

Sanlam Gap Continuation Form

Guidelines

Continuations received after the 15th of the current month will only come into effect on the first of the following month. This form is completed when a policyholder moves from an existing corporate group to a retail individual capacity. Please complete, sign this form and return to your Broker. Dedicated Sanlam Gap email address: **Gapinfo@centriq.co.za**

Previous Policy Number: Previous Policy Inception Date:

A. Policyholder Details

First Name:

Surname:

ID No. (compulsory field): Date of Birth:

Cellphone No.: Alternative Contact No:

Physical/Postal Address:

Postal Code:

Email Address:

*Effective Date:

B. Product Option Selction

Single Policy

If you are continuing as a single Policyholder, you accept that cover will only apply to yourself and that should any changes be required, you will notify Centriq within 90 days. This includes the addition of dependants. Premiums are payable monthly.

Family Policy

If you are continuing as a family, you accept that cover will apply to you, your spouse and your children. Cover for children only applies until they reach the age of 27 years. Should any changes be required, you will notify Centriq within 90 days. This includes the addition or removal of dependants. Premiums are payable monthly.

| Sanlam Gap Comprehensive | Sanlam Gap Comprehensive | SUF | Fedhealth | Medshield |
|-----------------------------------|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Individuals younger than 60 years | <input type="checkbox"/> R302.00 | <input type="checkbox"/> R253.00 | <input type="checkbox"/> R283.00 | <input type="checkbox"/> R252.00 |
| Individuals older than 60 years | <input type="checkbox"/> R601.00 | <input type="checkbox"/> R509.00 | <input type="checkbox"/> R567.00 | <input type="checkbox"/> R502.00 |
| Families younger than 60 years | <input type="checkbox"/> R523.00 | <input type="checkbox"/> R445.00 | <input type="checkbox"/> R493.00 | <input type="checkbox"/> R441.00 |
| Families older than 60 years | <input type="checkbox"/> R1025.00 | <input type="checkbox"/> R874.00 | <input type="checkbox"/> R971.00 | <input type="checkbox"/> R879.00 |

| Sanlam Gap Core | SUF | Fedhealth | Medshield |
|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Individuals younger than 60 years | <input type="checkbox"/> R206.00 | <input type="checkbox"/> R229.00 | <input type="checkbox"/> R208.00 |
| Individuals older than 60 years | <input type="checkbox"/> R399.00 | <input type="checkbox"/> R443.00 | <input type="checkbox"/> R400.00 |
| Families younger than 60 years | <input type="checkbox"/> R348.00 | <input type="checkbox"/> R386.00 | <input type="checkbox"/> R350.00 |
| Families older than 60 years | <input type="checkbox"/> R697.00 | <input type="checkbox"/> R790.00 | <input type="checkbox"/> R702.00 |

Mediclinic Benefit Extender

Please note: A member on Fedhealth NexGen Top-up cannot take Mediclinic Extender as an add on.

| Description | Single Under 60 | Single 60 and Older | Family Under 60 | Families 60 and Older |
|-----------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|
| Mediclinic Benefit Extender | <input type="checkbox"/> R51.00 | <input type="checkbox"/> R93.00 | <input type="checkbox"/> R114.00 | <input type="checkbox"/> R193.00 |

**Fedhealth NexGen Top-up (only Elect and Savvy options)**

| | | |
|-----------------------------------|--------------------------|---------|
| Individuals younger than 35 years | <input type="checkbox"/> | R70.00 |
| Individuals older than 35 years | <input type="checkbox"/> | R94.00 |
| Families younger than 35 years | <input type="checkbox"/> | R118.00 |
| Families older than 35 years | <input type="checkbox"/> | R172.00 |

