

Application Form

Dental Cover

SECTION A: COVER SELECTION

Dental Cover is underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP No 75) and licensed non-life insurer.

The premiums listed below are for 2024. 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 due to an increase in dental costs.

COMPREHENSIVE DENTAL COVER		CORE DENTAL COVER	POLICY START DATE (MUST BE ON THE 1ST DAY OF A FUTURE MONTH)
<input type="checkbox"/> R179 pm cover for individuals	<input type="checkbox"/> R110 pm cover for individuals	<input type="checkbox"/> R220 pm family cover (policyholder, spouse and up to 4 children)	DD/MM/YYYY
<input type="checkbox"/> R359 pm family cover (policyholder, spouse and up to 4 children)			

IMPORTANT INFORMATION

Cover for a child will end when the child turns 21 except if the child is physically or mentally handicapped and dependant on the parents for financial support.

SPOUSE: is the person to whom you are married by law, tribal custom, or tenets of any religion. It shall include your husband/wife or such person staying with you for at least 2 years, who is normally regarded by the community as your husband/wife. A person of the same gender staying with you for at least 2 years, who is regarded by themselves and the community as a couple shall also be regarded as a spouse. Only one spouse can be covered under 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: INTERMEDIARY DETAILS

Brokerage name	<input type="text"/>
Consultant full names and surname	<input type="text"/>
FSP number	<input type="text"/>
Zestlife intermediary code	<input type="text"/>

SECTION C: 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"/>	Telephone number	<input type="text"/>
E-mail address	<input type="text"/>		
Do you belong to a medical aid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, which medical aid do you belong to?	<input type="text"/>		

SECTION D: LIFE INSURED DETAILS (IN ADDITION TO THE PRINCIPLE INSURED)

Only one spouse can be covered under the policy and a maximum of four children under the age of 21 years (own, step or legally adopted child including your grandchild if a registered dependant on your medical aid).

Name	Surname	Date of Birth	Identity Number	Relationship to Principle Insured (ie spouse or child)

SECTION E: 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 within 10 (ten) days. Should the Insurer not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the information regulator.

SECTION F: 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 may 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 G: NEEDS ANALYSIS

The Dental product meets my needs as it offers a cost effective solution to fund my dentalcare needs by paying a stated amount for dentistry, emergency, accidental and illness related dental treatments. I understand the events that are covered by this product, the pre-existing conditions and waiting periods that applies and the policy exclusions. Cover for a child will end when the child turns 21 except if the child is physically or mentally handicapped and dependant on the parents for financial support.

I understand that there are other similar products on the market but the intermediary regards this Dental Cover product as the most suitable product for me. Alternatively, the intermediary does not represent any other Dental shortfall 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.

Replacement policy

Will the following application replace an existing policy providing similar cover?

Dental Cover

Yes

No

Name of current insurer

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 H: DISCLOSURES

1. Zestlife Dental Cover is underwritten by Guardrisk Insurance Company Ltd (FSP number 75) a licensed non-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, an authorised financial services provider (FSP number 37485).
4. Guardrisk and Zestlife have concluded a shareholder and subscription agreement that entitles Zestlife to place insurance business with Guardrisk. The shareholder and subscription agreement entitles Zestlife to share in the profits and losses generated by the insurance business. Guardrisk may distribute dividends, at the sole discretion of the board of directors, to Zestlife during the existence of the policy.
5. Claims are assessed by Denis Insurance Administrators (Pty) Ltd an authorised financial service provider (FSP number 36026).
6. 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.
7. Zestlife has Professional Indemnity Insurance cover in place.
8. You can lodge a complaint with Chris McCallum at Zestlife, at email: chrism@zestlife.co.za, telephone 021 180 4203.
9. Zestlife's complaints procedure is available on www.zestlife.co.za/legal-and-accounting/ and can also be made available upon request.
10. 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. Please refer to your policy wordings for details to complain to the Ombudsman for Short-term Insurance, FAIS Ombudsman or the Financial Sector Conduct Authority.
11. Moonstone is Zestlife's appointed compliance officer and can be contacted at: Tel: 021 883 8000.
12. Intermediaries earn monthly statutory commission on premiums of 20%.
13. Zestlife earns 5% (excluding VAT) for performing binder in terms of the binder agreement. Denis earns a monthly binder fee of 4% (excluding VAT) for claims settlement.
14. 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.
15. You will not be requested to waive any of your rights under the Code of Conduct.

Fraudulent claims:

If any activity under the policy involves fraud, misrepresentation or false information, the policy may be cancelled. In this case, no claims will be paid out and no monthly premiums will be refunded.

