

Contact us

Tel: 0860 99 88 77, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

Discovery Gap Cover is a short-term insurance product, underwritten by Discovery Insure. Discovery Supplementary Gap Cover is a long-term insurance product, underwritten by Discovery Life and is a separate product that is not conditional on the purchase of Discovery Gap Cover. Discovery Gap Cover and Discovery Supplementary Gap Cover are only available to members of medical schemes administered by Discovery Health (referred to as 'the Scheme' throughout this document), excluding Discovery Health Medical Scheme KeyCare plans and their equivalent plans on other schemes. The policy for which you are applying is not a medical scheme and the cover is not the same as that of a medical scheme. These policies are not a substitute for medical scheme membership. This application form also contains some of the terms and conditions for each of the policies. Please ensure that you have read and understood this application form. Details of the cover are set out in the policy guides and policy schedules, which together with this application, form the basis of your policy contract.

What you are applying for

- You are applying for either Discovery Gap Cover, or Discovery Supplementary Gap Cover, or both products. "Discovery Gap Cover" refers to either the Discovery Gap Comprehensive or Discovery Gap Core option.
- If you are applying for Discovery Gap Cover, all dependants of the Scheme have to apply to be covered under the policy.
- If you are applying for Discovery Supplementary Gap Cover, only you and your Spouse can apply to be covered under this policy.

What you must do

- Complete the form in black ink. Please print clearly.
- Read and understand the rules of the policies (Annexure 1).
- Please ensure the main member of the Scheme signs this form, and initials any changes, where applicable.
- Email the completed and signed application form to application@discovery.co.za or fax the completed and signed application form to **011 539 3000**.

Once we receive your completed application form, here is what will happen:

- We will process your application and send you (the main applicant) and your financial adviser (if applicable), a letter notifying you if it has been accepted, or rejected;
- If any details are missing from this application or if we need more information, we will contact you and/or your financial adviser; or
- If we accept your application form, but the terms of your acceptance differ from the standard terms of the policy based on your underwriting results, this will be indicated and you will be advised of any additional terms and conditions applicable to your policy. We will send you a letter which you will need to sign and send back to us, accepting the revised terms.
- Upon activation of your policy, you and your financial adviser (if applicable) will receive an SMS or an email to notify you that your application is complete and when your policy starts. You will also receive a policy schedule and policy guide. Please read all information we send to you so that you are familiar with the terms of your cover.

When you sign this application, you confirm that you have read and understood the terms and conditions for cover and you agree to them.

1. Choose a product(s)

Please choose a product:

Discovery Gap Cover Discovery Supplementary Gap Cover Both Discovery Gap Cover and Discovery Supplementary Gap Cover

If you've selected Discovery Gap Cover, please select a product option:

(Mark the relevant box): Discovery Gap Comprehensive, or Discovery Gap Core

2. About yourself, the main applicant (you are also the main member on the Scheme)

Only the main member of the Scheme can apply for this policy. You are completing this application for yourself and on behalf of your spouse and dependants (if applicable).

Have you withdrawn from a previous gap cover policy with a different insurance provider within the last 90 days? Yes No

Were you on that previous gap cover policy for at least six months? Yes No

If you've answered "Yes" to both questions, please provide us with proof, confirming your previous gap cover policy and the duration thereof, to ensure that we underwrite you and your dependants appropriately. This proof can be emailed together with this application form to application@discovery.co.za. One or more of the following documents may be regarded as acceptable proof:

- A policy schedule, reflecting the duration of your gap cover and if/when your gap cover policy expired.
- Letter of confirmation from your previous gap cover provider, reflecting the duration of your gap cover and if/when your gap cover policy expired.
- Bank statements from you reflecting at least six months of, and including, your last gap cover debit order.

GAPNB01



- A renewal notice, or update or rates increase letter from your previous gap cover provider of less than 12 months old.

Are you an existing Scheme member? Yes No

If you've answered "No", you must apply to become a member of the Scheme. Please complete a separate Scheme application form and submit it together with this Gap Cover application.

Your Scheme membership number (if applicable): _____
 Title _____ Initials _____ Surname _____
 First name(s) (as per identity document) _____
 Email _____
 Cellphone _____
 ID or passport number _____ Gender M F Date of birth

Y	Y	Y	Y	M	M	D	D
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 When do you want cover to start?

Y	Y	Y	Y	M	M	D	D
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Please note:

- Unless you have specified a cover start date, the policy start date will default to the 1st of the month following the finalisation of your application.
- If you would like to use different contact details, you can update your details on "Update Your Details" on the website, once you have completed your application.

3. Replacement of an existing policy

Important note: Replacement of any insurance may be to your disadvantage

If you are intending to take out any of these policies to replace an existing policy you have with any other insurer, please speak to your financial adviser to understand if and how this may be a disadvantage to you.

Is this application to replace the whole or any part of an existing insurance with any insurer (whether replacement is to occur immediately or to replace insurance cover discontinued within the past four months or to be discontinued within the next four months)? Yes No

If you've answered "Yes", and you have selected both Discovery Gap Cover and Discovery Supplementary Gap Cover in Section 1, please indicate which of these policies may take the place of another policy of yours?

(Mark the relevant box): Discovery Gap Cover, Discovery Supplementary Gap Cover, or both policies will take the place of another policy/ies.

4. Your financial adviser's details (to be completed by your financial adviser, where applicable)

4.1. Discovery Gap Cover financial adviser

Financial adviser's name Iracema Fonseca Code 1064996133
 Intermediary house Independent Financial Consultants Code 109797720
 Financial adviser's telephone number (W) 021 593 30 12
 Cellphone 084 3344848
 Email Info@ifconsultants.co.za

Financial adviser's signature _____

By signing this you acknowledge that you have read, understood and completed the declaration below.

