll pay a 65 or older individual premium unless the Gap Cover option you choose has a standard 65 or older premium for individuals and families. If you apply for cover as a family, and either you or one of your dependants is 65 or older, you'll pay a 65 or older family premium for the whole family.

Go to www.stratumbenefits.co.za/gap-cover-options/ or scan the QR code to read more about the benefits our Gap Cover options provide.



COMPACT³⁰⁰

Ages		Monthly Premium
64 or younger	Individual	R 276
64 or younger	Family	R 334
65 or older	Individual or Family	R 527

ELITE

Ages		Monthly Premium
64 or younger	Individual	R 404
64 or younger	Family	R 496
65 or older	Individual	R 656
65 or older	Family	R 801

BASE

Ages		Monthly Premium
64 or younger	Individual	R 252
64 or younger	Family	R 296
65 or older	Individual or Family	R 488

ACCESS CO-PAY PLUS³⁰⁰

Ages		Monthly Premium
64 or younger	Individual or Family	R 344
65 or older	Individual or Family	R 457

ACCESS OPTIMISER

Ages		Monthly Premium
64 or younger	Individual or Family	R 167
65 or older	Individual or Family	R 223

Cover Start Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	-	<input type="text"/> M <input type="text"/> M	-	<input type="text"/> D <input type="text"/> D
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7. RECOMMENDATION

If you appoint a financial advisor, as indicated in Section 5 - Brokerage and Financial Advisor Details, a recommendation will be made and advice will be given based on the information you provide. If you don't agree with the recommendation or advice and want more information, you should bring this to your financial advisor's attention.

FOR YOUR FINANCIAL ADVISOR TO COMPLETE

This section aims to ensure your client's or prospective client's healthcare insurance needs have been reviewed to determine which Gap Cover option best suits their needs. Your recommendation based on these discussions is as follows:

Option	<input type="text"/>
Reasons for your recommendation	<input type="text"/>

8. WAITING PERIODS & 10 MONTH LIMITED PAYOUT BENEFIT

Waiting periods apply from the start date of your policy, the effective option change date when you upgrade your policy and each dependant's cover start date when they're added to your policy. The below standard waiting periods will apply unless we offer an underwriting concession. The **Cover Letter** you'll receive when your policy is activated will confirm the waiting periods for each insured person.

Accidental events that occur after your policy's start date aren't subject to any waiting periods.

3 MONTH GENERAL WAITING PERIOD

You don't have cover during this period except for accidental events that occur after your policy's start date.

EXCEPTION TO THE RULE

OUT-PATIENT SPECIALIST CONSULTATION BENEFIT offered on our **ELITE** option always receives a **3 Month General Waiting Period**.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

You don't have cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed or that you received advice or treatment for **12 months** before your policy's start date.

10 MONTH LIMITED PAYOUT BENEFIT

If you claim from our **GAP BENEFIT**, **CO-PAYMENT BENEFIT**, **PENALTY** or **ROBOTIC SURGERY CO-PAYMENT BENEFITS**, **SUB-LIMIT BENEFIT** or **ACCESS BENEFIT** in the first **10 months** of cover for specific medical events, we'll cover **20%** of the **approved claim amount** subject to benefit limits where applicable.

If your medical event is related to a pre-existing medical condition for which advice or treatment was received **12 months** before your policy's start date, your claim will be subject to a **Pre-Existing Condition Waiting Period**.

Go to www.stratumbenefits.co.za/10-month-limited-payout-benefit/ or scan the QR code to read more about the medical events that form part of the **10 Month Limited Payout Benefit**.

By signing this application form, you acknowledge and accept that your policy may be subject to waiting periods and a limited payout benefit in the first 10 months of cover for specific medical events.



9. REPLACEMENT POLICY DISCLOSURE

This section applies to you if you're an applicant switching cover from another **Gap Cover** provider as indicated in **Section 1 - Create Your Profile**.

As the main applicant completing this section or having it completed by your financial advisor, you understand that your existing **Gap Cover** policy will be replaced with a **Stratum Benefits** policy.

REPLACEMENT POLICY DISCLOSURE

- A change in terms and conditions, monthly premiums and benefits will apply because the benefits and fee structures between the products offered by **Gap Cover** providers are different.
- If there's a break between the last day of cover with your current provider and the first day of cover with us, full waiting periods will apply unless we offer an underwriting concession.
- The **Cover Letter** and **Policy Schedule** you'll receive when your policy is activated will confirm the waiting periods for each insured person and explain the terms and conditions of cover in detail.

TRANSFER PROCESS & UNDERWRITING

Our transfer process and the waiting periods that may apply to your policy are explained in our **Transfer Process for Individuals** document.

Go to www.stratumbenefits.co.za/gap-cover-transfer-process-for-individuals/ or scan the QR code to view or download our transfer process document.

By signing this application form, you acknowledge and accept that your policy may be subject to waiting periods and that claims received in the first 10 months from your policy's start date for disclosed planned medical events will be subject to a limited payout.

