

**1. CREATE YOUR PROFILE**

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

First-time applicant who isn't already covered by a **Gap Cover** policy (Complete Sections 3 - 6 and 10 - 14. Section 7 is for your appointed financial advisor to complete.)

Transfer applicant switching cover from another **Gap Cover** provider (Complete Sections 3 - 6 and 9 - 14, and submit a recent copy of your policy document dated not older than 31 days for underwriting purposes. Section 7 is for your appointed financial advisor to complete.)

Existing dependant applying for continuation of cover as the principal insured on your own policy (Complete Sections 2 - 6, Sections 10 and 11 if you're upgrading to an option that provides more comprehensive benefits, and Sections 12 - 14. Section 7 is for your appointed financial advisor to complete.)

**2. CURRENT PRINCIPAL INSURED DETAILS**

Complete this section if you're a dependant covered on an existing **Stratum Benefits** policy applying for your own policy. Provide details of the principal insured whose policy you're currently covered on.

Name	<input type="text"/>	Surname	<input type="text"/>
ID/Passport No.	<input type="text"/>	and/or Policy No.	<input type="text"/>

**3. MAIN APPLICANT DETAILS**

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
ID/Passport No.	<input type="text"/>	Date of Birth		<input type="text"/>	<input type="text"/>
Cellphone No.	<input type="text"/>	Alternative Contact No.		<input type="text"/>	<input type="text"/>
Physical/Postal Address	<input type="text"/>			Postal Code	<input type="text"/>
Email Address	<input type="text"/>	Medical Aid	<input type="text"/>		
Membership No.	<input type="text"/>	Medical Aid Plan	<input type="text"/>		

**4. DEPENDANT DETAILS**

Joining as a family? We'll cover you and your spouse on one **Gap Cover** policy, even if you belong to different medical aids or medical aid plans, including the dependants registered on either medical aid plan.

Don't forget to add your dependants to your **Gap Cover** policy, as this doesn't happen automatically when adding them to your medical aid membership. When your child dependants move to their own medical aid plans, they must apply for cover on their own **Gap Cover** policies.

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Relationship	<input type="text"/>			ID/Passport No.	<input type="text"/>
Medical Aid	<input type="text"/>			Membership No.	<input type="text"/>
Medical Aid Plan	<input type="text"/>			Date of Birth	<input type="text"/>

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Relationship	<input type="text"/>			ID/Passport No.	<input type="text"/>
Medical Aid	<input type="text"/>			Membership No.	<input type="text"/>
Medical Aid Plan	<input type="text"/>			Date of Birth	<input type="text"/>

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Relationship	<input type="text"/>			ID/Passport No.	<input type="text"/>
Medical Aid	<input type="text"/>			Membership No.	<input type="text"/>
Medical Aid Plan	<input type="text"/>			Date of Birth	<input type="text"/>

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Relationship	<input type="text"/>			ID/Passport No.	<input type="text"/>
Medical Aid	<input type="text"/>			Membership No.	<input type="text"/>
Medical Aid Plan	<input type="text"/>			Date of Birth	<input type="text"/>

## 5. BROKERAGE & FINANCIAL ADVISOR DETAILS

Brokerage	<input type="text"/>	Financial Advisor	<input type="text"/>
Brokerage Code	<input type="text"/>	Advisor Code	<input type="text"/>
		Advisor Signature	<input type="text"/>

## 6. GAP COVER OPTIONS & EXCLUSIONS

Premiums are determined by age at entry, and there's no maximum entry age.

If you're an individual who's 65 or older, you'll pay a 65 or older individual premium unless the Gap Cover option you choose has a standard 65 or older premium for individuals and families. If you apply for cover as a family, and you or one of your dependants is 65 or older, you'll pay a 65 or older family premium for the whole family.

If you're a transfer applicant switching cover from another Gap Cover provider, your current age will determine your policy's premium, not the age when you joined another provider. The oldest person's age determines the premium if you transfer with dependants.