4.2. Discovery Supplementary Gap Cover financial adviser (if different from Discovery Gap Cover financial adviser)

Financial adviser's name _____ Code _____
 Intermediary house _____ Code _____
 Financial adviser's telephone number (W) _____
 Cellphone _____
 Email _____

Financial adviser's signature _____

By signing this you acknowledge that you have read, understood and completed the declaration below.



I declare that: (mark relevant tick boxes)

- 4.3. I am an accredited financial adviser and licensed by the FSB to sell short-term, long-term, and health insurance in terms of the FAIS Act at the date of signing this application form.
- 4.4. I am appointed by the client to provide advice about this application.
- 4.5. I have a valid contract with Discovery Health, Discovery Insure, and Discovery Life and have made the client aware of the commission payable by either party.
- 4.6. I have a valid Discovery Gap Cover referral agreement.
- 4.7. I am responsible for providing the applicant with:
 - my name, physical address, postal address and telephone number;
 - impartial advice that is in his or her best interest.
- 4.8. I am accountable for any advice given to the member about the completion of this application form and joining Discovery Gap and/or Discovery Supplementary Gap Cover.
- 4.9. I have consent from the member to service their Discovery Gap Cover and/or Discovery Supplementary Gap Cover policy and medical scheme plan, regardless if I am the appointed adviser on the health plan.
- 4.10. I have requested and recorded the client's responses to the questions (refer to Section 3) with regard to replacement of their policy and that the client is fully aware of the possible negative consequences of the replacement of an insurance policy.
- 4.11. I further declare that, irrespective of the client's response to the questions in Section 3, that I have explained the following to the client:
 - The meaning of a replacement;
 - That a replacement is potentially prejudicial;
 - The levying/deduction of a termination charge;
 - That where a replacement is considered, the client is legally entitled to comprehensive information regarding the consequences of replacement;
 - Where the client answered "Yes", I have discussed and completed the Replacement Policy Advice Record and/or Replacement Comparison.

5. Your banking details

Please provide us with your banking details from where we will collect premiums and into which we will pay claims and annual payback. We cannot accept credit card account details.

5.1. Paying your premiums

If you will be paying your premium from your own personal bank account, please complete this section.

Please note: If you provide the same banking details as for the collection of your Scheme contributions, your Scheme and Gap Cover premiums will be collected as a single debit.

Bank name _____

Branch name _____ Branch code _____

Account number _____ Type of account Cheque Savings

Account holder _____

Your monthly contribution will be collected on the same day as your medical scheme contribution's debit order date. If your policy is not activated prior to the debit order submission, the first outstanding contributions will be included with the following month's debit order. Should the payment day fall on a Sunday or a recognised South African public holiday, the payment day will automatically be on the next business day.

Account holder's signature _____ Signature of main applicant _____

5.2. Your claims' refunds

Can we use the same account we deduct premiums from, to pay your claims and annual payback into, where applicable? Yes No

If you've answered "No", please give us the details you would like to use.

Bank name _____

Branch name _____ Branch code _____

Account number _____ Type of account Cheque Savings

Account holder _____

Please note: If you are using someone else's bank account, the account holder must sign below to confirm and consent to this.

Account holder's signature _____ Signature of main applicant _____

GAPNB01



6. Your health questions

Please complete the questions relevant to the product/s you chose in **Section 1**.

As the main applicant, you are completing these questions on behalf of your spouse and dependants, and you confirm that you have the necessary knowledge and authority to fully do so. It remains your responsibility to answer all of these questions accurately and honestly. By not giving us all the relevant, true and complete information, we may enforce the terms of point **8.4.1** "Disclosure of relevant information", which could mean that the policy/ies or benefits will be cancelled.

What you need to do:

- If you have selected **Discovery Gap Cover**, please complete section 6.1 and 6.2 **for yourself** and for **each dependant** on the Scheme. If you answer "Yes" to any of the applicable questions, we will apply the relevant exclusions and waiting periods.
- If you have selected **Discovery Supplementary Gap Cover**, please complete section 6.2 and 6.3 **for yourself** and for **your spouse** only. You do not need to complete the questions for the other dependants on the Scheme, such as your children or other adult dependants.
- If you have selected both **Discovery Gap Cover and Discovery Supplementary Gap Cover**, please complete section **6.1, 6.2** and **6.3** for yourself and for each dependant on the Scheme. If you answer "Yes" to any of the applicable questions, the conditions as explained above will apply.

6.1. Discovery Gap Cover (please answer the questions below for yourself and each dependant on the Scheme)

6.1.1. Are you or any of your dependants on the Scheme aware of any reason that may require a hospital admission in the next 12 months, or have you been admitted to hospital in the last 12 months? Yes No

6.1.2. If you've answered "Yes" to the above, please specify the details of the condition you may be, or were, hospitalised for:

Patient Name	Reason for the admission	Date of admission
		Y Y Y Y M M D D
		Y Y Y Y M M D D
		Y Y Y Y M M D D
		Y Y Y Y M M D D
		Y Y Y Y M M D D

6.2. Discovery Gap Cover and/or Discovery Supplementary Gap Cover

Please answer the questions below as follows:

- If you have selected **Discovery Gap Cover** please complete **for yourself and for each dependant** on the Scheme.
 - If you have selected **Discovery Supplementary Gap Cover** please complete for **yourself and for your spouse** on the Scheme only.
 - If you have selected both **Discovery Gap Cover and Discovery Supplementary Gap Cover** please complete for **yourself and for each dependant** on the Scheme.
- 6.2.1. Have you or any of your dependants experienced, received medical advice, been diagnosed, received care or been treated for any of the following conditions or disorders? (Examples have been provided, but if you have been affected by any condition related to any of the disorders listed, you need to tell us).