FOR YOUR FINANCIAL ADVISOR TO COMPLETE

Please provide details of the policy replacement in the table below:

POLICY REPLACEMENT RECORD	CURRENT PRODUCT	REPLACEMENT PRODUCT
Name of Insurer		Guardrisk Insurance Company Limited
Product Name		
Cancellation and Cover Start Date		
Premium		
Differences in Products		
Reason(s) for Transferring Cover		



10. PRE-EXISTING MEDICAL CONDITION DISCLOSURE

As the main applicant, you're responsible to answer this section for yourself and on behalf of any dependants, where applicable, and agree that you have the necessary knowledge and consent to do so.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

You don't have cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed or that you received advice or treatment for **12 months** before your policy's start date.

If you claim within the first **12 months** from the start date of your policy for a medical event that you were aware of when applying for cover but didn't inform us of, your claim may be rejected based on non-disclosure.

We must be informed if a change in your or any dependant's health status occurs between signing and submitting this application form and your policy's start date.

Please provide details of any illness or medical condition relevant to you and any dependants, including the diagnosis and treatment dates where applicable.

NAME	PRE-EXISTING MEDICAL CONDITION(S)	DIAGNOSIS / TREATMENT DATE
		Date <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="D"/> <input type="text" value="D"/>
		Date <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="D"/> <input type="text" value="D"/>
		Date <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="D"/> <input type="text" value="D"/>
		Date <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="D"/> <input type="text" value="D"/>

11. YOUR PAYMENT PROFILE

By signing this section and upon acceptance of your application, you:

1. understand that cover will commence after the first premium is received.
2. authorise **Stratum Benefits** to debit your account for the policy premium payable in advance on the debit order date as selected.
3. authorise **Stratum Benefits** to accept this debit order authority as a payment instruction issued by the account holder.
4. accept that depending on the selected debit order date, a double or triple debit may be incurred.
5. agree that this debit order authority will remain in force until cancelled in writing by the principal insured person, by **Stratum Benefits** if premiums aren't received for two consecutive months, if the account being debited is closed, the account holder is deceased or if authority to debit isn't granted.
6. understand that this debit order authority may only be assigned to a third party if this contract is also assigned to a third party.
7. understand that if your payment date falls on a Sunday, or recognised South African public holiday, the debit order date will default to the next working day.
8. accept that if the premium from a previous debit order deduction is returned, a **R 25 admin fee** will be added to the next premium deduction.
9. accept that your premium may be adjusted during an annual renewal, or due to benefit restructuring necessitated by legislation, with one calendar month's written notice and subject to your right of cancellation of cover, the debit order authority will extend to the adjusted premium.
10. understand that your debit order deductions will be processed through a computerised system provided by the South African Banks. Details of each debit order deduction will be displayed on your bank statement with the referenced prefix "**Stratum**", followed by an **8-digit number** ending with "**Netcash**".
11. accept that given the debit order authority, your responsibility is to ensure premiums are collected to remain covered.
12. accept that you'll not be entitled to any refund of amounts that have been deducted while this debit order authority is in force if such amounts were legally due.
13. understand that the product premium is inclusive of VAT.

Account Type	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Bank	<input type="text"/>	Account Number	<input type="text"/>					
Account Holder	<input type="text"/>										
Debit Order Date	<input type="checkbox"/> 1st	<input type="checkbox"/> 4th	<input type="checkbox"/> 7th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th	<input type="checkbox"/> 28th	<input type="checkbox"/> Last Day	Term	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Optional Professional Fee (Increments of R 10)	R	<input type="text"/>	Product Premium	R	<input type="text"/>	Total Monthly Premium	R	<input type="text"/>	Account Holder Signature	<input type="text"/>	

12. PROSPECTIVE POLICYHOLDER CONSENT

As the main applicant applying for insurance cover, I understand and acknowledge that the Gap Cover policy I'm applying for is not a medical aid, doesn't provide similar cover as medical aid and can't be substituted for a medical aid membership.

As a prospective policyholder, you have the right to information about the insurer, underwriting manager and other matters of importance about the insurance product you purchase.

Go to www.stratumbenefits.co.za/2023-stratum-benefits-pre-inception-disclosures/ or scan the QR code to view or download our Pre-Inception Disclosure Notice.



Main Applicant Signature	<input type="text"/>	Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	-	<input type="text"/> M <input type="text"/> M	-	<input type="text"/> D <input type="text"/> D
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13. PROTECTION OF PERSONAL INFORMATION

USE OF PERSONAL INFORMATION DECLARATION

Information is processed as set out in our **Privacy Policy**. By accepting these terms and conditions and providing personal information, you agree and permit us to use your data accordingly.

Go to www.stratumbenefits.co.za/popi-privacy-policy/ or scan the QR code to view or download our **POPI Privacy Policy**.

May we contact you for marketing purposes, for example, when we run competitions or launch new products?	Yes	No		
How may we contact you?	<input type="checkbox"/> Email, SMS and Telephone	<input type="checkbox"/> Email only	<input type="checkbox"/> SMS only	<input type="checkbox"/> Telephone only



Email yourapplication@stratumbenefits.co.za

Please contact us if you haven't received confirmation of cover or your policy documentation within **7 working days** from submitting your application form.



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75.



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