



GET GAP COVER 2020

Only for Members 65 years of age and above

WHAT ARE MY CHOICES IN 2020?

1. COMPACT 200 Plan: Individuals and Families – R434 p.m.

- **200% GAP BENEFIT:** When a Specialist, in-hospital, charges tariffs higher than what your medical scheme will pay GAP BENEFIT **provides up to an additional 200% cover** above the medical scheme rate. It is **incumbent on you, the Policy Holder** to negotiate with your Specialist to limit the tariff he/she will charge to avoid a shortfall after Gap Cover had paid their portion. Dental related procedures are limited to R4,000 per policy p.a. and R8,000 per policy p.a. if related to accidental injury or cancer. Basic radiology, Specialised radiology limited to R5,000 per policy p.a.
- **CO-PAYMENT BENEFIT:** When medical schemes impose a co-payment or deductible for procedures like MRI/CT scans, endoscopies and hospital admissions this benefit will cover up to R15,000 per policy p.a.
- **CANCER TREATMENT SHORTFALLS:** For treatment related to oncology co-payments and biological drugs where sub-limits are imposed by medical schemes.
- **CANCER TREATMENT TOP-UP:** If your medical scheme imposes a maximum threshold for oncology and this is breached, an additional R60,000 per person p.a. is available to extend treatment.
- **SUB-LIMITS BENEFIT:** Where medical schemes limit the total amount, they will pay towards internal prostheses e.g. Hip and Knee replacement devices. Benefit limited to R15,000 per person per event.

2. CO-EVOLUTION Plan: Individuals and Families - R493 p.m. (covers 2 main shortfall categories)

- **GAP BENEFIT:** When a Specialist, in-hospital, charges tariffs higher than what your medical scheme will pay GAP BENEFIT **provides up to an additional 500% cover** above the medical scheme rate. Dental related procedures are limited to R4,000 per policy p.a. and R8,000 per policy p.a. if related to accidental injury or cancer. Basic radiology, Specialised radiology limited to R5,000 per policy p.a.
- **CO-PAYMENT BENEFIT:** When your medical scheme imposes a co-payment or deductible for procedures like MRI/CT scans; endoscopies and hospital admissions with a limit of R50,000 per policy p.a.

3. ELITE Plan: Individuals - R575 p.m. and Families - R699 p.m. (covers all shortfalls we have identified to date)

- **GAP BENEFIT:** When a Specialist, in-hospital, charges tariffs higher than what your medical scheme will pay GAP BENEFIT **provides up to an additional 500% cover** above the medical scheme rate. Dental related procedures are limited to R6,000 per policy p.a. and R12,000 per policy p.a. if related to accidental injury or cancer. Basic radiology, Specialised radiology limited to R5,000 per policy p.a.
- **PENALTY CO-PAYMENT COVER:** If you choose to use a hospital or day clinic that does not form part of your medical scheme's preferred hospital network. Limited to 1 co-payment up to R10,000 per policy p.a.
- **ROBOTIC SURGERY CO-PAYMENT:** The Co-Payment your medical aid requires you to pay prior to undergoing robotic surgery, limited to R10 000 per policy p.a.
- **CANCER TREATMENT SHORTFALLS:** For treatment related to oncology co-payments and biological drugs where sub-limits are imposed by medical schemes. Subject to the Overall Policy Limit.
- **CANCER TREATMENT TOP-UP:** If your medical scheme imposes a maximum threshold for oncology and this is breached cover for treatment thereafter will continue with the Cancer Treatment Top-Up. Subject to the overall policy limit.
- **SUB-LIMITS BENEFIT:** Where a medical scheme limits the amount, they will pay towards the following and you become liable to settle a portion of the service provider's account:
 - Internal prostheses and Renal Dialysis treatment benefit limited to **R30,000** per event per person per event;
 - Colonoscopy and gastroscopy of up to R3,000 per person per event;
 - **MRI or CT Scans** up to an amount of **R3,000** per person per event when you become liable to settle a portion of your service provider's account.

Value added benefits: All the above options have value added benefits, full details of which are contained in your policy document.

Demarcation Legislation has set a total policy claim limit of R165,000 per person p.a.

All premiums noted above are inclusive of a R20 Professional Fee.

2020

INDIVIDUAL CLIENT APPLICATION FORM AND RECORD OF ADVICE

Brokerage and Broker information grid

Signature

Signature box with handwritten signature

1. CREATE YOUR PROFILE

Please select the type of application relevant to your profile, which will form the basis of your contract with us.