Cardiovascular disorders, including but not limited to:

6.2.1.1. Heart failure, any heart surgery, angina, coronary artery disease, heart attack, rheumatic fever with valve damage, previous heart valve replacement. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.2. High blood pressure, high cholesterol, rheumatic fever with no valve damage, rhythm disturbances, innocent murmurs, or any other heart conditions not listed. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

GAPNB01



Endocrine disorders, including but not limited to:

6.2.1.3. Diabetes mellitus, Cushing’s syndrome, Addison’s syndrome. Yes No (if you’ve selected “Yes”, fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.4. Thyroid disorders, or any other endocrine disorders not listed. Yes No (if you’ve selected “Yes”, fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Respiratory disorders, including but not limited to:

6.2.1.5. Emphysema or chronic obstructive pulmonary disease, pulmonary hypertension, occupational lung diseases, chronic bronchitis, frequent difficulty in breathing, lung surgery. Yes No (if you’ve selected “Yes”, fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.6. Asthma, or any other respiratory disorders not listed. Yes No (if you’ve selected “Yes”, fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Gastro-intestinal surgery and disorders, including but not limited to:

6.2.1.7. Chronic liver disease (for example fibrosis or cirrhosis), chronic inflammatory diseases of the intestines (for example ulcerative colitis, Crohn’s disease), disorders of the spleen or pancreas. Yes No (if you’ve selected “Yes”, fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.8. Peptic ulcer, hiatus hernia, disorders of the gallbladder, or any other gastrointestinal disorders not listed. Yes No (if you’ve selected “Yes”, fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

GAPNB01



Kidney or urinary tract-related disorders, including but not limited to:

6.2.1.9. Kidney failure, polycystic kidneys, nephritis, chronic kidney disease. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.10. Frequent episodes of blood in the urine, nephrectomy, prostate problems, kidney stones, or any other kidney and urinary tract disorders not listed. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Connective tissue, joints and skin disorders, including but not limited to: Yes No (if you've selected "Yes", fill in the table below)

6.2.1.11. Systemic lupus erythematosus, rheumatoid arthritis, scleroderma polymyositis, dermatomyositis, Sjögren's syndrome, ankylosing spondylitis.

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.12. Osteoarthritis, or any other connective tissue, joint and skin disorders not listed. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Central or peripheral nervous system disorders, including but not limited to:

6.2.1.13. Quadriplegia, paraplegia, stroke or any chronic neurological disorder (for example multiple sclerosis, Parkinson's disease, Myasthenia Gravis), brain and spinal cord disorders, hearing loss, loss of vision, loss of speech. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.14. Epilepsy, or any other nervous system disorders not listed. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

GAPNB01



Musculoskeletal disorders, including but not limited to:

6.2.1.15. Loss of limb, hand or foot. Back surgery within the last two years, or ongoing severe back pain due to musculoskeletal problems. Previous joint replacements or joint procedures, or any other musculoskeletal disorders not listed. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mental and emotional disorders, including but not limited to:

6.2.1.16. Psychiatric disorders (for example Schizophrenia), any mood disorder including major depression and bipolar mood disorder; anorexia or any other eating disorder, or any other mental and emotional disorders not listed. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Organ transplant, including but not limited to:

6.2.1.17. Heart transplant, liver transplant, kidney transplant, lung transplant, pancreas transplant, or any other organ transplant not listed. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Cancer

6.2.1.18. Any cancer, including in situ cancer (early cancer or premalignant conditions) Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Autoimmune conditions, including but not limited to:

6.2.1.19. Arthritis, Systemic Lupus Erythematosus, Crohn's disease, or any other autoimmune conditions not listed. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Spinal cord (cervical and lumbar) disorders, including but not limited to:

6.2.1.20. Degenerative disc disease, spinal stenosis, osteoarthritis in the spine or any other spinal cord disorders not listed. Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

GAPNB01



HIV or AIDS:

6.2.1.21. HIV positive Yes No (if you've selected "Yes", fill in the table below)

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please note: You do not need to disclose the positive HIV status of you or your dependant(s) on this form if you do not feel comfortable doing so. However, if you, or one or more of your dependants, are HIV-positive, you or they must call us on **0860 99 88 77** within seven working days from the date we activate your Discovery Gap Cover and/or Discovery Supplementary Gap Cover policy. We treat this information in the strictest confidence. If you do not let us know about your HIV status within 7 days of your membership being active, we may end your Discovery Gap Cover and/or Discovery Supplementary Gap Cover policy.

6.3. Discovery Supplementary Gap Cover (please answer the questions below for **yourself and your spouse** on the Scheme)

- 6.3.1. If you've answered "Yes" to question 6.2.1.16 in the previous section, please answer the following questions:
- 6.3.1.1. Have you or your spouse ever been off work for more than two weeks due to your or your spouse's psychiatric condition? Yes No Yes No
- 6.3.1.2. Have you or your spouse ever been admitted to hospital for more than two weeks due to your or your spouse's psychiatric condition? Yes No Yes No
- 6.3.1.3. Have you or your spouse attempted to commit suicide in the last 5 years? Yes No Yes No
- 6.3.2. Have you or your spouse smoked or used nicotine products in the last 12 months? Yes No Yes No
- 6.3.3. Do you or your spouse participate in any hazardous activities? Please refer to annexure 2 for a complete list of hazardous activities. Yes No Yes No
- 6.3.4. Have you or your spouse ever applied for an insurance policy and:
- 6.3.4.1. Been refused cover on that policy for any reason? Yes No Yes No
- 6.3.4.2. Offered cover on that policy, but on special terms such as loadings or exclusions? Yes No Yes No
- 6.3.4.3. Been accepted and paid out for injury, sickness, dread disease or disability? Yes No Yes No
- 6.3.5. Are you aware of any other circumstances or potentially risky activities in which you and/or your spouse partake, e.g. substance abuse or other unlawful activities, travelling to a country at war, search and rescue efforts etc. that may affect our decision to accept your application? Yes No Yes No
- 6.3.6. Have two or more immediate family members been diagnosed with the same type of cancer before the age of 50? Yes No Yes No
- 6.3.7. Have you had any type of genetic testing, tumour markers or any other special investigations indicating a higher risk for a familial cancer syndrome for example familial multiple adenomatous polyposis, hereditary breast and ovarian cancer, or multiple endocrine neoplasia? Yes No Yes No

7. Acceptance of application

All information is true and correct, and I accept the terms and conditions outlined in Annexure 1.

