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3. RECOMMENDATION

Your Broker, where one has been appointed by you, will make recommendations and give advice based on the information provided by you. Should you not agree with the recommendation or advice and require further information, this should be brought to your Broker's attention.

TO BE COMPLETED BY YOUR BROKER

The purpose of this section is to ensure that you have reviewed your client's health insurance requirements to determine which Gap Cover option best suits their needs.

Following discussions between you and your client in determining the best suitable Gap Cover option, your recommendation is as follows:

Option

Reasons for your recommendation

4. WAITING PERIODS

It is important to note that waiting periods apply from the start date of the policy and from each insured person's cover start date, unless otherwise specified in your Cover Letter which you will receive when your cover is activated.

3 MONTH GENERAL WAITING PERIOD

Cover does not apply during this period unless you claim for accidental events that occur after your cover start date.

EXCEPTION TO THE RULE

Our Out-Patient Specialist Consultation Benefit offered on our ELITE option is subject to a standard 3 Month General Waiting Period.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within 12 months before your cover start date.

10 MONTH BENEFIT RULE

Within the first 10 months of cover, 20% of the approved claim amount will be payable in respect of specific medical events. Visit our website, refer to our product brochures, speak to your broker or get in touch with us directly for more information.

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

5. PRE-EXISTING MEDICAL CONDITION DISCLOSURE

As the main applicant, you accept the responsibility of answering this section on behalf of your dependant(s) and agree that you have the necessary knowledge and authority to fully do so.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within 12 months before your cover start date.

Medical events claimed within the first 12 months of cover that we view as pre-existing which you did not disclose at the time of applying for cover, may be investigated and rejected on the basis of non-disclosure.

 $Please\ provide\ details\ of\ any\ illness\ and/or\ medical\ condition\ relevant\ to\ you\ and/or\ your\ dependant(s),\ where\ applicable:$

NAME	PRE-EXISTING MEDICAL CONDITION(S)														

6. REPLACEMENT POLICY DISCLOSURE (To be completed by your Broker if you are transferring cover from another Gap Cover provider)

If you are applying for cover as a transfer client, whereby your current Gap Cover policy will be replaced with a Stratum Benefits Gap Cover policy, it is important to understand that certain aspects of the replacement policy may differ.

REPLACEMENT POLICY DISCLOSURE

- · A change in monthly premium and/or special terms and conditions may apply as products are different in benefit and fee structure.
- Our Policy Particulars provide more information about the general exclusions, terms and conditions of cover
- Where there has been a break in cover of **30 days** or **more** between the end date of cover with your previous insurer and your cover start date with Stratum Benefits, full underwriting will apply.

GENERAL WAITING PERIOD

This waiting period may apply subject to your age demographic. During this period, cover does not apply unless you claim for accidental events that occur after your transfer cover start date.

Our Out-Patient Specialist Consultation Benefit offered on our ELITE option is subject to a standard 3 Month General Waiting Period.

PRE-EXISTING CONDITION WAITING PERIOD APPLICABLE TO LIKE-FOR-LIKE BENEFITS AND/OR ENHANCED BENEFITS

If your current Gap Cover policy has been active for less than 12 months and a Pre-Existing Condition Waiting Period applies, the balance of the applicable waiting period will be carried over. Where our Gap Cover policy provides enhanced benefits, a 12 Month Pre-Existing Condition Waiting Period will apply.

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within 12 months before your transfer cover start date.

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.
- 2. authorise Stratum Benefits to debit your account for the policy premium that is payable in advance, on the debit order date as selected.
- 3. authorise Stratum Benefits to accept this debit order authority as a payment instruction issued by the account holder
- 4. accept that depending on the selected debit order date, a double debit may be incurred.
- 5. 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.
- 6. understand that this debit order authority may only be assigned to a third party if this contract is also assigned to a third party.
- 7. 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.
- 8. 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.
- 10. 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".
- 11. 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.
- 12. 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.
- 13. understand that the product premium is inclusive of VAT

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8. PROSPECTIVE CLIENT CONSENT (Applicable to all applicants)

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

- 1. 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.
- 2. 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.
- 3. 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.
- 7. 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.
- 8. 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.