Go to [www.stratumbenefits.co.za/gap-cover-options/](http://www.stratumbenefits.co.za/gap-cover-options/) or scan the QR code to read more about the benefits our Gap Cover options provide. Click View Option for benefit and general exclusions.



ENTRY AGE	COMPACT <sup>300</sup>	MERIDIAN <sup>400</sup>	ELITE <sup>500</sup>	ACCESS OPTIMISER	ACCESS CO-PAY PLUS <sup>300</sup>
MONTHLY PREMIUM					
Individual 35 or Younger		R 228			
Individual between 36 to 64		R 292			
Individual 64 or Younger	R 301		R 438		
Family 64 or Younger	R 364	R 292	R 538		
Individual or Family 64 or Younger				R 179	R 368
Individual 65 or Older			R 712		
Family 65 or Older			R 869		
Individual or Family 65 or Older	R 574	R 636		R 239	R 489

**GAP MATCH** is a guiding tool that matches the best-suited Gap Cover option with your medical aid plan. Go to [www.stratumbenefits.co.za/gap-match/](http://www.stratumbenefits.co.za/gap-match/) to find your match.

Cover Start Date  -  -

## 7. RECOMMENDATION

Your financial advisor, as indicated in Section 5 - Brokerage & Financial Advisor Details, will give advice and recommend a Gap Cover option based on the information you provide.

If you don't agree with the advice or recommendation, you should bring this to your financial advisor's attention.

### FOR YOUR FINANCIAL ADVISOR TO COMPLETE

This section aims to ensure the applicant's healthcare insurance needs have been reviewed to determine which Gap Cover option best suits their needs.

Your recommendation based on these discussions is as follows:

Option	<input type="text"/>
Reasons for your recommendation	<input type="text"/>

### FINANCIAL NEEDS ANALYSIS

Please indicate if a needs analysis was done.

A full needs analysis was done. The Insurer may request a copy of the signed document for auditing purposes at any time.

A full needs analysis wasn't done. The applicant understands and agrees with the recommendation.

## 8. WAITING PERIODS & LIMITED PAYOUT BENEFIT

Waiting periods apply from your and your dependants' cover start dates, but never to accidents that occur after your start dates. The Cover Letter you'll receive when your policy is activated will confirm the waiting periods for each insured person.

### 3 MONTH GENERAL WAITING PERIOD

There's no cover during this period, except for accidents that occur after your and your dependants' cover start dates.

### EXCEPTION TO THE RULE

**OUT-PATIENT SPECIALIST CONSULTATION BENEFIT** offered on our **ELITE** option always receives a 3 Month General Waiting Period.

### 12 MONTH PRE-EXISTING MEDICAL CONDITION WAITING PERIOD

There's no cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed or for which advice or treatment was received 12 months before your or your dependants' cover start dates.

### LIMITED PAYOUT BENEFIT

If you or your dependants claim from our **GAP BENEFIT**, **CO-PAYMENT BENEFITS** or **SUB-LIMIT BENEFIT** in the first 10 months of cover for specific medical events, we'll cover 20% of the approved claim amount subject to applicable benefit limits.

If the medical event is related to a medical condition for which you or your dependants received advice or treatment 12 months before your cover start dates, the claim will be subject to a **Pre-Existing Medical Condition Waiting Period**.

Go to [www.stratumbenefits.co.za/limited-payout-benefit/](http://www.stratumbenefits.co.za/limited-payout-benefit/) or scan the QR code to read more about the medical events that form part of the Limited Payout Benefit.

By signing this application form, you acknowledge and accept that your policy may be subject to waiting periods and a limited payout benefit in the first 10 months of cover for specific medical events.



## 9. REPLACEMENT POLICY DISCLOSURE FOR TRANSFER APPLICANTS

This section applies to you and your dependants applying to switch cover from another **Gap Cover** provider as indicated in **Section 1 - Create Your Profile**.