Signed at (town or city) _____ on

Y	Y	Y	Y	M	M	D	D
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Signature of main applicant _____

Signature of spouse if applicable _____

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Annexure 1 – Terms and conditions

8. General terms and conditions

8.1. Key terms used

- 8.1.1. **“Age at Entry”** is the age that the oldest member on the Scheme plan will turn in the year of applying for Discovery Gap Cover.
- 8.1.2. **“Age Next”** is the age the life assured covered under Discovery Supplementary Gap Cover will turn at their next birthday.
- 8.1.3. **“Application”** is this form you complete and sign. Together with the policy schedule and policy guide, it forms the basis of the policy contract.
- 8.1.4. **“Child”** means a person registered as such on the Scheme.
- 8.1.5. **“Claimant”** means any person making a claim for a benefit under the policy.
- 8.1.6. **“Dependant”**, including an adult dependant, child or spouse, means a person registered as such on the Scheme.
- 8.1.7. **“Downgrades”** means Scheme plan movements from an Executive or Classic or equivalent plan to an Essential or Coastal or equivalent plan.
- 8.1.8. **“Discovery Group”** means Discovery Holdings Limited (registration number 1999/007789/06), a public company incorporated in South Africa the shares of which are listed on the JSE Limited, and all of its affiliates and subsidiaries from time to time including but not limited to Discovery Life Limited (registration number 1966/003901/06), Discovery Life Investment Services (Proprietary) Limited (registration number 2007/005969/07), Discovery Vitality (Proprietary) Limited (registration number 1999/007736/07), Discovery Health (Proprietary) Limited (registration number 1997/013480/07), Discovery Insure Limited (registration number 2009/01182/06) and Discovery Life Collective Investments (Proprietary) Limited (registration number 2007/008998/07). Subsidiaries within the Discovery Group are authorised financial services providers.
- 8.1.9. **“Lives assured”** means you, your spouse, your child, and your dependants who are covered as indicated on your policy schedule.
- 8.1.10. **“Main applicant”** is the main member on the Scheme and the person completing this application.
- 8.1.11. **“Medical specialist”** means a medical practitioner who has been appropriately registered as a specialist with the Health Professionals Council of South Africa.
- 8.1.12. **“Non-assured entity”** means any person indicated in your policy schedule that is not covered or is not entitled to any benefits.
- 8.1.13. **“Policy”** refers to the Discovery Gap Cover policy or the Discovery Supplementary Gap Cover policy, or both of them as the context may require, and which policy or policies are made up of this application form, the policy schedule(s) and policy plan guide(s) for Discovery Gap Cover and/or Supplementary Gap Cover policies and any changes that you might make thereon.
- 8.1.14. **“Policy schedule”** includes the summary of the policy, which we send to you after we have accepted your application for cover, or any changes that are made thereto.
- 8.1.15. **“Policyholder”** means the natural person named as such in the policy schedule.
- 8.1.16. **“Scheme”** means a medical scheme administered by Discovery Health (Proprietary) Limited.
- 8.1.17. **“Spouse”** means a person registered as such on your Scheme.
- 8.1.18. **“Upgrade”** means an application to move from the Discovery Gap Core option to the Discovery Gap Comprehensive option.
- 8.1.19. **“Waiting period”** means a period during which a policyholder is not entitled to claim a policy benefit.
- 8.1.20. **“We”, “us” and “our”** refers to:
 - 8.1.20.1. Discovery Life Limited (registration number 1966/003901/06), a public company with limited liability, registered under the company laws of the Republic of South Africa; or
 - 8.1.20.2. Discovery Insure Limited (registration number 2009/011882/06) a public company with limited liability, registered under the company laws of the Republic of South Africa; or
 - 8.1.20.3. Discovery Health (Proprietary) Limited (registration number 1997/013480/07) a private company registered under the company laws of the Republic of South Africa; and Administrator of your policy.
These entities are authorised financial services providers.
- 8.1.21. **“You” and “your”** refers to you as the policyholder and includes your dependants.
- 8.1.22. **“Your Personal Information”** refers to personal information about you, your spouse, your dependants, your beneficiaries, and your employees (as relevant). It includes information about health, financial status, gender, age, contact numbers and addresses.

8.2. We will assess your application(s) and let you know the results of our assessment. We may do one of the following:

- 8.2.1. Accept or decline your application for either or both of the Discovery Gap Cover or the Discovery Supplementary Gap Cover policies, as the case may be; or
- 8.2.2. Ask for more information in order to complete the application process.
- 8.2.3. If we decide to accept your application for either policy on terms different to those for which you applied, we will send you a letter which you will need to sign and send back to us, accepting the revised terms. This is known as a counter-offer letter.

8.3. Conditions of the policies

- 8.3.1. It is a condition of the policy that you as policyholder and the lives to be assured must be members of the Scheme. Termination of your membership from the Scheme will result in the automatic termination of the policy or policies you are applying for under this application.
 - 8.3.1.1. Membership of the KeyCare Plan or its equivalents does not qualify you for application for the policy.
 - 8.3.1.2. Any changes that you make to your medical scheme plan and / or Vitality Status may result in a change to the premiums and/or benefits of your policy. We will affect the change to the policy and will notify you of the changes made in such circumstances.

GAPNB01



8.4. Authority

8.4.1. Disclosure of relevant information

You warrant and declare that all the information provided by you in this application form is true and correct. You further warrant that you will continue to disclose to us any material information until we have accepted risk or until the policy commences, whichever day occurs last. You know and understand that a breach of any of the warranties you have given herein may result in us voiding the policy from inception, or us rectifying the terms thereof and contributions paid being used to offset expenses incurred by us.

