

## Application Form

# Gap Cover and Medical Premium Waiver

### SECTION A: PRODUCT SELECTION

The premiums listed below are for 2020. The premiums and benefits are renewed annually on 1 January. This also means that your premium may change on 1 January each year and not 12 months after your commencement date.

UNIVERSAL GAP COVER	ESSENTIAL GAP COVER	OPTIONAL BENEFITS	MEDICAL PREMIUM WAIVER
<b>Cover for Individuals</b>	<b>Cover for Individuals</b>	<input type="checkbox"/> Cancer R100 000 <b>R92 pm</b> <input type="checkbox"/> Cancer R200 000 <b>R150 pm</b> <input type="checkbox"/> Dentistry <b>R262 pm</b>	<input type="checkbox"/> 24 months <b>R195 pm</b> <input type="checkbox"/> 60 months <b>R343 pm</b>
<input type="checkbox"/> Younger than 55 years old <b>R401 pm</b> <input type="checkbox"/> 55 – 64 Years old <b>R506 pm</b> <input type="checkbox"/> 65 Years and older <b>R568 pm</b>	<input type="checkbox"/> Younger than 55 years old <b>R296 pm</b> <input type="checkbox"/> 55 – 64 Years old <b>R372 pm</b> <input type="checkbox"/> 65 Years and older <b>R424 pm</b>		
<b>Cover for Families</b>	<b>Cover for Families</b>		
<input type="checkbox"/> Where all family members are younger than 65 <b>R506 pm</b> <input type="checkbox"/> Where one or more family members are older than 65 <b>R568 pm</b>	<input type="checkbox"/> Where all family members are younger than 65 <b>R372 pm</b> <input type="checkbox"/> Where one or more family members are older than 65 <b>R424 pm</b>	<b>POLICY START DATE (MUST BE ON THE 1ST DAY OF A FUTURE MONTH)</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">DD/MM/YYYY</div>	

### IMPORTANT INFORMATION

Cover for extended cancer and dental benefits will end when the insured person reaches the age of 65.

One debit order will be collected for your Gap Cover and any optional benefits you choose.

A single member younger than 55 on an individual policy should notify us if there is a change in their circumstances requiring cover for additional dependants, in which event the premium will be amended accordingly.

Older people are likely to claim more benefits than younger people and therefore premium amounts are age banded and differentiated based on age.

### SECTION B: PRINCIPAL INSURED DETAILS

Title	<input type="text"/>	Full names	<input type="text"/>
Surname	<input type="text"/>		
Date of birth	<input type="text" value="DD/MM/YYYY"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
		Identity number	<input type="text"/>
Postal or physical address	<input type="text"/>		Postal code <input type="text"/>
Cell phone number	<input type="text"/>	E-mail address	<input type="text"/>
Business telephone number	<input type="text"/>	Medical aid name	<input type="text"/>
Medical aid plan type	<input type="text"/>	Total number of people on your medical aid	<input type="text"/>

### SECTION C: HEALTH QUESTIONS

Please answer the question below if you are **applying for the Extended Cancer Cover**. If your answer is 'Yes' you will unfortunately not qualify for the Extended Cancer Cover.

Have you or any of your dependants on your medical aid ever had any form of cancer, cancerous growths, tumours, lumps or malignant moles?

Yes  No

Please complete the question below if you are **applying for Medical Premium Waiver**.  
Have you ever tested positive or been treated for HIV/Aids?

Yes  No

Please ensure that your answers to the questions above are accurate. Should any of your answers be untruthful or inaccurate it may lead to the declination of future claims that may arise.

## SECTION D: DEBIT ORDER AUTHORISATION

I authorise Zestlife to issue payment instructions to its bank to collect the monthly premium due by debit order from my bank account on condition that the sum of such payment instruction will never be more than my obligation in terms of this application. I acknowledge that all payment instructions issued by Zestlife shall be treated by my bank as if the instructions have been issued by me. The debit order will be collected every month on the debit order collection date selected below.

If this collection day falls on a Sunday or recognised South African public holiday, the collection day will automatically be the following business day. I acknowledge that this debit order authority may be assigned to a third party only if the policy is transferred to another insurer or administrator. I understand that the payment instruction will be processed through a computerised system provided by the South African Banks.

I will not have the right to any refund of amounts which Zestlife has collected while this debit order authority was in force, if such amounts were legally owed to Zestlife. This debit order authority may be cancelled by giving Zestlife notice of not less than 31 days and the cancellation will not necessarily cancel my policy. Zestlife followed by a unique reference number will be reflected on my bank statement as the payment reference.

