

## Application Form

# Gap Cover Group Scheme Installation

### SECTION A: EMPLOYER DETAILS

Employer name	<input type="text"/>		
Employer address	<input type="text"/>		Postal code
	<input type="text"/>		<input type="text"/>
Company Registration Number	<input type="text"/>		

### SECTION B: POLICY REQUIREMENTS

Type of scheme                      Compulsory                       Voluntary

A compulsory scheme is a scheme where it is compulsory for all existing and future employees (of a defined category ie employees on a specific medical aid option or a specific branch of the business etc) to join the Gap Cover scheme.

Product selection                     

Policy commencement date                     

#### Replacement policy

Will the following applications replace an existing policy?

**Gap Cover**                      Yes       No

If yes, please submit the signed replacement policy advice record together with the cover start date and cover cease date for each employee.

Must each employee receive a policy document for their records?                      Yes       No

If yes, please provide employee contact details on the bulk application form as policy documents will be e-mailed.

### SECTION C: EMPLOYER CONTACT DETAILS

Please provide the name and contact details of a person at the employer with whom we can liaise with on a monthly basis regarding the membership changes and premium collections.

**A membership schedule** is sent out around the 20th of every month and provides the list of members who are currently covered, and the employer needs to inform us of any changes required to the membership for the coming month (ie new employees to be added or any employees who have left the company and needs to be taken off the scheme).

**A premiums received schedule** is sent out around the 7th of every month and provides a breakdown of the actual debit order collected/premiums received in the previous month.

Employer contact name	<input type="text"/>
Employer contact telephone number	<input type="text"/>
Employer contact e-mail address	<input type="text"/>
Cell phone number	<input type="text"/>

Must the monthly membership and premium collection schedules be copied to any other person besides the employer contact e-mail address mentioned above?

Yes  No

If yes, please supply the other contact names and e-mail addresses.

Alternative contact name 2

Alternative contact e-mail address 2

Alternative contact name 3

Alternative contact e-mail address 3

Alternative contact name 4

Alternative contact e-mail address 4

## SECTION D: EMPLOYER SIGNATURE

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Employer signature \_\_\_\_\_

In my capacity as \_\_\_\_\_ (designation)

Date

## SECTION E: DOCUMENTATION NEEDED

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Please complete and submit the following forms and documents.

- Bulk membership application form.
- Debit order authorisation form.
- Signed quotation.
- Auditor confirmation (not older than 3 months) of current shareholders and directors. Please see Annexure A.

## SECTION F: INTERMEDIARY DETAILS

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Intermediary name

Brokerage name (if applicable)

Zestlife intermediary code

Business telephone number

E-mail address

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# ANNEXURE A

## Information required of Employer or Affinity groups for policy installation

Kindly provide us with a confirmation not older than 3 months, from your current auditor providing details as set-out below. Also please notify us if there are any changes in shareholding or directors.

### Shareholders

#### Individual shareholders:

- Name
- Surname
- Identity number
- Non-SA identity number
- Nationality
- Residential address
- Percentage shareholding

#### Corporate shareholders:

- Company name
- Company registration number
- Company registered address

#### Trust shareholders:

- Trust name
- Trust registration number
- Trust registered address
- Details as per below of the Donor, Beneficiaries and Trustees:

##### **If an individual:**

- Name
- Surname
- ID number
- Non-SA ID number
- Nationality
- Residential address

##### **If a corporate entity:**

- Company name
- Company registration number
- Company registered address

##### **If a trust:**

- Trust name
- Trust registration number
- Trust registered address

#### Directors:

- Name
- Surname
- ID number
- Non-SA ID number
- Nationality
- Residential address
- Position