Misrepresentation or misinformation:

Benefits will only become due and payable once all claim requirements have been met and we are satisfied that the claim is valid. A claim will be regarded as invalid due to misrepresentation or misinformation if:

- false information was provided when the policy was applied for;
- we become aware that material information was withheld from or not disclosed when the policy was applied for; or
- false information is supplied when the benefits are claimed;

In such cases, we reserve the right to place you in breach of contract and upon your failure to remedy such breach, we reserve the right to cancel the policy in its entirety. If we decide to cancel the policy, we may refund any premiums you have already paid less any expenses related to the cover you have enjoyed up until the cancellation of the policy.

Reviewing the adequacy of your policy:

You will be responsible to ensure that you regularly monitor your policy to ensure the cover remains adequate to meet your financial needs and that the cover remains appropriate.

PRE-EXISTING CONDITION EXCLUSIONS

You will not be entitled to claim a benefit 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.

On Comprehensive Dental Cover and Core Dental Cover a waiting period of 3 months will apply to the Dentistry Treatment benefit and the Oral Cancer benefit.

On Comprehensive Dental Cover a waiting period of 6 months will apply to the Removable Denture benefit and the Implant or Bridge benefit.

If, immediately before the start date of this policy, you were insured under a Dental shortfall policy with similar benefits to this policy, then the pre-existing condition waiting period and the general waiting periods, will only be applied to the unexpired part of the waiting periods in the previous policy.

Policy exclusions

We will not be liable to pay any benefit under this Policy if:

- There has not been a Diagnosis by a Dentist of the Claim Event;
- A claim for such benefit arises directly or indirectly from or is traceable to:
 - wilful self-injury or the Life Insured is affected temporarily, influenced or otherwise, by alcohol, narcotics, insanity or drugs;
 - ionizing radiations or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material. For the purpose of this exception only, combustion shall include any self-sustaining process of nuclear fusion;
 - the result of the Life Insured's deliberate exposure to exceptional danger (except in an attempt to save human life);
 - engaging in hazardous sports such as (but not limited to): aviation sport, paragliding, underwater diving, hang-gliding, game hunting, spear fishing, rock climbing, cycle racing, mountaineering, racing of any kind (whether as passenger or as driver involving the use of any power driven vehicle, vessel or craft, skydiving / parachuting, para-sailing, go-carting, drag racing, rally driving, bungi-jumping, winter sports involving snow or ice, polo or horseback, steeple-chasing, or professional football or rugby;
 - a need to change existing fillings for reasons including headaches, fatigue or other conditions not directly related to a tooth structure and/or for cosmetic reasons;
 - war, mutiny, riot, military rising, military or usurped power, martial law or state of siege, or any event which determines the proclamation or maintenance of martial law or state of siege, insurrection, rebellion, revolution, invasion, act of foreign enemy, hostilities, warlike operations (whether declared or not), armed international conflict (whether war be declared or not), terrorist or insurgency activities, uprising, civil commotion or war, rebellion, sedition, sabotage or any activity associated with the foregoing, any act (whether on behalf of any organization, body or person or group of persons) calculated or directed to overthrow or influence any State or Government or any provincial, local or tribal authority with force, terrorism or violence, or the defence, quelling, investigation or containment thereof by any security force, or any attempt to perform any act aforementioned, or the act of any lawfully established authority in controlling, preventing, suppressing, or in any other way dealing with any occurrence referred to in the aforementioned;

SECTION I: 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 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 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.

4. 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.

Record of Advice Form 2024 Dental Cover

Important: We request that you carefully read the following information and sign at the end of the document as an acknowledgement that you are aware of the applicable waiting periods and exclusions

CLIENT DETAILS

Analysis date	<input type="text"/>
Name and Surname	<input type="text"/>
ID number	<input type="text"/>

PRODUCT SELECTION

Refer to your product selection in Section A of the Application Form and then complete the following:

Please explain how the product option selected fit within your needs? Please explain your choice.

WAITING PERIODS AND PRE-EXISTING CONDITIONS

I confirm that the waiting periods below have been explained to me and that I understand them.

a. General Waiting Periods

On Comprehensive Dental Cover and Core Dental Cover a waiting period of 3 months will apply to the Dentistry Treatment benefit and the Oral Cancer benefit.

On Comprehensive Dental Cover a waiting period of 6 months will apply to the Removable Denture benefit and the Implant or Bridge benefit.

No benefits are payable during these waiting periods.

b. 12 Month Pre-Existing Condition Waiting Period

You will not be entitled to claim a benefit 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.

c. Needs analysis

I confirm that my product selection meets my needs as set out in Section G: Needs analysis on the Application Form.

POLICY EXCLUSIONS

I confirm that I understand the Dental policy exclusions as set out in Section H: Disclosures on the Application Form.

These waiting periods and exclusions are also set out in the brochure and the policy wording.

SIGNED: CLIENT _____

SIGNED: FINANCIAL ADVISOR _____

DATE _____

DATE _____