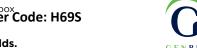
Broker House: Aon South Africa (Pty Ltd)





underwritten by

Do not scan or fill in by hand. Complete ALL fields.

Sanlam Primary Care Application Form – Corporate		
Company name: _Santam Limited	Employee number:	
PRINCIPAL INSURED DETAILS		
Policy inception date: YYYYMMDD		
Full names (as per ID):	Surname:	
ID number / passport:	Mr Mrs Miss Dr Other	
Date of birth: YYYYMMDD	Male Female	
Email address:		
Home no.:	Work no.:	
Fax no.:	Cell no.:	
Postal address:		
	Post code:	
Residential Address:		
	Post code:	
SPOUSE DETAILS		
Full names (as per ID):	Surname:	
ID number / passport:	Mr Mrs Miss Dr Other	
Date of birth: Y Y Y Y M M D D	Male Female	
Email address:		
Home no.:	Work no.:	
Fax no.:	Cell no.:	
Cover is limited to: • The Policyholder and maximum of 4 dependants in total • Only one adult dependant is permitted • The only other dependants allowed are child dependants • An adult who is dependent on the policyholder and approved as eligible for	Dependants are: • Spouse and/or dependent children up to the age of 21 years • Students up to the age of 27 (please prove full time enrolment) • Adopted/foster child (please attach documentary proof) membership of this policy.	
Full names (as per ID):	Surname:	
ID number / passport:	Male Female	
Date of birth: YYYYMMDD	Relationship to applicant:	
Full names (as per ID):	Surname:	

Sanlam Primary Care is administered and Underwritten by GENRIC Insurance Company Limited (GENRIC), an Authorised Financial Services Provider (FSP 43638) and Licensed non-life Insurer. Sanlam Primary Care is not a Medical Scheme. The cover is not the as that of a medical scheme and is not a substitute for a medical scheme membership.

Financial Planning | Retirement | Insurance | Health | Investments | Wealth | Credit

Sanlam Health Solutions 2 Strand Road, Bellville, South Africa PO Box 1, Sanlamhof 7532, South Africa

ID number / passport:

Date of birth:



Relationship to applicant: _

Male

Female



DEPENDANTS continued

Full names (as per ID):	Surname:
ID number / passport:	Male Female
Date of birth: YYYYMMDD	Relationship to applicant:
Full names (as per ID):	Surname:
ID number / passport:	Male Female
Date of birth: YYYYMMDD	Relationship to applicant:
INTERMEDIARY DETAILS	
Intermediary group:	Intermediary code:
OPTION SELECTION	
Sanlam Primary Standard & Hospital Plan Adult	Adult dependant Child C
Signature of policy holder	Date: Y Y Y M M D D
Spouse (If married in community of property)	Date: YYYYMMDD
NOMINATED BENEFICIARY (related to Accidental D	eath Benefits)
Full names (as per ID):	Surname:
ID number / passport:	Mr Mrs Miss Dr Other
Date of birth: YYYY MMDD	Email address:
Home no.:	Work no.:
Fax no.:	Cell no.:
Relationship to applicant:	
POLICY HOLDER DECLARATION:	
	dersigned, understand that this is not a Medical Scheme and should not
is a product designed to provide access to specific primary healthca	comprehensive cover as that of a Medical Scheme. Sanlam Primary Care are benefits.
Name and surname of policy holder:	
Signature of policy holder	Date: YYYYMMDD

Declaration and informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at GENRIC Insurance Company Limited (GENRIC) respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission and deletion of your personal information. Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis of our assessment and terms, we offer you, it must be correct, complete, and up to date. We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Shouldy you decide to cancel this insurance contract you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only. Should you decide not to accept the proposal, the information collected, will be de-identified and only used for statistical and research purposes. I hereby voluntary consent to GENRIC processing my Personal Information. I understand the purposes for which my Personal Information is required and for which it will be used. I give GENRIC permission to process my Personal Information as provided above. *Our Privacy Notice and POPIA Policy provides the details of how we deal with the personal information of our clients, and it is available on our website at the following address: https://www.genric.co.za.*



Benefits of appointing

Aon South Africa Healthcare as your intermediary

Aon Healthcare is committed to providing you with exceptional service at every interaction. We have a team of professional, fully accredited advisors to assist you with all your medical schemes, Gap cover and Primary care enquiries.

