

6. REPLACEMENT POLICY DISCLOSURE [CONTINUED]

DISCLOSED PLANNED MEDICAL EVENTS

If you claim in the first **10 months** of cover for a disclosed planned medical procedure, surgery, treatment and/or investigation, your claim will be covered at **20%** of the **approved claim amount**.

UNDISCLOSED MEDICAL EVENTS

If you claim in the first **12 months** of cover for a medical procedure, surgery, treatment and/or investigation that is deemed pre-existing which you did not disclose, your claim may be investigated and rejected on the basis of non-disclosure.

Please submit a copy of your current policy document **not older than 30 days** for underwriting purposes.

By signing this application, you acknowledge and accept that your policy will be subject to waiting periods and a limited benefit in the first **10 months** of cover for disclosed planned medical events.

Please record details of the policy replacement in the table below:

POLICY REPLACEMENT RECORD	CURRENT PRODUCT	REPLACEMENT PRODUCT
Name of Insurer		Constantia Insurance Company Limited
Product Name		
Cancellation and Cover Start Date		
Premium		
Differences in Products		
Reason(s) for Transferring Cover		

7. YOUR PAYMENT PROFILE

By signing this section and upon acceptance of your application, you:

- understand that cover will commence after the first premium is received.
- authorise Stratum Benefits to debit your account for the policy premium that is payable in advance, on the debit order date as selected.
- authorise Stratum Benefits to accept this debit order authority as a payment instruction issued by the account holder.
- accept that depending on the selected debit order date, a double debit may be incurred.
- agree that this debit order authority will remain in force until cancelled in writing by the principal insured person, or by Stratum Benefits if premiums are not received for two consecutive months.
- understand that this debit order authority may only be assigned to a third party if this contract is also assigned to a third party.
- understand that if your payment date falls on a Sunday, or recognised South African public holiday, the debit order date will default to the next working day.
- accept that if the premium from a previous debit order deduction is returned, a **R 25** admin fee will be added to the next premium deduction.
- accept that your premium may be adjusted during an annual renewal or due to benefit restructuring necessitated by legislation with one month's written notice, and subject to your right of cancellation of cover, the debit order authority will extend to the adjusted premium.
- understand that your debit order deductions will be processed through a computerised system provided by the South African Banks. Details of each debit order deduction will be displayed on your bank statement with the reference prefix "STRATUM" followed by an 8 digit number ending with "SAGEPAY".
- accept that given the debit order authority granted by you, it is your responsibility to ensure that premiums are collected in order to remain covered.
- accept that you shall not be entitled to any refund of amounts which have been deducted while this debit order authority is in force, if such amounts were legally due.
- understand that the product premium is inclusive of VAT.

Bank Account Number

Account Holder

Account Type Cheque Savings Term Monthly Annual Debit Order Date 1st 4th 7th 15th 20th 25th 28th Last day of the month

Optional Professional Fee (Increments of R10) R Total Monthly Premium R Account Holder Signature

8. PROSPECTIVE CLIENT CONSENT (Applicable to all applicants)

As the main applicant applying for insurance cover, I hereby declare and accept that:

- I am applying for insurance cover subject to the waiting periods, benefit and general exclusions, terms and conditions of the policy contract and confirm that these have been communicated and explained to me prior to my cover start date.
- all the details provided are true and correct and that no information has been withheld that may be material to, or is likely to affect the assessment or acceptance of my risk.
- in the event of any material non-disclosure or misrepresentation, my policy may be rendered null and void. I accept that I will forfeit any and all premiums and that Stratum Benefits may decline to indemnify or compensate me and/or my dependant(s) where applicable, for any claims under any item or section of cover.
- should this application form be incomplete, it may not be processed by Stratum Benefits.
- I understand that this insurance cover is not a medical aid membership nor does it provide benefits similar to that of a medical aid.
- my, and my dependant's eligibility for cover is dependent on us remaining active members of a registered medical aid and I undertake to advise Stratum Benefits if I terminate my, and/or my dependant's medical aid membership at any time.
- in terms of the Financial Advisory and Intermediary Services Act, 2002 (FAIS), my broker must be mandated by a licensed Financial Services Provider (FSP) as a representative with the necessary (FAIS) sub-categories to act on my behalf and that it is my responsibility to determine whether my broker has the necessary authorisation.
- I have appointed the above-mentioned broker and authorise payment of their monthly commission.
- Stratum Benefits is irrevocably authorised to process and store my and/or my dependant's personal information required for the purpose of administrating cover under this policy, and I undertake to notify Stratum Benefits of any change in my personal details within a reasonable time period.

Main Applicant Signature Date

Email yourapplication@stratumbenefits.co.za. Please enquire if you have not received your policy documentation within **7 days** from submitting your Client Application Form.



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Constantia Insurance Company Limited, an authorised FSP 31111.
t 086 111 3499 w www.stratumbenefits.co.za

9395265548