Premiums are payable monthly and if the premium is not received for two consecutive months the policy shall be cancelled.

Full first names of account holder	<input type="text"/>		
Surname of account holder	<input type="text"/>		
Identity number of account holder	<input type="text"/>		
Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Account type	<input type="text"/>
Debit order collection day (for every month)			<input type="text" value="DD"/>

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of account holder \_\_\_\_\_

## SECTION E: NEEDS ANALYSIS

The Gap product meets my needs as my medical aid does not cover the total medical practitioner costs if I am hospitalised. The product was recommended as a solution because it will cover the difference between the medical practitioner's charges (limited to 5 times the medical aid tariff) for treatments I receive in hospital and for listed out-of-hospital procedures, less the higher of the amount payable or paid by my medical aid, or 1 times the medical aid tariff. In the case of the Essential Gap Cover option the medical practitioner's charges will be limited to 3 times the medical aid tariff. I understand that I will experience a shortfall if a medical practitioner charges more than three times what is actually paid by my medical aid.

The Extended Cancer Cover (if chosen) meets my needs because I could experience medical aid shortfalls on cancer treatment. The benefit is subject to a general six-month waiting period. Cover for this benefit ends on the day the insured person reaches age 65. A life insured is not covered if the claim is made within 12 months after the start of the Extended Cancer Cover policy in respect of a medical condition for which in the 12 months preceding the start date of your policy medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.

The Extended Dentistry Cover (if chosen) meets my needs as it covers certain dental procedures that may not be covered by my medical aid. I understand the events that are covered by this benefit, the waiting periods that apply to each event, as well as the pre-existing conditions and exclusions that apply. Cover for this benefit ends on the day the insured person reaches age 65.

The Medical Premium Waiver product meets my needs as it will continue to pay the medical aid contributions for me and/or my medical aid dependant/s in the event of my death or disability. The Medical Premium Waiver product was recommended as a solution because it will cover the medical aid contributions for me and/or my medical aid dependant/s for the benefit payment period selected.

I understand that there are other similar products on the market but the intermediary regards this Gap Cover product as the most suitable product for me. Alternatively, the intermediary does not represent any other Gap Cover and Medical Premium Waiver product supplier. I confirm that a full needs analysis was done and that the monthly premium is affordable taking into account my other financial commitments.

<b>Replacement policy</b>			
Will any of the following applications replace an existing policy?			
<b>Gap Cover</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of current insurer <input type="text"/>
<b>Medical Premium Waiver</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of current insurer <input type="text"/>
If yes, the consultant will contact you to complete a replacement policy advice record which will give you comprehensive information about the consequences of the replacement as it could potentially be prejudicial (to your disadvantage). A copy of the current policy contract must be provided.			

## SECTION F: DISCLOSURES

1. Zestlife Gap Cover is underwritten by Guardrisk Insurance Company Limited (FSP number 75). Medical Premium Waiver is underwritten by Guardrisk Life Limited (FSP number 76) (collectively referred to as "Guardrisk").
2. Guardrisk can be contacted at: Gap Cover Call Centre Tel: 0860 102 936, Fax: 011 263 1419, Email: admed@guardrisk.co.za.
3. Both products are administered by Zest Life Investments (Pty) Ltd, which is an authorised financial services provider (FSP number 37485).
4. Zestlife does not have any circumstances that could give rise to an actual or potential conflict of interest in dealing with the policyholder.
5. You can lodge a complaint with Chris McCallum at Zestlife, at email: chrism@zestlife.co.za, telephone 021 180 4203.
6. If you are dissatisfied with the feedback received from your Intermediary and/or Zestlife, or your complaint remains unresolved, feel free to contact the Guardrisk Complaints Department at email: complaints@guardrisk.co.za, telephone 0860 333 361.
7. Intermediaries earn statutory commission on premiums namely 20% on Gap Cover, 15% in the case of Gap Cover for 65 years and older, 20% on Gap optional benefits and 10% on Medical Premium Waiver.
8. Zestlife earns 9% for performing binder functions.
9. If you change your mind about taking up the policy, you may let us know in writing within 31 days of the start date of the policy and we will cancel the policy and refund you your first (and only) premium paid.

### PRE-EXISTING CONDITION EXCLUSIONS

You will not be entitled to claim a benefit for a period of 12 months from the start date of your policy in respect of a medical condition for which in the 12 months preceding the start date of your policy medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.

If you fall pregnant before the start date of your policy this will be regarded as a pre-existing condition and any pregnancy and birth related claims will be excluded for a period of 12 months from the start date of your policy.

