Sanlam

INSURED BY CENTRIQ INSURANCE
A LICENSED NON-LIFE INSURER

Employee Application Form

Important note

Please complete and sign this form and return to your Broker who will submit on your behalf. Only applications received by your Broker will be accepted. Applications received after the 15th of the current month will only be activated on the 1st of the following month. Dedicated Sanlam Gap email address: **Gapinfo@centriq.co.za**

A. Policyholder Details

- ☐ I do not currently have Gap Cover
- ☐ I am currently a Sanlam Gap Policyholder but wish to transfer my cover through my employer
- ☐ I currently have Gap Cover with another provider but I wish to transfer my cover to Sanlam Gap through my employer
- ☐ I currently have Gap Cover with another provider but I wish to transfer my cover to Sanlam Gap

If you have Gap Cover with another provider but wish to transfer to Sanlam Gap, please submit your proof of cover. Waiting periods may apply.

Plan Option:

- ☐ Sanlam Gap Comprehensive
- ☐ Sanlam Gap Comprehensive with added Mediclinic Extender option

Cover Start Date: Y Y Y Y M M 0 1

Title: _____ Name: _____ Surname: _____

ID No. (compulsory field): _____ Date of Birth: Y Y Y Y M M D D

Cellphone No.: _____ Alternative Contact No: _____

Physical/Postal Address: _____

_____ Postal Code: _____

Email Address: _____

B. Medical Scheme Cover Detail

Medical Scheme: _____ Option: _____

Start date of medical scheme membership: Y Y Y Y M M D D

Membership number: _____

Please note *that cover can only be granted if you are a member of a medical aid scheme and not health insurance. Health insurance policies are not medical aid schemes which are goverened by the Medical Schemes Act (No. 131 of 1998)*

C. Employer Details:

Employer Name: _____ Employer Paypoint Number: _____

Employer Branch: _____ Employee Number: _____

Employment Date: Y Y Y Y M M D D

D. Dependant Details

We will cover you, your spouse / partner and child dependants (up until the age of 27 years) on one Gap cover policy, even if you belong to different medical schemes or medical scheme plans.

Title: Name: Surname:

Relationship: ID No. (compulsory field):

Medical Scheme: Membership No.:

Medical Scheme Plan: Date of Birth: Y Y Y Y M M D D

Title: Name: Surname:

Relationship: ID No. (compulsory field):

Medical Scheme: Membership No.:

Medical Scheme Plan: Date of Birth: Y Y Y Y M M D D

Title: Name: Surname:

Relationship: ID No. (compulsory field):

Medical Scheme: Membership No.:

Medical Scheme Plan: Date of Birth: Y Y Y Y M M D D

Title: Name: Surname:

Relationship: ID No. (compulsory field):

Medical Scheme: Membership No.:

Medical Scheme Plan: Date of Birth: Y Y Y Y M M D D

E. Waiting Periods

A 3 month General Waiting Period and 12 month Condition Specific Waiting Period will be applied to voluntary membership within a corporate group. No waiting periods will apply to compulsory corporate groups. If you are transferring your cover from another Gap Cover provider with similar benefits, only the balance of the applicable waiting periods will apply.

Your Policy schedule you receive upon activation will outline the waiting periods for each insured on your policy.

3 month general waiting period - there is no cover during this period, except for accidents that occur subsequent to your and your dependants' cover join dates.

12 month pre-existing medical condition waiting period - there is no cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed, or for which advice of treatment was received 12 month prior to your or your dependants join dates.

F. Debit Order Details

(If your employer is deducting premiums from payroll, please complete section G below)

If you are responsible for the payment of your Premium as part of an employer group, please complete the below section. If your employer is paying the Premium on your behalf, please do not complete this section. The reference reflected on your bank statement is Sanlam Gap and your Policy number.

Account Type: ☐ Cheque ☐ Savings

Bank: _____ 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).*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.

Please submit a copy of your bank statement or a bank detail confirmation letter not older than 3 months with this form.

Premium Payer Signature: _____

G. Employer Deduction from Payroll

Premium to be collected monthly in arrears via a company payroll deduction:

R _____

H. Broker Details

Brokerage: _____ Broker Name: _____

Brokerage House Code: _____ Broker Code: _____ Signature: _____

I. 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: Y Y Y Y M M D D

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.

T 0861 111 167
E Gapinfo@centriq.co.za