

Option Selection Form

It is important to remember that option changes are only effective on 1 January each year.

Instructions

Email completed form to: sanlamapps@kaelo.co.za

B. Policy Holders Details and Option Selection Form

Title: _____

Name: _____ Surname: _____

ID Number/Passport: Policy Number: _____

Medical Aid Name: _____ Medical Aid Number: _____

Email Address: _____

Tel: _____ Cell: _____

Physical address: _____

Postal Code: _____

I _____ (Name of Principal Member) wish to change my option to:

Please select one option by marking "x" in the appropriate selection box.

Option Selection	
Sanlam Gap for Sanlam Umbrella Fund members	
<input type="checkbox"/> SUF Core	<input type="checkbox"/> SUF Comprehensive
<input type="checkbox"/> SUF Core + Mediclinic Extender	<input type="checkbox"/> SUF Comprehensive + Mediclinic Extender
Sanlam Gap for Bonitas members	
<input type="checkbox"/> Bonitas Core	<input type="checkbox"/> Bonitas Comprehensive
<input type="checkbox"/> Bonitas Core + Mediclinic Extender	<input type="checkbox"/> Bonitas Comprehensive + Mediclinic Extender
Sanlam Gap for Fedhealth members	
<input type="checkbox"/> Fedhealth Core	<input type="checkbox"/> Fedhealth Comprehensive
<input type="checkbox"/> Fedhealth Core + Mediclinic Extender	<input type="checkbox"/> Fedhealth Comprehensive + Mediclinic Extender
<input type="checkbox"/> Fedhealth NexGen	

Attach membership certificate of Bonitas; Fedhealth; Sanlam Umbrella Fund members

A. Medical Scheme Cover Detail

Medical Scheme: _____ Option: _____

Start date of medical scheme membership:

Membership number: _____

Please note that cover can only be granted if you are a member of a medical aid scheme and not health insurance. Health insurance policies are not medical aid schemes which are governed by the Medical Schemes Act (No. 131 of 1998)



C. Declaration by Principal Member

I, (full name) _____ with ID number

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 Sanlam Gap Cover (underwritten by Centriq) 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 hereby authorise Centriq to draw against the above bank account all amounts due to Centriq in terms of this insurance cover. I hereby authorise that this application form can be provided by my servicing Financial planner to the following email addresses: sanlamapps@kaelo.co.za.

Accurate information

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 membership 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.

In the event that my employer is selecting the cover under this policy, I hereby provide authority for my employer to make such cover nomination on my behalf and furthermore indemnify Sanlam and the Underwriter against liability for any loss that may result from an incorrect nomination of such cover by the employer.

Premium payments

Premiums for Sanlam Gap Cover are payable monthly and deducted by Centriq. The payment reference will reflect as: Multid for SNGAP. Premiums that are in arrears will result in my membership being suspended or possibly terminated.

Where my employer deducts the premium from my salary I hereby provide authority for my employer to deduct such premium and pay this across to Centriq. I accept that any notice given to my employer is deemed to have been given to me.

Benefit payments

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.

Disclosure documents

I have read and understood the Sanlam Gap Cover Disclosure Notice which I received together with this Application Form.

In the case of transferring my cover to Sanlam Gap Cover (as chosen in F.4 of this form), I understand the difference between my current gap cover and Sanlam Gap Cover as explained to me by my intermediary.

Policy Exclusions and Terms and Conditions

Please refer to your final policy document for the full list of exclusions and terms and conditions..

Full Name: Signature:

Date:

POPIA Consent

I consent to Centriq, 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

Once signed, this application form should be returned to your servicing Financial planner.

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.

Kaelo Risk (Pty) Ltd is 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).

This document may not, in whole or in part, be copied, photocopied, reproduced, translated, simplified, published or distributed in any way without the prior written consent of Centriq Insurance Company Limited.

T 0861 111 167
E sanlamapps@kaelo.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.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>

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: _____