GAP4U (PTY) LTD T/A GAP4U
REG NO: 2016/312630/07 | VAT NO: 4090274517 | FSP NO: 47455
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Document no.
10 000

ULTIMATE GAP COVER APPLICATION FORM

Please complete this form in black ink and CAPITAL letters

Medical Scheme membership number:
Name of Medical Scheme:
Medical Scheme Option:
If YES, group name: N / A
Is this application part of a group? (Place a clear **X** inside the box) Y [ ] N [✔]

PRINCIPAL INSURED DETAILS

First name(s) (in full):
Surname: Initials:
ID number.: Mr [ ] Mrs [ ] Miss [ ] Dr [ ] Other
Date of birth: D D / M M / Y Y Y Y
Required Inception Date: D D / M M / Y Y Y Y
Contact details: Home no.: ( ) Work no.: ( )
Fax no.: ( ) Cell no.: ( )
Email address:
Postal address:
Code:
Residential address:
Code:

SPOUSE DETAILS

First name(s) (in full):
Surname: Initials:
ID number.: Mr [ ] Mrs [ ] Miss [ ] Dr [ ] Other
Date of birth: D D / M M / Y Y Y Y
Contact details: Home no.: ( ) Work no.: ( )
Fax no.: ( ) Cell no.: ( )
Email address:

DEPENDANTS

Dependants are:
- 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)

Full name and surname:
ID number: Male [ ] Female [ ]
Date of Birth: Relationship to applicant:

Full name and surname:

ID number: Male Female

Date of Birth: Relationship to applicant:

Full name and surname:

ID number: Male Female

Date of Birth: Relationship to applicant:

Full name and surname:

ID number: Male Female

Date of Birth: Relationship to applicant:

Full name and surname:

ID number: Male Female

Date of Birth: Relationship to applicant:

SPECIFIC HEALTH QUESTIONS

Have you or any insured under this policy ever received treatment or expect to receive treatment for any of the following:

		Y	N
1	Are you aware of any condition/illness that would require any treatment in the next 12 months?		
2	Is there any additional information that relates to your health state which may influence our on cover?		

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 attach a separate page.

DECLARATION BY APPLICANT

I, the undersigned, hereby declare, that to the best of my knowledge and belief the information provided in connection with this application whether in my own hand writing or not, is true and I have not withheld any material fact which are known to me. (A material fact is likely to influence the assessment of this application by Sirago Underwriting Managers (Pty) Ltd. If you are in any doubt as to whether a fact is material or not, you should disclose it.)

Full name:

ID no.:

Applicant

Spouse (If married in community of property)

MARKETING CONSENT

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 Sirago Underwriting Managers (Pty) Ltd.

Please contact me via:

E-mail SMS Sirago Underwriting Managers (Pty) Ltd may not contact me.

DEBIT ORDER DETAILS

Name of account holder:

Account no.:

Bank: Standard Bank ☐ ABSA ☐ FNB ☐ Nedbank ☐ Other

Account type: Cheque ☐ Savings ☐ Transmission ☐ Other

Debit order day: 1st ☐ 7th ☐ 15th ☐ 25th ☐

I hereby instruct and authorise you to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance, without prejudice to the rights of Sirago Underwriting Managers (Pty) Ltd. I further authorise you to increase the amount in the terms of the policy from time to time and authorise my bank to effect payment.

Signature of account holder

Date: D D / M M / Y Y Y Y

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: MD SIRAGO_MED
- Effective from 1 January 2017.

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 Sirago Underwriting Managers (Pty) Ltd. 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 Sirago Underwriting Managers (Pty) Ltd not meeting claims, should the omitted fact have been of such importance that 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 Sirago Underwriting Managers (Pty) Ltd contacting my current Medical Scheme and/or medical practitioner to verify any medical details as provided in my application form. I further consent to such information being disclosed to Sirago Underwriting Managers (Pty) Ltd for purpose of verifying the disclose as provided on my application form.
6. That I will advise Sirago Underwriting Managers (Pty) Ltd 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 used the services of a contracted third party in order to authenticate medical scheme membership, plan option type, relevant beneficiaries and agreed medical scheme option tariffs amongst other relevant information to validate the claim.

Date: D D / M M / Y Y Y Y

Applicant

Spouse (If married in community of property)

INTERMEDIARY DETAILS

Intermediary Group: Gap4U (Pty) Ltd

Intermediary Code: G 4 6 8 3 0 4

Sales Person: W I E H A H N B E U K E S

Sales Code: N / A

Tel no.: (0 4 4) 8 7 4 2 7 6 2 Cell no.: (0 7 2) 7 8 0 6 7 0 9

OPTION SELECTION

ULTIMATE GAP COVER: INDIVIDUAL ☐ FAMILY ☐

OPTION BY APPLICANT:

Premium per month	R , .	0 0
*Intermediary Fee (Optional)	R , 1 0 .	0 0
TOTAL PREMIUM PAYABLE	**R** , .	0 0

Individual: R246 + R10 = R256pm

Family: R280 + R10 = R290pm

* This Intermediary fee is optional and is paid to the intermediary on top of the statutory commission on your approval

SIRAGO UMIA

Sirago Underwriting Managers (Pty) Ltd is an authorised Financial Services Provider (FSP:4710) Underwriting Agency for GENRIC Insurance Company Limited (FSP: 43638). GENRIC is an authorised financial services provider and registered Short-term insurer.

GENRIC Insurance Company