

Application Form

Cancer Cover

SECTION A: PRODUCT SELECTION

Cancer Cover is underwritten by Guardrisk Life Limited, (registration number 1999/013922/06 and FSP number 76), an authorised financial services provider and an insurer licensed to conduct life insurance business in terms of the Insurance Act 18 of 2017.

The premiums listed below are for 2023. The premiums and benefits are renewed annually on 1 February. This also means that your premium may change on 1 February each year and not 12 months after your commencement date.

CANCER COVER		POLICY START DATE (MUST BE ON THE 1ST DAY OF A FUTURE MONTH)
<input type="checkbox"/> R180 000 cover for principal insured & R360 000 cover for children	R171 pm	<input type="text" value="DD/MM/YYYY"/>
<input type="checkbox"/> R397 000 cover for principal insured & R794 000 cover for children	R342 pm	

IMPORTANT INFORMATION

The maximum entry age to apply for this cover is 55 years.

It is a requirement that you and your family covered by the policy remain the principal member or dependants on your medical aid in order to be entitled to the benefits of the policy. Cover also extends to a policyholder's legally married spouse and mutual children that are registered as dependents on the spouse's medical aid.

This policy only covers one spouse. If you have more than one spouse, you will be required to nominate a spouse to be covered under the policy. Children will be covered up to the age of 21 or 26 for children who are dependent on the principal insured and in full time study.

Cover for the principal insured and spouse will cease upon turning the age of 65.

Premiums are based on factors, such as past and future expected economic factors (for example interest rates, inflation, etc.), lapse and claims experience, any other factors impacting the premium that the insurer deems material at the time and any regulatory and legislative changes impacting this policy.

If you miss a premium you have 31 days to pay the outstanding premium. If you pay by debit order and we are unable to collect your premium by the due date, we will try to deduct 1.5 times your monthly premium during the next monthly debit order run.

If the outstanding premium is not paid within 31 days or we are again unable to collect your outstanding premium, we will cancel your policy and your cover will end as at midnight on the day before your outstanding premium was due.

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"/>	Business telephone number	<input type="text"/>
E-mail address	<input type="text"/>		

SECTION C: HEALTH QUESTION

Please complete the questions below. If the answer is 'Yes' to any of the questions below then you will unfortunately not qualify for the 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

Have you or any of your dependants to be covered under this policy ever tested positive or been treated for HIV/Aids? Yes No

Please ensure that your answers to the questions above are accurate. Should 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/s due for the product/s I applied for 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 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 Cancer Cover policy meets my needs as it will cover unforeseen expenses I may incur as a result of cancer and I have a need for this protection.

The policy is intended to cover shortfalls and costs incurred as a result of cancer diagnosis and treatment. These costs arise as a result of exceeding cancer sub limits imposed by the medical scheme and the cost of drugs that are not covered by the medical scheme. Additional costs are also incurred as a result of life adjustments.

Replacement policy

Will the following application replace an existing policy? Yes No

Name of current insurer

If yes, the consultant will contact you to complete a replacement policy advice record which will provide you with comprehensive information regarding the consequences of the replacement as the replacement could potentially be prejudicial (to your disadvantage). A copy of the current policy contract must be provided.

SECTION F: DISCLOSURES

1. Zestlife Cancer Cover is underwritten by Guardrisk Life Limited, an authorised financial services provider (FSP No 76) and licensed life insurer.
2. Guardrisk can be contacted at: Tel: 011 669 1000, Email: info@guardrisk.co.za.
3. The product is 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. Zestlife's Conflict of Interest Policy is available at www.zestlife.co.za.
5. Zestlife has Professional Indemnity Cover and Fidelity Guarantee Cover in place.
6. You can lodge a complaint with Chris McCallum at Zestlife, at email: chrism@zestlife.co.za, telephone 021 180 4203.
7. 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.
8. If you are dissatisfied with the feedback you receive from your Intermediary, Zestlife or Guardrisk you can lodge a complaint with the Long Term Insurance Ombudsman at Private Box x45, Claremont, Cape Town, 7700, telephone 021 657 5000 / 0860 103 236, email: info@ombud.co.za.
9. Moonstone is Zestlife's appointed compliance officer and can be contacted at: Tel: 021 883 8000.
10. Intermediaries earn a statutory commission on the Cancer Cover premium of 0% (including VAT).
11. Zest Life Investments (Pty) Ltd earns 9% (excluding VAT) for performing binder functions.

