Sanlam Primary Healthcare Solutions
Reg No: 1959/001562/06
T: 0861 007 702
Sanlam Head Office, 2 Strand Road, Bellville, South Africa
P.O. Box 1, Sanlamhof, 7532
www.sanlam.co.za

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: _____

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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 importancethat 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.

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DECLARATION BY APPLICANT continued

6. That I will advise Sanlam Primary Healthcare Solutions of any changes to my health state between the point of application and actual inception of my policy.
7. As part of our claims validation process we use the services of a contracted third party in order to authenticate relevant beneficiaries and other relevant information to validate the claim.
8. We reserve the right to call for additional information of a clinical nature. In the event that Sanlam Primary Healthcare Solutions requests a PMA (Post Medical Assessment) from your doctor as part of the claims assessing and authentication process
9. I authorise Sanlam Primary Healthcare Solutions to negotiate with service providers on my behalf for my medical claims and or bill and pay the provider direct.
10. By agreeing to the terms of this consent form, I expressly consent to the processing of my information for marketing purposes and know & understand that by agreeing to same that I may on occasion, receive marketing materials in the form of sms and / or emails and the like from Sanlam Primary Healthcare Solutions.

Signature of Policy Holder _____ Date D D M M Y Y Y Y

Spouse (If married in community of property) _____ Date D D M M Y Y Y Y

NOTES / ADDITIONAL INFORMATION

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. Should 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.