



Individual Policyholder Application Form

IMPORTANT NOTE: Please complete and sign this form and return to your Broker who will submit to Kaelo on your behalf. Kaelo will only accept applications received by a broker. Applications received after the 15th of the current month will only activate the 1st of the following month.
Dedicated Kaelo Gap email address: kaelogap@kaelo.co.za.

A Applicant Details:

☐

I do not currently have Gap Cover

☐

I currently have Gap Cover with another provider but I wish to transfer my cover to Kaelo Gap

If you have Gap Cover with another provider but wish to transfer to Kaelo Gap, please submit your proof of cover. Waiting periods may apply.

Policy Type:

☐

Single Policy

If you are joining as a single Policyholder, you accept that cover will only apply to yourself and that should any changes be required, you will notify Kaelo within 90 days. This includes the addition of dependants.
Premiums are payable monthly.

☐

Family Policy

If you are joining as a family, you accept that Cover will apply to you, your spouse and your children up to the maximum age of 25. Cover for children only applies until they reach the age of 26 years. Should any changes be required, you will notify Kaelo within 90 days. This includes the addition of dependants.
Premiums are payable monthly.

Plan Option:

☐

Kaelo Gap

☐

Kaelo Gap Core

Cover Start Date: _____

First Name: _____

Surname: _____

ID Number: _____ Cellphone: _____

Gender: _____ Date of Birth: _____

Email: _____ Date of Employment: _____

Address: _____

B Insured Party Details:

Should you have dependants, please provide us with a copy of your Medical Scheme membership certificate. Cover will apply to you, your spouse and your children up to the maximum age of 25. Cover for children only applies until they reach the age of 26 years. If any of your dependants are on another Medical Scheme, please provide a copy of their membership certificate.

First Name:	Surname:	Relationship:	Date of birth/ID number:	Inception Date:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C Waiting Periods:

A 3 month General Waiting Period and 12 month Condition Specific Waiting Period will be applied for all new applications. If you are transferring your cover from another Gap Cover provider with similar benefits, only the balance of the applicable waiting periods will apply.

This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme. This Policy is not a substitute for Medical Scheme membership. The administrator of this product is Kaelo Risk (Pty) Ltd, an authorised Financial Services Provider (FSP 36931). Kaelo Risk (Pty) Ltd holds preference shares in Centriq Insurance Company Limited.

Insurance products are insured by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).

The Value Added Services are Kaelo Offerings. Service Providers are contracted to Kaelo.

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D Debit Order Details:

You will see the following reference on your bank statement: KAELOGAP. If you are joining as a family, you accept that cover will apply to you, your spouse and your children up to the maximum age of 26. Should any changes be required, you will notify Kaelo within one calendar month. This includes the addition or removal of Dependants

Account Name: _____	Account Number: _____
Branch Name: _____	Bank Name: _____
Account Type: _____	Bank Code: _____
Debit Order Date: <u>Last working day of the month</u>	Premium: _____
Name and Surname of Premium Payer: _____	

Please note Premiums are due in arrears.

Please submit a copy of your bank statement or a bank detail confirmation letter not older than 3 months with this form.

I, the Premium payer, hereby authorise Centriq to draw against the above bank account all amounts due to Centriq in terms of this insurance cover. Should the relevant Premiums be adjusted, I hereby confirm that the adjusted amount may be drawn from the above account subject to the notice period outlined in the Policy. This request is to remain in force unless cancelled by one month's written notice.

Premium Payer
Signature: _____

E Broker Details:

Broker House Name: _____ Broker Consultant Name: _____

F Mandatory Documents:

Please ensure that the following documents are submitted with your application form:

- A clear copy of either the ID or Birth Certificate of all Insured Parties being registered.
- A clear copy of the Medical Scheme Membership Certificate is required.
- Proof of cover if you currently have cover with another Gap provider (If applicable).

G Declaration:

I, _____ (full name) hereby declare that this application form, whether in my handwriting or not, is accurate and complete and forms the basis of the contract of insurance between the Underwriter and myself. I hereby apply for the insurance product/s and agree to abide by its Policy rules and/or those of its Underwriter and any amendments thereto which may be made from time to time. I confirm that all the information provided herein is complete and true and that I have not concealed any relevant or pertinent information that may affect the evaluation of risk considered under this Policy of cover. I understand that the provision of any false, misleading or missing information could result in my application being rejected or my Policy being cancelled or claims being rejected. Should this occur, I agree to refund all Benefit payments that I have received in relation to this Policy of insurance. I consent to Centriq Insurance, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract.

I hereby provide irrevocable authority for Kaelo and its Underwriter to obtain any of my or my beneficiaries' medical history from any Medical Service Provider, Medical Scheme, insurance company or healthcare broker for the purposes of assessing this application for insurance as well as the underwriting of any future risk or the assessment of any claim that relates to this insurance cover. Premiums due to Centriq are payable monthly. Premiums that are in arrears will result in my Policy being suspended or possibly terminated. In the event that any Policy Benefit becomes payable subsequent to or as a result of my death, I hereby provide an irrevocable authority for such Benefits to be paid directly to my surviving Spouse or failing such circumstance to the nominated guardians or trustees responsible for the future care of my minor Children or failing either of the preceding events to my estate.

☐ I consent to Centriq Insurance, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract.

For further information please read our Privacy Notice, which can be found on www.centriq.co.za

Signature: _____ Date: _____



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 financial advisor for all matters related to my Gap Cover Provider.

My ID: _____ and policy number: _____

Signed at (Town or City): _____ on 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 Gap Cover Provider. Monthly commission is part of your total monthly contributions paid to the Gap Cover 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 %

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: _____

Gap 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 Gap Cover 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: _____