Our philosophy is to:



Guide:

our members in selecting the medical scheme, Gap cover insurance or Primary care options aligned to their needs.



Educate:

our members with ongoing training throughout the year, end of year medical schemes and Gap cover benefits and rate changes.



Protect:

the rights of members by applying the Medical Scheme Act and scheme rules when resolving disputes with the medical schemes on behalf of the members.

Catalogue of services and technological platform accessible to our members

- Microsites: Provides you with access to voice recorded Induction, Year-end renewal, Year-end launch highlight presentations, brochures, COVID-19 updates, various application forms.
- **Aon Resolution Centre:** Professional assistance with your Medical scheme, Gap cover or Primary care claim resolution, comparison or benefit explanation.
- **Year-end renewal** communications: Access to member letters providing updates on the following:
 - Alert Provides high level summary of benefits and rates changes launched by medical scheme, Gap cover insurance as well as Primary care providers.

- Member letter Provides comprehensive information in relation to the benefits and rates changes implemented by Medical scheme, Gap cover or Primary care provider.
- Guidance letter Aon generates guidance letters for members that are under or over insured. The purpose of the guidance letter is to guide a member on selecting an appropriate option aligned to his/her needs.
- **Ad-Hoc Alerts:**
 - Ad-hoc updates pertaining to Medical schemes industry or providers specific updates.

Cost of appointing Aon

We are pleased to inform you that there is no additional fee charged by Aon when you appoint Aon Healthcare as your Healthcare intermediary. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme whether you have appointed Aon as broker or not. This monthly commission is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT). In terms of Primary Care Insurance products we earn maximum 3%. Gap Cover Insurance products, we earn commission on a sliding scale from $5\,\%$ up to $20\,\%$ depending on policy holder's monthly contributions.

Connect with us

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact. We partner with our client and seek solutions for their most important people and HR challenges. We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to www.aon.co.za

http://www.facebook.com/Aonhealthcare Click "Like" on our page (Aon healthcare)



http://twitter.com/Aon_SouthAfrica Click "follow" on our profile

Aon Employee Benefits - Healthcare

Aon South Africa Pty Ltd, an Authorised Financial Service Provider, FSP # 20555.

http://www.aon.co.za/disclaimer On all services provided, Aon's Terms & Conditions of Business, as amended from time to time, are applicable and can be

http://www.aon.co.za/terms-of-trade or will be sent to you upon request.

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Disclaimer:

Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

POPIA

Protection of Personal Information Act 4 of 2013 (POPIA), Medical Schemes are requesting a signed Broker Appointment letter to make certain information available to Aon South Africa (Pty) Ltd.

14 December 2022 | V2 | DD



Contact us on: **0860100 404**, P.O. Box 78367, Sandton, 2146, www.aon.co.za

FSP number: 20555; CMS number: ORG895

Follow our website link for further information on Aon's processing of your personal information

Acknowledgement of appointment

I acknowledge and appoint Ac	on South Africa (Pty) Ltd	as my broker for all matt	ers related to my Primary care.	
My ID:	and policy number	er:		
Signed at (Town or City):yy/mm/dd:				
services. Aon earns monthly co Primary Care Provider. Monthly Insurance Provider. This month	mmission which is already commission is part of you by commission is limited to	y included in the monthly our total monthly contribution 20% of the monthly con	• • •	
Monthly premium band		Maximum Commission	n Level	
Above R1 200		5%		
R601 to R1 200		10 %		
R300 to R600		15 %		
Less than R300		20%		
Permission to process my personal information as well as personal information of all dependents included on my membership application form and I consent to Aon South Africa (Pty) Ltd accessing information listed on the table below. I give consent for the disclosure of information about me.				
olicy no: ID or passport no:				
Primary Care Provider:	Ao	n Broker Code:		
Title: Initia	als: Su	rname:		
First name(s) (as per identity document):				
The following information should be made available to my appointed Broker as is necessary:				
Personal examples Policy number Date of birth ID number Postal and e-mail Address Physical address	Benefit examples Type of cover Waiting period details	Financial examples Total monthly premiums	Medical examples Claims statement from Medical Scheme and / or Primary Care Insurance	
1 0			Claims statement from provider	

