

Additional Dependants Application Form

Please complete this form in black ink and CAPITAL letters

PRINCIPAL INSURED DETAILS

Policy Number: _____

Name and Surname: _____

ID Number \ Passport: _____ ☐ Mr ☐ Mrs ☐ Miss ☐ Dr Other

Date of Birth: _____ Email Address: _____

Contact Details:

Home No.: _____ Work No.: _____

Fax No.: _____ Cell No.: _____

Postal Address: _____

_____ Code: _____

Residential Address: _____

_____ Code: _____

Inception Date for Dependant: _____

DEPENDANTS

- Spouse and/or dependent children up to the age of 21 years
- Adopted/foster child (please attach documentary proof)
- Students up to the age of 27 (please prove full time enrolment)

Name and Surname: _____

ID Number \ Passport: _____ ☐ Male ☐ Female

Date of Birth: _____ Relationship to Applicant: _____

Name and Surname: _____

ID Number \ Passport: _____ ☐ Male ☐ Female

Date of Birth: _____ Relationship to Applicant: _____

Name and Surname: _____

ID Number \ Passport: _____ ☐ Male ☐ Female

Date of Birth: _____ Relationship to Applicant: _____

Name and Surname: _____

ID Number \ Passport: _____ ☐ Male ☐ Female

Date of Birth: _____ Relationship to Applicant: _____

Name and Surname: _____

ID Number \ Passport: _____ ☐ Male ☐ Female

Date of Birth: _____ Relationship to Applicant: _____

SPECIFIC HEALTH QUESTIONS

1. Have you been admitted to hospital in the last 4 months? ☐ Yes ☐ No
2. Are expecting a hospital admission or aware of any conditions or illness that would require treatment in the next 12 months? ☐ Yes ☐ No
3. Are you or any of your dependents currently pregnant? ☐ Yes ☐ No
4. Have you taken or are currently taking chronic medication in the past 24 months? ☐ Yes ☐ No
5. Is there any additional information not specifically mentioned in this questionnaire that relates to your health state which may influence our decision on cover? ☐ Yes ☐ No

If you answered "Yes" to any of the questions, please provide details below.

Question no.	Applicant/Dependents	Full details (including details of disorder, date diagnosed, nature, duration of treatment and details of consulting doctor)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Should the above space be insufficient, please add in notes section.

IMPORTANT INFORMATION

- Please make sure FULL details are given for questions answered YES.
- Application forms could be underwritten and conditions may be excluded for longer than 10 months, or permanently.
- The onus lies on the insured to make sure that premiums are paid on a monthly basis. Reference on bank statements read: Sanlam Primary Healthcare Solutions.
- Effective from 1 January 202 ____.
- In the event of a bereavement related claim the Insurer will pay the benefit into the principal or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. We will require the full name, surname and ID to note the beneficiary. At the time of a claim we will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss or should we be unable to confirm the identity of the beneficiary, payment will always be made into the principal policyholders account.

DECLARATION BY APPLICANT

I, the undersigned, hereby declare:

1. That to the best of my knowledge and belief the information provided in connection with this application whether in my own handwriting or not, is true and I have not withheld any material facts which are known to me. (A material fact is likely to influence the assessment of this application by Sanlam Primary Healthcare Solutions. If you are in any doubt as to whether a fact is material or not, you should disclose it.)
2. That I understand that any relevant material fact omitted in this proposal form may lead to Sanlam Primary Healthcare Solutions. not meeting claims, should the omitted fact have been of such importance that the risk may not have been accepted in the first instance, in terms of the policy. This may lead to the cancellation of this policy or rejection of claims without refund of premiums.
3. That I understand that this is an Accident and Health policy with stated benefits in terms of the Short-term Insurance Act 53 of 1998 and not a Medical Scheme product.
4. The sharing of claims information and underwriting information by Insurers is essential to enable the insurance industry to underwrite policies, assess risks fairly, reduce the incidence of fraudulent claims and protect the public interest in terms of limiting excessive premium increases. You hereby waive any right to privacy of any insurance information provided by you or on your behalf, in respect of any insurance policy or claims you lodge. You also consent to this information being disclosed to any other insurance company and/or verified against other legitimate source or a database.
5. I specifically consent to Sanlam Primary Healthcare Solutions contacting my current medical practitioner to verify any medical details as provided in my application form. I further consent to such information being disclosed to Sanlam Primary Healthcare Solutions for purpose of verifying the disclose as provided on my application form.



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>

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

[Privacy Notice](#)

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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.



Contact us on: **0860 100 404**, 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 Aon South Africa (Pty) Ltd as my broker for all matters related to my Primary care.

My ID: _____ and policy number: _____

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

I have been informed that there is no additional fee charged by Aon for providing you with healthcare intermediary services. Aon earns monthly commission which is already included in the monthly contribution you pay over to the Primary Care Provider. Monthly commission is part of your total monthly contributions paid to the Primary Care Insurance Provider. This monthly commission is limited to 20% of the monthly contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Short-term Insurance Act 53 of 1998, plus Value Added Tax (VAT).

Monthly premium band	Maximum Commission Level
Above R1 200	5 %
R601 to R1 200	10 %
R300 to R600	15 %
Less than R300	20 %

Signature: _____

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.

Policy no: _____ ID or passport no: _____

Primary Care Provider: _____ Aon Broker Code: _____

Title: _____ Initials: _____ Surname: _____

First name(s) (as per identity document): _____

The following information should be made available to my appointed Broker as is necessary:

Personal examples	Benefit examples	Financial examples	Medical examples
Policy number Date of birth ID number Postal and e-mail Address Physical address Contact details	Type of cover Waiting period details	Total monthly premiums	Claims statement from Medical Scheme and / or Primary Care Insurance Claims statement from provider



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: _____



(Name) _____ (Surname) _____

ID number _____

Company 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 yes, complete Medical Scheme details provided in the block below:

- I wish to cancel my medical scheme cover with _____ effective from _____ (date) membership number _____
 - I **do not** wish to cancel my medical scheme cover with _____ membership number _____, I am supplementing my medical scheme cover with **Primary Care cover.**

Primary Care Service Provider

I have opted to join _____ Healthcare 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 permitted at year-end which is from September to December, with an effective date of 1 January each year (NB: No mid-year transfers will be permitted).



- 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
 - 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:

I confirm that I have read, understood and agree to the above. I, further acknowledge, that I will have no recourse to my employer/Intermediary, if _____ Primary Care does not fully cater to my requirements, nor if I am subjected to Underwriting for any future Medical Scheme membership.



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