### REPLACEMENT POLICY DISCLOSURE

- A change in terms and conditions, monthly premiums and benefits will apply as benefits and fee structures between the products offered by **Gap Cover** providers are different.
- If there's a break between the last day of cover with your current provider and the first day of cover with us, full waiting periods will apply unless we offer an underwriting concession.
- The **Cover Letter** you'll receive when your policy is activated will confirm the waiting periods for each insured person.



### TRANSFER PROCESS & UNDERWRITING

Our transfer process and the waiting periods that may apply to your policy are explained in our **Transfer Process for Individuals** document.

Go to [www.stratumbenefits.co.za/gap-cover-transfer-process-for-individuals/](http://www.stratumbenefits.co.za/gap-cover-transfer-process-for-individuals/) or scan the **QR code** to view or download our transfer process document.

If standard underwriting is applied to your policy because we weren't informed that you're a transfer applicant, you'll have **31 days** after receiving your **Cover Letter** to request underwriting to be amended. Underwriting won't be amended if you inform us after **31 days**.

Please disclose any medical events planned in the first **10 months** of your policy's start date in **Section 11 - Planned Medical Procedures**.

**By signing this application form, you acknowledge and accept that your policy may be subject to waiting periods and that claims received in the first 10 months of your policy's start date for disclosed planned medical events may be subject to a limited payout.**

### FOR YOUR FINANCIAL ADVISOR TO COMPLETE

Please provide details of the policy replacement in the table below:

POLICY REPLACEMENT RECORD	CURRENT PRODUCT	REPLACEMENT PRODUCT
Name of Insurer		Guardrisk Insurance Company Limited
Product Name		
Cancellation and Cover Start Dates		
Premium		
Differences in Products		
Reasons for Transferring Cover		

## 10. PRE-EXISTING MEDICAL CONDITION DISCLOSURE

As the main applicant, you're responsible for answering this section for yourself and your dependants because you have the necessary knowledge and consent.

### 12 MONTH PRE-EXISTING MEDICAL CONDITION WAITING PERIOD

There's no cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed or for which advice or treatment was received **12 months** before your or your dependants' cover start dates.

Claims received in the first **12 months** of your or your dependants' cover start dates for planned medical events that weren't disclosed to us may be rejected based on non-disclosure.

**Please let us know of any change in your or your dependants' health statuses between signing and submitting the application form and your policy's start date.**

Provide details of any illness or medical condition relevant to you and your dependants.

NAME	PRE-EXISTING MEDICAL CONDITION	LAST TREATMENT DATE
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D

## 11. PLANNED MEDICAL EVENTS

Please indicate if any pre-existing medical condition stated in **Section 10 - Pre-Existing Medical Condition Disclosure** necessitates an investigation, medical procedure, surgery or treatment within the first **10 months** of your policy's start date.

NAME	PLANNED MEDICAL EVENT	MEDICAL EVENT DATE
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D

## 12. YOUR PAYMENT PROFILE

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

1. authorise **Stratum Benefits** to accept this debit order authority as confirmed payment instruction issued by the account holder.
2. authorise **Stratum Benefits** to debit your account for monthly policy premiums payable in advance on the selected debit order date.
3. understand that the debit order deductions will be processed through a computerised system provided by the South African Banks. Details of each deduction will be referenced on your bank statement with the prefix "**Stratum**" and an **8-digit number** ending with "**Netcash**".
4. understand that selecting an annual premium won't result in a premium discount.
5. accept that depending on the selected debit order date, a double or triple debit may be incurred.
6. understand that cover will commence after the first premium is received.
7. agree that this debit order authority will remain in force until cancelled in writing by the principal insured person.
8. accept that **Stratum Benefits** may cancel your policy if:
  - 8.1 premiums aren't received for two consecutive months;
  - 8.2 the bank account being debited is closed;
  - 8.3 the account holder is deceased; or if
  - 8.4 authority to debit is no longer granted.
9. understand that this debit order authority may only be assigned to a third party if this contract is assigned accordingly.
10. understand that the debit order date will default to the following working day if the payment date falls on a Sunday or recognised South African public holiday.
11. accept that if a debit order deduction is returned, an administration fee of **R 25.00** will be added to the following premium deduction.
12. accept that you're not entitled to any refund of amounts deducted while this debit order authority is in force if such payments are legally due.
13. understand that policy premiums include VAT but aren't tax deductible, as medical aid contributions. An IT3 tax certificate can't be issued for this purpose.
14. accept that the policy premium may be adjusted during an annual renewal or due to benefit restructuring necessitated by legislation with **31 days** written notice. Subject to your right of cancellation of cover, the debit order authority will extend to the adjusted premium.
15. accept that your responsibility is to ensure premiums are collected and paid to remain covered.