8.4.2. Acceptance of standard terms and conditions and conduct of business

- 8.4.2.1. You accept that the policy will not commence and no liability thereunder will attach to or be attributable to us until we have activated your policy, you have received your policy schedule, and we have notified you in writing of the effective date from when we have accepted risk.
- 8.4.2.2. You know and understand we are not obliged to accept this application and may refuse to accept risk if we deem any person insured under the policies to be of a high or unacceptable risk, or we may accept it subject to conditions.
- 8.4.2.3. On acceptance of risk we will send you and your financial adviser (if applicable) a copy of the policy schedule and policy guide.

8.4.3. Confirmation of contract terms and 30 day cooling off period

- 8.4.3.1. You may object in writing within 30 days from the date the policy has been issued by us if you are not satisfied with any aspect or term thereof. If you do not object within this time it means that you have accepted the terms of the policy. You agree that this application form, any amendments or adjustments to the policy, the policy schedule(s) and any plan guide that we issue in respect of the policy will form the policy contract. Provided that claims have not been paid and if you object within the 30-day period then the policy will be immediately cancelled and any premiums will be refunded to you.

8.4.4. Licenses and authorities

- 8.4.4.1. We hold professional indemnity and fidelity insurance cover as required by the Financial Advisory and Intermediary Services Act, 2002 (FAIS Act).
- 8.4.4.2. In terms of agreements entered into between Discovery Health (Proprietary) Limited, Discovery Life Limited and Discovery Insure Limited, it has been agreed that Discovery Health (Proprietary) limited shall on behalf of Discovery Life Limited and Discovery Insure Limited provide underwriting, claims assessment, premium collection, policy renewal and general administration services in respect of the policies.

8.4.5. Privacy Statement (How we will process and disclose your personal information and communicate with you)

- 8.4.5.1. When you engage with us, you trust us with personal information about yourself, your family, and in some cases, your employees. We are committed to protecting your right to privacy. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in line with the Protection of Personal Information Act ("POPIA").
- 8.4.5.2. You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note that we require your acceptance to activate and service your policy. If you do not accept these terms and conditions, we cannot activate and service your policy.
- 8.4.5.3. You agree that we may process your personal information for the following purposes:
facilitate the assessment of risk and underwrite the policy; and
- consider any claim under the policy made by you or any life assured or other person covered under the policy; and
 - administrate the policy; and
 - collect premiums; and
 - profile and analyse your policy and conduct academic or product research and design.
- 8.4.5.4. We will keep your personal information confidential. You may have given us this information yourself or we may have collected it from other sources. If you share your personal information with any third parties, we will not be responsible for any loss suffered by you or your employer (where applicable).
- 8.4.5.5. You warrant that when you give us personal information about your dependants, you have received their permission to share their personal information with us for the purposes set out in this Privacy Statement and any other related purposes.
- 8.4.5.6. If you are an employer, you agree to indemnify thus against any loss or damage, direct or indirect, that an employee suffers because of any unauthorised use of your employees' personal information.
- 8.4.5.7. If you are giving consent for a child you confirm that you are a competent person and that you have authority to give their consent for them.
- 8.4.5.8. If a third party asks us for any of your personal information, we will share it with them only if:
- you have already given your consent for the disclosure of this information to that third party; or
 - we have a legal or contractual duty to give the information to that third party including other insurers and re-insurers.
- This information could be sourced either directly or through a database operated by or for insurers as a group, at any time. Such information could be detailed, abbreviated or in a coded form and includes sharing of information on Industry Registers, such as the SAIA, Astute and ASISA. We will provide your personal information to any other entity within the Discovery Group with whom you or your dependant/s already have a relationship; or where you or your dependant/s have applied for a product, service or benefit from such entity. This information will be provided for the administration of your or your dependant/s products or benefits with other entities within the Discovery Group.
- 8.4.5.9. We may share and combine all your personal information for any one or more of the following purposes:
- market, statistical and academic research; and
 - to customise our benefits and services to meet your needs.
- 8.4.5.10. Your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential and all data will be made anonymous to the extent

GAPNB01



possible and where appropriate. No personal information will be made available to a third party unless that third party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of this research, you will not be identified by name.

