

Step 1: Complete the application form electronically

Step 2: Type your full names and surname in signature box

Step 3: Submit to apps@aon.co.za

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



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



Male

Female

Relationship to applicant: __



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 A	Adult dependant Child
Signature of policy holder	Date: YYYY M M D D
Spouse (If married in community of property)	Date: YYYYMMDD
NOMINATED BENEFICIARY (related to Accidental Death Benefits)	
Full names (as per ID):	Surname:
ID number / passport:	Mr Mrs Miss Dr Other
Date of birth: YYYYMMDD	Email address:
Home no.:	Work no.:
Fax no.:	Cell no.:
Relationship to applicant:	
POLICY HOLDER DECLARATION:	
I, the und	lersigned, understand that this is not a Medical Scheme and should not
be considered as such. Sanlam Primary Care does not provide the cois a product designed to provide access to specific primary healthca	omprehensive cover as that of a Medical Scheme. Sanlam Primary Care re 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.*