

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 health insurance benefit option best suits their needs.

Following discussions between you and your client, your recommendation is as follows:

Option

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Reason for your recommendation

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4. WAITING PERIODS

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.

2 MONTH GENERAL WAITING PERIOD

Cover does not apply to our Day-to-Day, Wellness Assessment and Preventative Care Benefits during the first 2 months of cover.

9 MONTH PRE-BIRTH CONSULTATION WAITING PERIOD

12 MONTH CHRONIC MEDICATION WAITING PERIOD

12 MONTH EYE CARE WAITING PERIOD

EXCEPTION TO THE RULE

Waiting periods do not apply to our Emergency and Accident Benefits and Essential Assistance Programme (EAP).

By signing this application form, you acknowledge and accept that your policy will be subject to waiting periods for specific medical events.

5. NOMINATION OF BENEFICIARY

Please nominate 1 beneficiary to whom the benefit amount under our Accidental Death Benefit will be paid to in the event of your accidental death. If a beneficiary is not nominated, the benefit amount will be paid to your estate.

In the event of your spouse's accidental death, the benefit amount will be paid to the principal insured person on the policy.

Please refer to your policy documentation for full terms and conditions.

| Title | Name | Surname | ID/Passport |
|-------|------|---------|-------------|
| | | | |

| Relationship | Address |
|--------------|---------|
| | |

As the main applicant, you understand that the beneficiary nominated will receive proceeds from the benefit payable under our Accidental Death Benefit, subject to the terms and conditions of your policy and/or limitations imposed by law at the time of your claimable event.

You also understand that:

- you may nominate a beneficiary of your choice;
- if your nominated beneficiary cannot be located or passes away prior to your claimable event, the benefit amount(s) payable to them will be paid to your estate;
- if at the time of payment your nominated beneficiary is a minor, the benefit amount(s) will be paid to the minor's legal guardian or a trust for the benefit of the minor, or to any person we are authorised to pay under the relevant law;
- you may amend your nomination at any stage, however, nominations are not effective until confirmed in writing by the Insurer; and
- the benefit amount(s) payable to your nominated beneficiary will be based on the latest valid beneficiary nomination received as accepted by the Insurer.

Main Applicant Signature

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Date

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6. YOUR HEALTHCARE PROVIDER(S)

Please provide details of your doctor(s), whom we will contact with an offer to join Unity Health's national provider network.

| Doctor | Contact Number |
|--------|----------------|
| | |

| Doctor | Contact Number |
|--------|----------------|
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7. YOUR PAYMENT PROFILE

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

1. 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.
9. 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.

| | | | |
|--|--|---|---|
| Bank | <input type="text"/> | Account Number | <input type="text"/> |
| Account Holder | <input type="text"/> | | |
| Account Type | Term | Debit Order Date | |
| <input type="radio"/> Cheque <input type="radio"/> Savings | <input type="radio"/> Monthly <input type="radio"/> Annual | <input type="radio"/> 1st <input type="radio"/> 4th <input type="radio"/> 7th <input type="radio"/> 15th <input type="radio"/> 20th <input type="radio"/> 25th <input type="radio"/> 28th <input type="radio"/> Last day of the month | |
| Optional Professional Fee (Increments of R10) | R <input type="text"/> | Total Monthly Premium R | <input type="text"/> |
| | | | Account Holder Signature <input type="text"/> |

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 information provided is true and correct and that I have not withheld any information which 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.
4. should this application form be incomplete, it may not be processed by Stratum Benefits.
5. I understand that this insurance cover is not a medical aid membership nor does it provide benefits similar to that of a medical aid.
6. 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.
7. I have appointed the above-mentioned broker and authorise payment of their monthly commission.
8. Stratum Benefits is irrevocably authorised to process and store my and/or my dependant's personal information required for the purpose of administering cover under this policy, and I undertake to notify Stratum Benefits of any change in my personal details within a reasonable time period.
9. I further authorise and instruct the Insurer and any medical provider (including emergency and hospital providers) concerned to give any information relating to myself and/or my dependants to the staff appointed by the Insurer, for the purposes of ensuring that the insured persons on the policy receive appropriate and necessary medical services while reducing inappropriate care and wastage of medical resources.

Main Applicant Signature

Date

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



Administered by Unity Health, a division of Ambledown Financial Services (Pty) Ltd, an authorised FSP 10287. In partnership with Stratum Benefits (Pty) Ltd, an authorised FSP 2111, underwritten by Constantia Insurance Company Limited, an authorised FSP 31111. Terms and conditions apply.



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