- 8.4.5.11. If we want to share your personal information for any other reason, we will do so only with your permission.
- 8.4.5.12. By signing this application form, you authorise us to obtain and share information about your creditworthiness with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments, default history and sharing of information for purposes of risk analysis, tracing and any related purposes.
- 8.4.5.13. We have the right to communicate with you electronically about any changes on your policy including your premiums or changes and improvements to the benefits you are entitled to on your policy.
- 8.4.5.14. We have a duty to keep you updated about any offers and new products that are made available from time to time. We, any entity within the Discovery Group and contracted third-party service providers may communicate with you about these.
- 8.4.5.15. Please let us know if you do not wish to receive any direct telephonic marketing.
- 8.4.5.16. You have the right to know what personal information we hold about you. If you wish to receive this information please complete a complete the 'Data Subject Request' form on www.discovery.co.za and specify what information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information. We are entitled to charge a fee for this service and will let you know what it is at the time of your request. You agree that we may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-personalise it.
- 8.4.6. Where we are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following
- The Financial Advisory and Intermediary Services Act, 2002;
 - The Financial Intelligence Centre Act, 2002;
 - The National Credit Act, 2005;
 - The Long-term Insurance Act, 1998;
 - The Short-Term Insurance Act, 1998;
 - Medical Schemes Act, 1998;
 - The Consumer Protection Act, 2008;
 - The Protection of Personal Information Act, 2013;
 - Electronic Communications and Transactions Act, 2002; and
 - Promotion of Access to Information Act, 2002.
- 8.4.6.1. You agree that the we may transfer your personal information outside South Africa:
- if you give us an email address that is hosted outside South Africa; or
 - to administer certain services, for example, cloud services.
- 8.4.6.2. When we share your information to administer certain services, we will ensure that any country, company or person that we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to.
- 8.4.6.3. If we become involved in a proposed or actual amalgamation, transfer or merger, acquisition or any form of sale of any assets, as appropriate, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information.
- 8.4.6.4. We may change this Privacy Statement at any time. The current version is available on www.discovery.co.za. If you believe that we have used your personal information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPIA, but we encourage you to first follow our internal complaints process to resolve the complaint. We explain the complaints and disputes process on the website www.discovery.co.za. Contact details for the Information Regulator: The Information Regulator (South Africa) | SALU Building | 316 Thabo Sehume Street | PRETORIA | | Tel: 012 406 4818 | Fax: 086 500 3351 | inforeg@justice.gov.za
- 8.4.7. Premiums**
- 8.4.7.1. You agree to pay premiums for the policy on the date that they become due. You accordingly authorise us to collect due contributions and charges from the bank account specified by you.
- 8.4.7.2. You undertake to advise us of any changes to these bank account details and you indemnify and hold us blameless for any damage that you or anyone else may suffer as a result of your failure to notify us of this.
- 8.4.7.3. You understand that premiums in respect of the policy may be collected together with and from the same bank account from which your contributions to the Discovery Health Medical Scheme are deducted, or may be collected from a different bank account if specified.
- 8.4.7.4. If you do not pay premiums in respect of the policy when they become due or if we are unable to collect premiums in respect of the policy, the following applies:
- 8.4.7.4.1. We will inform you that a premium has not been received. We will give you 30 days after the premium due date to make the payment. If you or any person covered under the policy makes a claim during this period, we will consider a claim if you pay the outstanding premium;
 - 8.4.7.4.2. If you do not pay a premium for the policy for a second consecutive month, in other words the policy is two premiums in arrears, we will inform you of this and your policy will be cancelled and we will not consider any claims.
 - 8.4.7.4.3. If someone other than you pays the premiums on your policy, you confirm that this arrangement is with the full knowledge and authority and on behalf of that person. In addition, you give us permission to obtain any information relating to him or her from any one or more of the following, and warrant that you have authority to do so:
 - 8.4.7.4.3.1. Any credit bureau;
 - 8.4.7.4.3.2. Any life assurance or credit provider's industry association;
 - 8.4.7.4.3.3. Any other association of an industry in which we operate;

GAPNB01



8.4.7.4.3.4. This includes information related to that premium payer's creditworthiness, credit history, financial history, personal information, judgement history and default history. It is your responsibility to verify the banking details of the premium payer on request, for example by giving us a cancelled cheque, a bank letter or a copy of a bank statement. See Annexure 2 for more premium information.

8.5. Intermediaries

- 8.5.1. You hereby give your financial adviser authority to deal with your policy on your behalf.
- 8.5.2. It may be that the financial adviser recorded by us in respect of your Scheme policy may be different to the financial adviser that advises or is recorded in respect of this policy, being the policy for which you are now applying. You accordingly hereby give both financial advisers the authority to deal with both your Scheme and this policy on your behalf.

8.6. Cession

You may not cede your rights in terms of this policy to any other person.

9. Terms and conditions for Discovery Gap Cover

9.1. Benefits

The details of the benefits under the Discovery Gap Cover policy are more fully set out in the policy guide which is sent to you within 30 days of your policy being activated. You are reminded that this application form together with the policy schedule and policy guide form the basis of the contract, and that all documents must be collectively acknowledged as part of the policy contract.

9.2. Qualifying criteria

- 9.2.1. To qualify or apply for the Discovery Gap Cover policy you must be a member of the Scheme. (This does not include the KeyCare Plan or any Scheme or plan that replaces or is equivalent to it, as these plans are not eligible for cover).
- 9.2.2. Only the main member on the Scheme may apply for this policy on his/her behalf, and on behalf of all dependants covered on the Scheme. All members and dependants covered on the Scheme must apply to be covered under the policy. You do not have the option of choosing which members of your Scheme will or will not be covered under the policy.
- 9.2.3. If you have downgraded your Scheme plan from 01 March 2017 onwards, you will have to wait for a consecutive 24-month period before you can apply for Discovery Gap Cover.
- 9.2.4. If you have an existing Discovery Gap Cover policy and later downgrade your Scheme plan, your Discovery Gap Cover policy will be cancelled, and you will have to wait for a consecutive 24-month period before you can reapply for a new Discovery Gap Cover policy.
- 9.2.5. Any new member who joined the Scheme on an Essential or Coastal plan effective from 01 March 2017 onwards, may not apply for a Discovery Gap Cover policy for a consecutive 24-month period from the effective date / cover start date of joining the Essential or Coastal plan, or any Scheme or plan equivalent to it.
- 9.2.6. You or your spouse may not apply for another Discovery Gap Cover policy if you or your spouse or both of you already have an existing Discovery Gap Cover policy with us.

9.3. Premiums

Your premium for the Discovery Gap Cover product will depend on the option you choose, your Scheme plan, and the age that the oldest member on the Scheme plan will turn in the year of applying for the policy. If the oldest person leaves, or joins the Scheme, your gap policy will be re-rated.

9.4. Policy benefits

- 9.4.1. The Discovery Gap Cover policy is an indemnity policy. Therefore, if you, or any person covered under this policy, enjoys similar policy benefits under other gap cover policies with any other insurer, then we shall be entitled to pro-rate benefit payments under this policy with the benefit payments from the other insurer or claim any payments made to you in excess of the indemnity.
- 9.4.2. Any claim payments made to you in excess of the indemnity must be repaid back to us. This may happen automatically through our systems, or we may request a manual payment into our bank account.
- 9.4.3. Policy benefits will be due when qualifying and approved procedure and consultation codes covered by the Scheme and billed by approved, registered doctors, during or directly related to a claimant's approved and authorised hospital admission as specified in the policy schedule, exceeds the tariffs payable by the Scheme.
- 9.4.4. The amount paid in terms of this policy will never exceed the total amount claimed by the provider of the healthcare service or the rate the Scheme has agreed with the provider of the healthcare service.
- 9.4.5. As required by legislation, all policy benefits paid out of the Discovery Gap Cover policy are subject to an overall annual limit of R150 000 per person per year.
- 9.4.6. Policy benefits will always be paid directly to the policyholder, into the bank details specified by you.