C. Debit Order Details**By signing this section and upon acceptance of your application, you:**

1. authorise Centriq Insurance to accept this debit order authority as confirmed payment instruction issued by the account holder.
2. authorise Centriq Insurance to debit your account for monthly policy premiums payable in advance or arrears on the selected debit order date.
3. understand that the debit order deductions will be processed through a computerised system provided by the South African Banks. Details of each deduction will be referenced on your bank statement with the prefix "Sanlam Gap Cover" and an 8-digit number.
4. accept that depending on the selected debit order date, a double or triple debit order may be incurred.
5. agree that this debit order authority will remain in force until cancelled in writing by the principal insured person.
6. accept that Centriq the insurer may cancel your policy if:
 - 6.1 premiums aren't received for three consecutive months;
 - 6.2 the bank account being debited is closed;
 - 6.3 the account holder is deceased; or if
 - 6.4 authority to debit is no longer granted.
7. understand that policy premiums include VAT but aren't tax deductible, as medical scheme contributions. An IT3 tax certificate can't be issued for this purpose.
8. accept that the policy premium may be adjusted during an annual renewal or due to benefit restructuring necessitated by legislation with 31 days written notice. Subject to your right of cancellation of cover, the debit order authority will extend to the adjusted premium.
9. I acknowledge that I need to ensure that premiums are collected for cover to remain in force.

Account Type: Cheque SavingsBank: Account No.: Account Holder: Debit Order Date: 1st 7th 15th 25th Last Day*Debit order deductions or Payment Terms are in Arrears or Advance**(This is dependent on the strike date chosen. 1st, 7th, 15th is collected in advance and 25th and Last Day is collected in arrears).***Please submit a copy of your bank statement or a bank detail confirmation letter not older than 3 months with this form.**

I, the Premium payer, hereby authorise Centriq to draw against the above bank account all amounts due to Centriq in terms of this insurance cover. Should the relevant Premiums be adjusted, I hereby confirm that the adjusted amount may be drawn from the above account subject to the notice period outlined in the Policy. This request is to remain in force unless cancelled by one month's written notice.

Premium Payer Signature: **D. Broker Details**Brokerage: Broker Name: Brokerage House Code: Broker Code: Signature:



E. Declaration

I, (full name) with ID number hereby declare that this application form, whether in my handwriting or not, is accurate and complete and forms the basis of the contract of insurance between the Insurer and myself. I hereby apply for the insurance product/s (underwritten by Centriq) and agree to abide by its Policy rules and conditions and any amendments thereto which may be made from time to time.

Accurate information

I confirm that all the information provided herein is complete and true and that I have not concealed any relevant or pertinent information that may affect the evaluation of risk considered under this policy for cover.

I understand that the provision of any false, misleading or missing information could result in my application being rejected or my policy being cancelled or claims being rejected. Should this occur, I agree to refund all benefit payments that I have received in relation to this policy of insurance.

Premium payments

Premiums for the selected insurance product/s are payable monthly and deducted by Centriq. The payment reference will reflect as: Sanlam Gap. Premiums that are in arrears will result in my policy being suspended or possibly terminated.

Benefit payments

In the event that any policy benefit becomes payable subsequent to my death, I hereby provide an irrevocable authority for such benefits to be paid directly to my surviving spouse or failing such circumstance to the nominated guardians or trustees responsible for the future care of my minor children or failing either of the preceding events to my estate.

Medical history

I hereby provide irrevocable authority for Centriq, the Insurer, to obtain any of my or my dependant's medical history from any Medical Service Provider, Medical Scheme, insurance company or healthcare broker for the purposes of assessing this application for insurance as well as the underwriting of any future risk or the assessment of any claim that relates to this insurance cover.

Disclosure documents

I have read and understood the Sanlam Gap Cover Disclosure Notice.

Policy exclusions and terms and conditions

Please refer to your policy document for the full list of exclusions and terms and conditions.

Full Name:

Signature:

Date:

POPIA Consent

Use of Personal Information Declaration

I consent to Centriq Insurance, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract.

For further information please read our Privacy Notice, which can be found on www.centriq.co.za

In the event that you qualify for the automated claims submission process, do you consent that we process your claim?

Yes No

May we contact you for marketing purposes, for example, when we run competitions or launch new products?

Yes No

How may we contact you?

Email SMS/WhatsApp Telephone only All methods

Once signed, this application form should be returned to your servicing Broker.

This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme.
This Policy is not a substitute for Medical Scheme membership.

AfroCentric Health ^(RP) (Pty) Ltd holds preference shares in Centriq Insurance ^(RP) Company Limited.
Insurance Products are insured by Centriq Insurance Company Limited ("Centriq") a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).

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