

Gap Cover

PERSONAL INFORMATION AND CHANGE OF BENEFIT FORM

PERSONAL DETAILS

Full names	<input type="text"/>		
Surname	<input type="text"/>		
Identity number	<input type="text"/>		
Gap policy number	<input type="text"/>		
E-mail address	<input type="text"/>		
Telephone number	<input type="text"/>	Cell phone number	<input type="text"/>
Medical aid	<input type="text"/>	Medical aid option	<input type="text"/>
Medical aid number	<input type="text"/>	Total number of people on your medical scheme	<input type="text"/>

CHANGE OF BENEFIT

I am younger than 35 and I want to convert to Optimal Gap Cover.	Yes	No
I am younger than 55 and the only person covered under my Gap policy and wants to be on the reduced individual cover premium.	Yes	No
I am currently on the reduced rate applicable to single member's and want to upgrade my cover to cover my dependents on my medical aid or my qualifying spouse on his/her own medical aid.	Yes	No
I now have dependants registered on my medical aid and want to convert from Optimal Gap Cover to the Essential Gap Family option.	Yes	No
I now have dependants registered on my medical aid and want to convert from Optimal Gap Cover to the Universal Gap Family option.	Yes	No
I want to convert from Universal Gap to Essential Gap Cover.	Yes	No
I want to convert from Essential Gap to Universal Gap Cover.	Yes	No
I want R120 000 additional Extended Cancer Cover (additional premium is R112 per month).	Yes	No
I want R240 000 additional Extended Cancer Cover (additional premium is R186 per month).	Yes	No
Health question for Extended Cancer Cover: Have you or any of your dependants on your medical aid or your spouse and dependants on your spouses' medical aid, ever had any form of cancer, cancerous growths, tumours, lumps of malignant moles?	Yes	No

I confirm that I understand the benefits offered by the Gap option that I have selected above.

MONTHLY PREMIUMS 2024

	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
COVER FOR INDIVIDUALS			
Younger than 35	R506 pm	R372 pm	R239 pm
Younger than 55	R506 pm	R372 pm	
55 – 64	R646 pm	R468 pm	
Older than 65	R770 pm	R548 pm	
COVER FOR FAMILIES			
Where all lives insured are younger than 65.	R646 pm	R468 pm	
Where one or more lives insured are older than 65.	R770 pm	R548 pm	

Any changes selected above will be effective from the 1st of the month following receipt of the notification by Zestlife.

Policyholder signature _____

DD/MM/YYYY