12. 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.

13. You will not be requested to waive any of your rights under the Code of Conduct.

WAITING PERIOD

There is a 3-month upfront waiting period from the commencement date of cover, during which no claim event will be covered, and will remain uncovered even after the waiting period has expired. This means that a diagnosis in the waiting period will at no time thereafter qualify for a benefit payment.

If you did not have any form of cancer, cancerous growths, tumours, lumps or malignant moles prior to the commencement of cover, then any new cancers diagnosed after the expiry of the waiting period that qualifies as a claim event, will be covered.

PRE-EXISTING CONDITIONS

No benefits are payable for a period of 12 months from the start date of cover in respect of a cancer which manifested symptoms within 12 months before the start date of cover and which would have caused a reasonable and prudent person to seek medical advice and/or treatment. This exclusion applies whether you actually received treatment or not.

Policy exclusions

There are certain cancers that are excluded from this policy.

These are:

- Benign, pre-malignant, borderline malignant, low malignant potential or non-invasive tumours.
- Carcinoma in-situ lesions.
- Cervical dysplasia or intra-epithelial neoplasia (CIN).
- Prostatic Intra-epithelial Neoplasia (PIN).
- Leukoplakia.
- All non-melanoma skin cancers.
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least class T2N0M0 by the AJCC Sixth Edition TNM Classification.
- Any form of cancer in the presence of HIV infection, including but not limited to, lymphoma or Kaposi's sarcoma.
- Thin melanomas with a Clark's Level less than III or Breslow thickness less than 1.0 mm.
- Early thyroid cancers that are less than 1 cm in diameter and histologically described as T1 by the AJCC Sixth Edition TNM Classification unless there are metastases.
- Early localized bladder cancers that are histologically described by the AJCC Sixth Edition TNM Classification as Ta or equivalent classification, unless there are metastases.
- Chronic Lymphocytic Leukaemia (CLL) less than RAI Stage 3.
- All cancers that are a recurrence or metastases of a tumor that first occurred within the waiting period.

SECTION G: PROCESSING AND PROTECTION OF PERSONAL INFORMATION

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date personal information and to maintain and update such information when necessary.

You accept that your personal information collected by us may be used for the following reasons:

- to establish and verify your identity in terms of the applicable laws;
- to enable us to fulfil our obligations in terms of this policy;
- to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing, with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

- payment processing service providers, merchants, banks and other persons that assist with the processing of your payment instructions;
- law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your personal information with;
- credit bureaus;
- our service providers, agents and sub-contractors that we have contracted with, to offer and provide products and services to any policyholder in respect of this policy; and
- persons to whom we cede our rights or delegate our authority to, in terms of this policy.

You acknowledge that any personal information supplied to us in terms of this policy is provided according to the applicable laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify us from any claims resulting from disclosures made with your consent.

You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a complaint with Guardrisk. Should the Insurer not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the information regulator.

SECTION H: DECLARATIONS BY APPLICANT

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 e.g. the health questions (refer to Section C), 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 Cancer Cover.
4. I consent and confirm that I am the authorised representative of my partner and dependants, and I have their authority either by operation of law or in terms of a specific mandate to conclude this application and answer the medical questions on their behalf. I indemnify Guardrisk and Zestlife against any claim which may arise from my partner or a dependant relating to my authority to act as agent on his/her behalf for the purpose of this insurance transaction.
5. I understand that Guardrisk and Zestlife are 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 consent to this information being disclosed to any other insurance company or its agent 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.
6. I consent that Zestlife may obtain from any doctor, registered healthcare practitioner, hospital, medical institution, police station, insurance company or any other person or entity, whom I hereby authorise to give and to disclose, any information which the Insurer requires or deems necessary to facilitate the assessment of the risks and the consideration of this application and any future claim(s) for benefits under this policy arising from this application.
7. 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 via electronic communication.

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.