Contact details



By signing this letter of appointment, I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd ("Aon") to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it's reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Signed at (Town or City):	on yy/mm/dd:	
Signature:		



(Nar	ne) (Surname)		
ID n	mber		
Con	pany Name (Where applicable)		
Do you belong to a medical scheme? Tick applicable box Yes No If answer is no, please ignore medical scheme details section below.			
If ye	If yes, complete Medical Scheme details provided in the block below:		
	wish to cancel my medical scheme cover with effective from		
	(date) membership number		
- 1	do not wish to cancel my medical scheme cover with		
	nembership number, I am supplementing my medical scheme		
co	er with Primary Care cover.		
	ary Care Service Provider e opted to joinHealthcare effective		
	/(DD/MM/YYYY)		
As a	new Primary Care applicant, I hereby declare, acknowledge, that I understand the following:		
•	Primary Care is NOT a registered Medical Scheme and is governed by applicable Insurance legislation and NOT the Medical Schemes Act No 131 of 1998, therefore the Prescribed Minimum Benefit ("PMB") protection does not apply.		
•	Please take note that this product does not cover medical in-hospital procedures . Certain providers do offer hospital care in certain circumstances related to emergencies, but only as a "buy-up option" and will not be included automatically. Speak to your consultant should you require this option.		
•	All treatment is to be obtained through the Primary Care Network providers as per your benefit.		
•	Transferring from the company Primary Care Option to the endorsed Medical Scheme, is only		



Aon South Africa (Pty) Ltd

The Place, 1 Sandton Drive, Sandhurst, Sandton, South Africa $\,\,$ P O Box 78367, Sandton, 2146

Share Call: **0860 100 404** | International: +27 11 944 7000 | www.aon.co.za

each year (NB: No mid-year transfers will be permitted).

Registration Number 1978/004501/07 | VAT Number 4320101498 | Authorised Financial Services Provider Licence 20555

permitted at year-end which is from September to December, with an effective date of 1 January

Executive Directors: N Mgoqi, N Bruwer, Z Dintwa

Non-Executive Directors: V Mahlangu, MM Mhlarhi (neé Maponya), Dr N Mabuya

Company Secretary: T Prozzi



- Members on a Medical Scheme currently qualify for a Medical Scheme Tax credit, this tax credit is not applicable and falls away when joining the Primary Care product.
- The Council of Medical Schemes released Circulars 79, 80 and 82, which relates to Low-cost benefit options and demarcated products supporting the National Health Policy. The offering of Primary Care products and other related products are presently being debated. At this point these products are available for members to join, however this may change in future and these types of products may no longer be available.
- I also acknowledge that should I wish to join a Medical Scheme at a later stage that the Medical Scheme may impose **underwriting** as per section 29A of the Medical Schemes Act.
 - A 3-month General Waiting period
 - o A 12-month Condition specific waiting period on pre-existing medical conditions
 - A monthly late joining penalty fee that range between 5% 75% onto of my monthly contributions.
- I also acknowledge that I am responsible to review my medical needs and affordability, to be effective 1 January of every year.

Aon Advisor Notes:
confirm that I have read, understood and agree to the above. I, further acknowledge, that I will have
o recourse to my employer/Intermediary, if Primary Care does not fully
ater to my requirements, nor if I am subjected to Underwriting for any future Medical Scheme
nembership.



By signing this declaration, I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd ("Aon") to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it's reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Primary Care Applicant	
Signed at (town or city)	on date
Signature:	
Aon Advisor Details	
Name	Surname
Signed at (town or city)	on date
Signature:	

Aon South Africa (Pty) Ltd is an authorised Financial Services Provider License 20555

http://www.aon.co.za/disclaimer

About Aon

Aon plc (NYSE: AON) exists to shape decisions for the better— to protect and enrich the lives of people around the world. Our colleagues provide our clients in over 120 countries with advice and solutions that give them the clarity and confidence to make better decisions to protect and grow their business.

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On all services provided, Aon's Terms & Conditions of Business, as amendments from time to time, are applicable and can be found at http://aon.co.za/terms-of-trade or will be sent to you upon request.

Please click here, to view the Aon South Africa (Pty) Ltd healthcare privacy notice.