9.5. Policy administration

- 9.5.1. You know and understand that the premiums in respect of the Discovery Gap Cover policy will be re-rated annually by us effective 1 January every year. The re-rating of premiums is based on the claims experience of the group. We further reserve the right to adjust premiums partway through the year if the terms or conditions of the policy were to change, if the oldest member on the Scheme plan joins or leaves the Scheme, if there are changes to your Scheme plan, or if your employment is terminated with an employer through whom you received preferential premium rates.
- 9.5.2. It is a condition of the policy that all members/dependants recorded on your Scheme are also recorded on this policy. Therefore, if a new dependant is added to your Scheme, that new dependant will automatically be added to this policy, and you will be notified to submit information such that we may underwrite the new dependant. Until we have received all underwriting documents and requirements in respect of that new

GAPNB01



dependant, that dependant will be underwritten as if they were a high-risk applicant. This means that we will apply all waiting periods to this dependant and this dependant will therefore receive limited benefits until that dependant's medical information is received. We will not backdate cover in instances where the information is not received timeously.

- 9.5.3. You can change from the Discovery Gap Comprehensive option to the Discovery Gap Core option at any time, with 30 days' written notice. The change will become effective from the first day of the following month after the 30 day notice period.
- 9.5.4. You can apply for an upgrade from your Discovery Gap Core option to the Discovery Gap Comprehensive option at any time, with 30 days' written notice. Once we have received such notice, you will then need to complete the medical questions in the application form, whereupon underwriting will apply and we may apply waiting periods. The upgrade and any applicable waiting periods will become effective the first day of the following month after the finalisation of your application.

9.6. Submission of a claim

- 9.6.1. In the event a claim is made by you or a life assured under your Scheme plan and such claim satisfies the criteria to make a claim under this Discovery Gap Cover policy, we will automatically make a claim against this policy on your behalf. In this regard, you give us authority to make and administer such claim on your and any other lives assured's behalf. You therefore do not need to submit the claim to Discovery Gap Cover yourself and we will not accept any claims that have not first been accepted and processed by the Scheme.
- 9.6.2. The proceeds of any benefits admitted by us under this policy will be paid directly to you.

9.7. Exclusions, waiting periods and benefit limits

- 9.7.1. Any and all exclusions, rejections, plan and benefit rules, limits and restrictions imposed by the Scheme shall automatically apply to this policy too. You confirm that you are aware of and understand the benefit limits and exclusions imposed by the Scheme. This means that there will never be an instance where a claim under this policy will be considered if a simultaneous claim has not been considered by the Scheme;
- 9.7.2. The following claims do not qualify to be paid from Discovery Gap Cover (including but not limited to):
- 9.7.2.1. Any claim not first processed by the Scheme;
- 9.7.2.2. Any claim where the Discovery Gap Cover limits have been reached;
- 9.7.2.3. Tariff codes other than procedure and consultation codes recognised by the Scheme;
- 9.7.2.4. Any claim not linked to an approved hospital admission and/or where you did not receive a hospital authorisation number from the Scheme;
- 9.7.2.5. Any claim designated by the Scheme as an out-of-hospital claim, unless specified as an approved cancer claim, or for the Discovery Gap Comprehensive option, specified as an approved out-of-hospital claim related to an approved hospital authorisation for Scheme plans with a Medical Savings Account, as specified in your policy guide, and as the case may be;
- 9.7.2.6. Any claim other than claims for tariff shortfalls where your healthcare provider bills more than what the Scheme has paid within your Scheme's benefit limits;
- 9.7.2.7. Any claim for healthcare services outside the Republic of South Africa, including any claim submitted in any currency other than ZAR (South African Rands);
- 9.7.2.8. Any claim where you are treated by healthcare providers other than appropriately registered medical specialists, unless otherwise specified in your policy guide;
- 9.7.2.9. Any claim related to any weight-loss surgery;
- 9.7.2.10. Any claim not funded by your Scheme, for reasons including, but not limited to the claim not being paid because:
- 9.7.2.10.1. you exceeded your benefit limits. Once you reach your Scheme's benefit limits, your cover stops;
- 9.7.2.10.2. it is defined as a deductible or co-payment by your Scheme, except for the co-payment that applies to MRI/CT scans for plans with a Medical Savings Account in accordance with benefits defined for the Discovery Gap Comprehensive option;
- 9.7.2.10.3. it is defined as a Scheme exclusion;
- 9.7.2.10.4. it relates to a waiting period applied by your Scheme;
- 9.7.2.10.5. it doesn't satisfy the Scheme's claims billing requirements;
- 9.7.2.10.6. the claim is not recognised as valid by your Scheme.
- 9.7.3. Any claim related to a waiting period applied to this policy. The following waiting period/s may apply:
- 9.7.3.1. Should you or any lives assured on this policy have a pre-existing medical condition at the time of applying for this policy, or at the time of applying for an upgrade from your existing Discovery Gap Core option to a Discovery Gap Comprehensive option, any claims related directly or indirectly to the treatment of this condition will be excluded from cover during the first 12 months of the policy contract, commencing from effective date of inception or effective date of upgrade hereof, as the case may be;
- 9.7.3.2. A 3-month automatic general waiting period will apply to every life assured from their effective date of inception or effective date of upgrade of this policy, as the case may be, for any and all healthcare services or treatments, except defined medical emergencies;
- 9.7.3.3. Any claims for the treatment of pregnancy and childbirth, endometrial ablations, hysterectomy, joint replacements, scopes (all minimally-invasive scopes, such as endoscopies, hysteroscopy, arthroscopy etc.), cataracts, cholecystectomy, wisdom teeth, orthognathic surgery, dental implants, tonsillectomy, grommets, adenoids, nasal procedures, hernia procedures and reflux surgery are automatically excluded from cover for every life assured during their first 12 months of the policy contract, commencing from effective date of commencement or effective date of upgrade hereof, as the case may be.
- 9.7.4. We reserve the right not to apply the waiting periods mentioned in 9.7.3.



