

➤ SANLAM GAP COVER DISCLOSURE NOTICE 2025



Statutory notice:

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 (RF) (Pty) Ltd holds preference shares in Centriq Insurance 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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Disclosure and Other Legal Requirements

As a short-term insurance Policyholder, or prospective Policyholder, you have the right to the following information:

The Financial Advisory and Intermediary Services and Short-term Insurance Acts require compliance, by the Insurer (who is the product supplier) and your intermediary/broker, with the Acts, FAIS General Code of Conduct and Policyholder Protection Rules to enable you to make informed decisions about the insurance products that you purchase. It also aims to ensure that your product supplier and intermediary/broker render financial services honestly, fairly, with due skill and diligence and in your interests and the integrity of the financial services industry.

You will receive two Disclosure Notices (one from your intermediary/broker and one from your Insurer at the inception of your Policy and at each subsequent renewal (or anniversary) date. The Disclosure Notices contain information about your Insurer and intermediary/broker, together with information about the Ombud and Financial Sector Conduct Authority. Should you experience any difficulties in obtaining the required details, please contact your intermediary/broker for further assistance.

About Your Intermediary/Broker

Your intermediary/broker should provide you with their Disclosure Notice within a reasonable time from when you are provided with a quotation, take out a policy or amend your Policy. If they do not do so, even after you have requested it, please contact the Insurer to assist.

Commission Structure

AfroCentric Health holds preference shares in a cell captive arrangement with the Insurer and as a result, thereof, has a share in the underwriting result of the cell captive.

Commission is payable on a cumulative scale.

Premium Commission %

- ① 0 - 299 = **20%**
- ② 300 - 600 = **15%**
- ③ 601 - 1200 = **10%**
- ④ 1200 + = **5%**

Example

Premium is R1,500, commission is calculated as follows:

20% of the first R299;

15% of the portion of the Premium in the R300 - R600 band;

10% of the portion of the Premium in the R601 - R1 200 band; and

5% of the portion of the Premium of the amount above R1,200 (i.e. R1 201 to R1 500).

Your Insurer - Contact Details

Physical Address	Centriq Insurance Company Limited
Company Registration Number	1998/007558/06
Licensed Non-Life Insurer Number	I180
FSP Number	3417
Vat No.	4230187124
Postal Address	P.O. Box 55674, Northlands, 2116
Physical Address	The Oval, Second Floor, West Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196
Telephone Number	011 268 6490
Fax Number	011 268 6495
Email	info@centriq.co.za
Website	www.centriq.co.za
Details of the Compliance Department	The internal compliance officer is contactable at: Tel: 011 268 6490 Email: compliance@centriq.co.za
Details of the Claims Department	The Claims Department is contactable at: Tel: 011 268 6490 Email: claims@centriq.co.za
Details of the Complaints Department	All complaints must be in writing and any of our representatives will be able to provide you with a copy of our complaints procedure on request. The Complaints Department is contactable at: Tel: 011 268 6490 Email: faiscomplaints@centriq.co.za / complaints@centriq.co.za

Important Information

The Premium and all accompanying charges are detailed on your Policy Schedule. Your intermediary/broker receives up to, but never exceeding, the regulated maximum commission payable in terms of the Short-Term Insurance Act.

This Policy is a Health and Accident Policy offered under the Short-term Insurance Act.

Individuals

- ⌚ All Premiums are **payable monthly in arrears** by the **last working day of each month**. Non-payment of Premiums may lead to the rejection of a claim or cover being suspended and any Benefit payable will be suspended until all arrear Premiums have been received by Centriq or the Insurer.
- ⌚ If the Premium is not paid on the payment date, you have a **30-day grace period** after which we will automatically deduct the outstanding Premiums from the same account to ensure continuous cover. If this Premium is also not paid you **will have no cover for the period for which you did not pay**.
- ⌚ Should your Premium remain **outstanding after the third month**, your cover will be **cancelled** as of the last day of the month in which you made your last successful payment.
- ⌚ Should you cancel or stop your debit order, it will be deemed that you have cancelled your cover and you **will not enjoy the 30-day grace period**. In the event that you reinstate your Policy thereafter, your Policy will be treated as a new Policy and the grace period will only apply from the second month of cover thereafter.
- ⌚ Your **cover starts on the first calendar day** of a particular month and cannot be backdated.
- ⌚ Your Premium will be **reviewed annually**.
- ⌚ The Insurer **may adjust the Premiums by giving at least 31 days written notice** thereof to the Policyholder.

Corporates (On Behalf of The Policyholder)

- ⌚ All Premiums are **payable monthly in arrears** by the last working day of each month.
- ⌚ Non-payment of Premiums may lead to the rejection of a claim or cover being suspended and any Benefit payable will be suspended until all arrear Premiums have been received by Centriq.

- ⌚ Your **cover starts on the first calendar day** of a particular month and cannot be backdated.
- ⌚ Your Premium will be **reviewed annually**.
- ⌚ The Insurer **may adjust the Premiums by giving at least 31 days written notice** thereof to the Policyholder.

Other Matters of Importance

You will be informed in the event of any material changes to this information provided.

A polygraph or lie detector test is not compulsory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim.

You will be given reasons, in writing, by the Insurer in the event of a claim being repudiated, as well as full details of steps that can be taken, and timelines that you will need to stick to, if you do not agree with the Insurer's decision.

The Insurer must give you at least **31 days'** written notice of its intention to cancel the Policy.