- Radio buttons for New client, Client transferring cover, Existing dependant

MAIN APPLICANT DETAILS

Main applicant details grid including Title, Name, Surname, ID/Passport, Medical Aid, etc.

DEPENDANT DETAILS

We cover you and your spouse on one policy, even if you belong to different medical aids or medical aid options, including all dependants registered on your or your spouse's medical aid option.

Grid for dependant details including Title, Name, Surname, ID/Passport, Relationship

2. GAP COVER OPTIONS

As an individual aged 65 or older, you will be covered under the 65+ individual option. If you apply for cover as a family, and either you or one of your dependants is 65 years or older, you and your family will be covered under the 65+ family option.

COMPACT 200

Table with columns: Ages, Monthly Premium, Individual, Family options for Compact 200

ELITE

Table with columns: Ages, Monthly Premium, Individual, Family options for Elite

CO-EVOLUTION

Table with columns: Ages, Monthly Premium, Individual, Family options for Co-Evolution

ACCESS OPTIMISER PLUS

Table with columns: Ages, Monthly Premium, Individual or Family including 200% Gap Cover, 500% Gap Cover options

65+ ACCESS OPTIMISER PLUS

Table with columns: Ages, Monthly Premium, Individual or Family including 200% Gap Cover, 500% Gap Cover options

COVER START DATE

Grid for 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.
- 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	<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:

- 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	<input type="text"/>	Date	<input type="text"/>
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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.
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POLICYHOLDER DECLARATION

I have carefully considered the Gap Cover options made available to me and have selected the option that meets my medical aid shortfall requirements both in terms of benefits and affordability of the monthly premium and, as such, have waived my right to a complete Gap Cover needs analysis.

I have read and understood the most significant waiting periods and exclusions applicable to my Gap Cover policy as described below.

- **3 MONTH GENERAL WAITING PERIOD:** During this period, cover does not apply unless you are claiming for an accidental event that occurs after your cover start date.
- **12 MONTH PRE-EXISTING CONDITION WAITING PERIOD:** During this period, cover does not apply for an investigation, treatment, procedure or surgery relating to any illness or condition that you have been diagnosed with and/or received advice and/or treatment for 12 months before your cover start date.
- Should you claim from our **GAP, CO-PAYMENT or SUB-LIMIT BENEFITS** after the General Waiting Period but within the first 10 months of cover for the below listed medical events, your related healthcare providers' accounts will be covered at 20% of the approved medical expense shortfall amount: Adenoidectomy, Tonsillectomy, Myringotomy/Grommets, Cardiovascular procedures, Cataract removal, Dentistry, Hernia repairs, Hysterectomy (if required due to cancer that is diagnosed after the General Waiting Period applicable to your policy, your claim will be covered in full), Joint replacements, MRI, CT and PET scans, Nasal and sinus surgery, Pregnancy and childbirth, Spinal procedures and Scopes. If your medical event is due to a pre-existing medical condition, your claim will be subject to the Pre-Existing Condition Waiting Period applicable to your policy. If this waiting period does not apply your claim will be covered at 20% as specified above. Claims for accidental events that occur after your cover start date will be covered in full, from the first day of cover.

I agree to familiarise myself with all documents to follow via e-mail after acceptance and activation of my gap cover insurance policy. These documents will contain full information including details of benefits, limitations and more detailed descriptions of waiting periods and exclusions which, upon acceptance of cover, constitutes my binding acceptance of the terms and conditions of my Gap Cover Policy.

I further acknowledge and agree that my policy will only come into force upon receipt of the first premium and my benefits will only remain in force with the continued receipt of premiums due to the insurer. It is my sole responsibility to ensure all premiums and any other charges due are paid in full to ensure my policy benefits remain active. In event that my policy premium payment is not successful I will not have any cover for the period for which I do not pay. In event of a returned debit order I agree that the insurer will process a debit order for the month for which payment is outstanding as well as the next month's premium plus a non-refundable administration fee of R 25, on my chosen debit order date. In the event my payment of my two months' premium is not received my policy will be cancelled immediately effective the last day of the month for which payment was last received.

GetGap Cover acts as a marketing entity for the registered Financial Service Provider as noted on the attached application form. The staff and management of GetGap Cover are not authorised to offer either financial advice or perform intermediary services. They may, however, provide Gap Cover product specific information.

In terms of the Short-Term Insurance Act, the Registered Financial Services Provider will be paid commission capped at the regulated percentage and this commission is included in the premium disclosed on the application form. Your policy will be reviewed on an annual basis by the insurer.

SIGNATURE

DATE

FULL NAMES

Please sign and return this Policy Holder Declaration together with your application form.