10. Terms and conditions for Discovery Supplementary Gap Cover

10.1. Benefits

- 10.1.1. The details of the benefits under the Discovery Supplementary Gap Cover policy are more fully set out in the policy guide which is sent to you within 30 days of your policy being activated.

10.2. Qualifying criteria

- 10.2.1. To qualify or apply for Discovery Supplementary Gap Cover you must be a member of the Scheme. (This does not include the KeyCare Plan or any Scheme or plan that replaces or is equivalent to it, as these plans are not eligible for cover).
- 10.2.2. If you or your spouse are older than 60 years of age you or your spouse are not eligible for cover on the policy.
- 10.2.3. You, as the main member, and your spouse on the medical scheme plan will be insured on the Discovery Supplementary Gap Cover policy as the principal life assured and spouse life assured unless your application as main member was rejected by our Underwriters or because you have passed the maximum entry age.
- 10.2.4. If your application (in your capacity of the main member of the medical scheme plan) has been rejected, you will be recorded as the non-assured entity owner on the policy. What this means is that you will not be entitled to enjoy any benefits under the policy. Your spouse (and children if applicable) however will be recorded as the assured lives entitled to receive benefits. Your spouse will be recorded as the principal life assured.
- 10.2.5. A child will only qualify for benefits where the child's age next is younger than 21.
- 10.2.6. You or your spouse may not apply for a Discovery Supplementary Gap Cover policy if you or your spouse or both of you already have an existing Discovery Supplementary Gap Cover policy with us.

10.3. If your circumstances change

- 10.3.1. You must tell us immediately about any factors that may affect the premiums you pay. If you do not give us this information immediately, we are entitled to adjust your premiums and we may refuse to pay a claim.

Using tobacco: You must tell us immediately if you started using tobacco (for example, smoking, chewing tobacco, snuffing, e-cigarettes etc.) if you are paying premiums as a non-smoker.

Hazardous activities: You and your spouse must tell us immediately if you are or intend to take part in any hazardous activities. Please refer to annexure 2 for a complete list of hazardous activities

10.4. Premium details

- 10.4.1. Your premium for Discovery Supplementary Gap Cover will depend on your age, smoker status and the number of members on your medical scheme plan. Your spouse's premium will depend on their age and smoking status. If your spouse is on a separate medical scheme plan, they will have to take out a separate Discovery Supplementary Gap Cover policy.
- 10.4.2. The total premium for Discovery Supplementary Gap Cover is the sum of your premium and the spouse premium (if applicable).
- 10.4.3. The Discovery Supplementary Gap Cover contribution will increase by a factor that will be in line with Scheme contribution increases and will also take into account other experience factors on the Discovery Supplementary Gap product as well as an additional increase based on your age. We further reserve the right to adjust premiums if the terms or conditions of the policy were to change or if there are changes to your medical scheme plan.

11. Warranty

I hereby warrant, declare, confirm and acknowledge that:

- 11.1.1. I have read and understood the contents of this application form and agree to be bound by the terms and conditions of the application form, the policy guide, the policy schedule, and any servicing alteration requests, which read together, form the policy contract.
- 11.1.2. Commissions have been explained to me by my appointed financial adviser.
- 11.1.3. To the extent that Discovery is not my appointed financial adviser, Discovery has not advised me, and as such are not responsible for any of the choices I have made.
- 11.1.4. Discovery will not be responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of applications and transactions.
It is my responsibility to ensure that this application form, any instructions that are part of the application form and subsequent instructions submitted electronically by fax or email to Discovery, have been received by Discovery. I acknowledge that Discovery does not consider a fax confirmation or printed copy of a sent email as proof of receiving the document or instruction.
- 11.1.5. I have disclosed all material information to Discovery.
- 11.1.6. If I breach the warranty contained in 8.4 above, Discovery can declare the benefits issued to me void and I will forfeit any contributions paid.
- 11.1.7. I as the main applicant agree that I am authorised and in a position to complete the medical questions on behalf of my spouse and dependants (if applicable).

GAPNB01



Annexure 2 – Hazardous Pursuits

12. List of hazardous activities

List of hazardous activities:

Aviation – less than 100 hours per year and less than 100 hours flying experience
Aviation - Aerobatics, Stunts, Exhibition flying, Air races
Aviation - Crop Dusting
Aviation - Fire Fighting
Aviation - Hang Gliding
Aviation - Microlighting
Aviation - Parachuting
Aviation - Paragliding
Aviation - Sky surfing
Aviation - Skydiving
Aviation - Student Pilot
Boxing - Amateur
Game Counting/Spotting
Herpetologist
Hunting - Big Game from the air
Inflatable Boat Racing
Mine Rescue Services
Motor Sport - Marshal
Motor Sport Racing - Hell driving
Motorcycle racing - Drag Racing cat 1,2,3,4, & 5
Motorcycle racing - Super bikes
Motorsport - Drag Racing - Cat 1, 1A, 2, 3 & 4
Motorsport - Formula GTI, -Ford, -Vee
Motorsport - Hot Rods
Mountaineering - Solo Climbing
Mountaineering - Rope Climbing
Powerboat Racing
Rock Climbing - Solo Climbing
Scuba Diving – deeper than 41m underwater
Scuba Diving - Pot Holing/Caving
Scuba Diving - Snorkeling deeper than 15 metres
Skydiving - Exhibition events
Water Ski Racing
Yacht Cruising - International