You will always be entitled to a copy of the Policy free of charge.

If you decide that this cover does not suit your needs and no Benefit has yet been claimed, you have **14 days** from when you receive our Policy to cancel the Policy in writing and any Premiums that have been collected before then, will be refunded within 31 days after your cancellation notice is received, **unless this Policy forms part of a compulsory Benefit in terms of your employment contract**.

How to Institute a Claim

If you have a claim, please contact us on any of the Claim Department's contact details given above.

Claims must be submitted for processing within six months of an event. Claims submitted after six months may not be paid.

On receipt of your claim, you will receive an email and SMS notification confirming receipt of your claim as well as updates regarding the status of your claim.

Once your claim has been approved, funds will be paid into the personal bank account of the Policyholder via EFT and not to the service provider.

How to Submit a Complaint

If you have a complaint, please contact us on any of the Complaint Departments, contact details given above.

1.	Please note that all complaints must be addressed to us in writing.
2.	If any complaint about your intermediary/broker is not resolved to your satisfaction, you may submit your complaint to the FAIS Ombudsman, whose address appears at the foot of this notice.
3.	If any complaint to the insurer is not resolved to your satisfaction, you may submit your complaint to the National Financial Ombud Scheme South Africa or the FSCA, whose addresses appear at the foot of this notice.
4.	In terms of the Policyholder Protection Rules, if you dispute the outcome of your claim, you have 90 days from the day you are first informed of the outcome to notify us about your objection. Immediately following this, you have a further six months within which to serve a summons on us or escalate to the ombudsman. If you do not do so within this period, your right to challenge the decision is forfeited.

Warning

- ⌚ Do not sign any blank or partially completed application forms.
- ⌚ Complete all forms in ink.
- ⌚ Make notes of what was said to you and keep all documents handed to you.
- ⌚ Do not be pressurised into buying the product.
- ⌚ Study the Policy with care immediately when received. If you have any uncertainties, discuss these with your intermediary/broker.
- ⌚ Incorrect information or non-disclosure of relevant facts may influence the assessment of a claim.

Other Contact Details

The FAIS Ombudsman	
Physical Address:	11th Floor, Menlyn Central Office Building, 125 Dallas Avenue, Waterkloof Glen, Pretoria
Postal Address:	P.O. Box 41 Menlyn Park, 0063
Telephone:	+27 (0)12 762 5000
Email:	info@faisombud.co.za
Website:	www.faisombud.co.za
National Financial Ombud Scheme South Africa NPC	
Physical Address:	JHB: 110 Oxford Road, Houghton Estate, Johannesburg, 2198 CPT: Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7700
Telephone:	0860 800 900
Email:	info@nfosa.co.za
Website:	www.nfosa.co.za
Financial Sector Conduct Authority	
Physical Address:	Riverwalk Office Park, Block B, 41 Matroosberg Road (Cnr Garsfontein Road and Matroosberg Road), Ashlea Gardens, Extension 6, Menlo Park, Pretoria
Postal Address:	P.O. Box 35655, Menlo Park, Pretoria, 0102
Telephone:	+27 (0) 12 428 8000
Fax:	+27 (0) 12 347 6941
Email:	info@fsc.co.za
Website:	www.fsc.co.za

Sharing of Insurance Information

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidents of fraud and assessing risks fairly, future Premium increases may be limited. This is done in the public interest and in the interest of all current and potential policyholders.

The sharing of information includes but is not limited to information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By accepting or renewing this insurance, you or any other person that is represented herein, gives consent to the said information being disclosed to any other insurance company or its agent.

You also similarly give consent to the sharing of information regarding to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself, or your representative may be verified against any legally recognised sources or databases.

By accepting or renewing this insurance, you hereby consent to such information sharing with regards to underwriting or claims information that you have provided or that has been provided by another person on your behalf.

In the event of a claim, the information you have supplied with your application together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

Sharing of insurance information is done in accordance with applicable legislation, as well as our Privacy Notices which can be found on our website: www.centriq.co.za

Use of Your Personal Information

When you enter into this Policy you will be giving us your personal information that may be protected by data protection legislation, including but not only, the [Protection of Personal Information Act, 2013](#) ("POPI"). We will take all reasonable steps to protect your personal information.

You authorise us to:	
1.	Process your personal information;
2.	Communicate information to you that you ask us for;
3.	Provide you with insurance services;
4.	Verify the information you have given us against any source or database; and
5.	Compile non-personal statistical information about you;
6.	Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and enable us to further our legitimate interests including statistical analysis, re-insurance and credit control.
7.	Transmit your personal information to any third-party service provider that we may appoint to perform functions relating to your Policy on our behalf.
8.	You acknowledge that this consent clause will remain in force even if your Policy is cancelled or lapsed.

Processing of your personal information is always done in accordance with applicable legislation, as well as our Privacy Notice which can be found on our website: www.centriq.co.za.

Waiver of Rights

No intermediary/broker, or Insurer may request or induce in any manner a Policyholder to waive any right or Benefit conferred on the Policyholder by or in terms of any provisions of the General Code of Conduct, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

Conflict of Interest

We have considered the conflict-of-interest provisions in terms of the FAIS Act 37 of 2002 and the Policyholder Protection Rules and have not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third-party relationships, associates or distribution channels as defined.

We adopted a values-based approach where the spirit of the legislation is embraced. This is reviewed at least annually and reported to the Financial Sector Conduct Authority. A Conflict of Interest Management Policy is available to Policyholders upon request.



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