Account Type	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Bank	<input type="text"/>	Account Number	<input type="text"/>					
Account Holder	<input type="text"/>										
Debit Order Date	<input type="checkbox"/> 1st	<input type="checkbox"/> 4th	<input type="checkbox"/> 7th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th	<input type="checkbox"/> 28th	<input type="checkbox"/> Last Day	<input type="checkbox"/> Term	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual

### FINANCIAL ADVISOR PROFESSIONAL FEE

You may pay your appointed financial advisor a professional fee over and above the monthly commission payable. If you agree to pay a fee, your advisor must explain the additional services you can expect for the fee.

The professional fee will be added to your policy premium and paid to your advisor monthly. You may cancel, reduce, or increase the professional fee anytime.

Professional Fee (Increments of R 10.00)	<input type="text"/>	R	Product Premium	<input type="text"/>	R	Total Monthly Premium	<input type="text"/>	R	Account Holder Signature	<input type="text"/>
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## 13. PROSPECTIVE POLICYHOLDER CONSENT

As the main applicant applying for insurance cover, you understand and acknowledge that the **Gap Cover** policy you're applying for isn't a medical aid, doesn't provide similar cover as medical aid and can't be substituted for a medical aid membership.

As a prospective policyholder, you have the right to information about the insurer, underwriting manager, and other matters of importance about the insurance product you're purchasing.

Go to [www.stratumbenefits.co.za/2024-stratum-benefits-pre-inception-disclosures/](http://www.stratumbenefits.co.za/2024-stratum-benefits-pre-inception-disclosures/) or scan the QR code to view or download our **Pre-Inception Disclosure Notice**.

By signing this application form, you acknowledge that you've read the **Pre-Inception Disclosure Notice** and understand the terms and conditions.



Main Applicant Signature	<input type="text"/>	Date	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	-	<input type="text"/>	M	<input type="text"/>	M	-	<input type="text"/>	D	<input type="text"/>	D	<input type="text"/>
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## 14. PROTECTION OF PERSONAL INFORMATION

### USE OF PERSONAL INFORMATION DECLARATION

Information is processed as set out in our **Privacy Policy**. By accepting these terms and conditions and providing personal information, you agree and permit us to use your data accordingly.

Go to [www.stratumbenefits.co.za/popi-privacy-policy/](http://www.stratumbenefits.co.za/popi-privacy-policy/) or scan the QR code to view or download our **POPI Privacy Policy**.

May we contact you for marketing purposes, for example, when we run competitions or launch new products?  Yes  No

How may we contact you?  Email, SMS and Telephone  Email only  SMS only  Telephone only



Send the completed application form to your financial advisor or email us at [yourapplication@stratumbenefits.co.za](mailto:yourapplication@stratumbenefits.co.za).

Please contact us if you haven't received confirmation of cover or your policy documents within **7 working days** from submitting your application form.



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75.



010 593 0981 086 633 3761 [yourapplication@stratumbenefits.co.za](mailto:yourapplication@stratumbenefits.co.za) +27 10 448 0861

[www.stratumbenefits.co.za](http://www.stratumbenefits.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.aon.co.za)

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

[http://twitter.com/Aon\\_SouthAfrica](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 found at

<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: \_\_\_\_\_