If, immediately before the start date of this policy, you were insured under a medical expense shortfall policy with similar benefits to this policy, then the pre-existing condition waiting period will only be applied to the unexpired part of the pre-existing condition waiting period in the previous policy. The pre-existing condition waiting period will apply for a period of 12 months for any benefit not provided under your previous medical expense shortfall policy.

The extended cancer and dental benefits have a 6 month general waiting period.

## Policy exclusions

### Specific exclusions

No benefits are payable for:

- Cosmetic surgery unless required due to illness or injury
- Penalty co-payments imposed by medical aids for not following the rules of the scheme. Examples of these penalties are amounts due as a result of not obtaining pre-authorisation from the medical aids for a procedure, or as a result of consulting a specialist without first obtaining a referral from a General Practitioner (GP).
- Pre- and post-hospitalisation doctor and specialist charges
- Treatment for obesity or treatment that is required as a result of obesity
- Elective or routine procedures and physical examinations including tests, annual check-ups, ECGs and contraception-related treatments.
- Treatment for depression, mental or stress-related conditions
- Claims not covered by the medical aid
- Private and home nursing
- Hospital charges
- Medication and other materials
- External prosthesis
- Cancer treatment or planned procedures received outside the Republic of South Africa. This exclusion does not apply to treatment arising from accident or illness while travelling for a period of less than 60 consecutive days.
- Day-to-day medical practitioner costs
- Dental implants
- Emergency medical transportation
- Out-of-hospital dental procedures
- Exploratory procedures or procedures that are paid for by your medical aid on exception or ex-gratia basis.
- Diagnosis and/or treatment for sleeping disorders
- Treatment costs for services rendered by allied health care professionals such as dietitians, podiatrists, audiologists, chiropractors, acupuncturists, speech therapists, biokineticists,

### General exclusions

No benefits will be paid for claims arising from:

- Nuclear weapons or nuclear or ionizing radiation.
- Suicide, attempted suicide or intentional self-injury.
- The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered Medical Practitioner (other than the insured person).
- Any illness or injury caused by the use of alcohol.
- Illegal behaviour or as a result of breaking the law of the Republic of South Africa.
- Participation in war, terrorist activity, invasion, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- Aviation accident except on a commercial flight as a fare-paying passenger.
- Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

### Lump Sum Cancer Benefit exclusions

All skin tumours (including, but not limited to, basal cell carcinoma and melanoma) and/or in situ carcinomas (cancers that are contained and have not spread to normal tissue) are excluded.

### Extended Dentistry Benefit exclusions

Exclusions as stated in the policy terms and conditions.

## SECTION G: DECLARATIONS BY APPLICANT

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I, the undersigned, hereby declare:

1. To the best of my knowledge and belief, the information given on this application form whether in my own handwriting or not, is true. I have not withheld any material facts which are known to me. A material fact is likely to influence the assessment of this application by Guardrisk. (If you are in any doubt as to whether a fact is material, you should disclose it.)
2. I understand that any relevant material fact not given on this application form may lead to Guardrisk not meeting claims, if the fact left out is of such importance that the risk, in terms of the policy may not have been accepted. This may lead to cancellation of this policy or rejection of claims, without a refund of premiums if applicable.
3. I confirm that I am a member or dependant of a South African registered medical aid. I understand that it is a condition of this policy to remain a member or dependant of a medical aid registered in South Africa to qualify for Gap and/or Medical Premium Waiver cover.
4. I understand that Guardrisk is committed to the transparency and confidentiality of my personal information. To offer your services and products to me, you may need to share, collect and process my personal information. For this purpose, my personal information is collected and processed internally by your staff, representatives or sub-contractors, and you will make every effort to protect and secure my personal information. I understand that I have a right at any time to ask for access to the information you have collected, processed and shared. I also acknowledge that the sharing of claims information and underwriting (including credit information) by insurers is essential to enable the insurance industry to underwrite policies and assess risk fairly and reduce the incidence of fraudulent claims, with a view to limiting premiums. I waive (give up) any rights to privacy of any claims information given by me or on my behalf or any claim made by me. I consent to this information being disclosed to any other insurance company or its agent. I also waive (give up) any rights of privacy and consent to the disclosure of any information relevant to claims concerning me or any person I represent. I also acknowledge that information given by me may be checked against other legitimate sources or databases.
5. I confirm that by signing this application form I agree that Zestlife will hold and use the details that I have given them to enable them to give me excellent service. Zestlife will also hold my information so that they are able to look after my needs by offering me appropriate insurance products in the future.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_

*You should not sign a blank or incomplete application form. Should you do this the information on this application form will be taken as having been provided by you.*

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