

Please complete this form in black ink and CAPITAL letters

## PRODUCT OPTION AMENDMENT FORM

Medical Scheme membership no:  Name of Medical Scheme:

Medical Scheme Option:

Is this application part of a group? (Place a clear X inside the box) yes  no  If YES, group name:

Previous Gap Cover:  Date Joined:

Date Terminated:  Required Start Date:

Please attach membership certificate

### POLICYHOLDER DETAILS

Policy Number:

Name And Surname:

ID Number / Passport:  Mr  Mrs  Miss  Dr  Other

Date Of Birth:  Email:

Contact Details: Home No:  Work No:

Fax No:  Cell:

Postal Address:

Residential Address:

### OPTION SELECTION

<input type="checkbox"/> ULTIMATE GAP COVER	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> 0 - 64	<input type="checkbox"/> 65+	<input type="checkbox"/> FAMILY	Premium per month <input type="text"/>
<input type="checkbox"/> PLUS GAP COVER	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> 0 - 64	<input type="checkbox"/> 65+	<input type="checkbox"/> FAMILY	TOTAL PREMIUM PAYABLE <input type="text"/>
<input type="checkbox"/> GAP ASSIST COVER	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> 0 - 64	<input type="checkbox"/> 65+	<input type="checkbox"/> FAMILY	*Intermediary Fee (Optional) <input type="text"/>
<input type="checkbox"/> GAP CORE COVER	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> 0 - 64	<input type="checkbox"/> 65+	<input type="checkbox"/> FAMILY	
<input type="checkbox"/> GOV-GAP COVER	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> 0 - 64	<input type="checkbox"/> 65+	<input type="checkbox"/> FAMILY	
<input type="checkbox"/> EXACT WITH GAP AND CO-PAY COVER	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> 0 - 64	<input type="checkbox"/> 65+	<input type="checkbox"/> FAMILY	
<input type="checkbox"/> GAP LIBERAL					

\*The Intermediary fee will only be collected subject to us receiving a signed contract between the Intermediary and Policyholder

- This option is subject to premium rates per beneficiary, segmented by age bands.
- All beneficiaries within each age category pay according to the prescribed premium table, which will be adjusted at each age band applicable upon inception and subsequent renewals of the policy.
- A family is defined as the policyholder and their nominated beneficiary/beneficiaries.
- Spouse and/or dependant children up to the age of 21 years.

<input type="checkbox"/> POLICY HOLDER	<input type="checkbox"/> 0-29 R172	<input type="checkbox"/> 30-39 R202	<input type="checkbox"/> 40-49 R229	<input type="checkbox"/> 50-59 R320	<input type="checkbox"/> 60+ R365
<input type="checkbox"/> BENEFICIARIES	<input type="checkbox"/> 0-29 R172	<input type="checkbox"/> 30-39 R202	<input type="checkbox"/> 40-49 R229	<input type="checkbox"/> 50-59 R320	<input type="checkbox"/> 60+ R365

\* This Intermediary fee is optional and is paid to the intermediary on top of the statutory commission on your approval  
Please return the completed form to applications@sirago.co.za or by fax to 086 508 2292. Policies will only be inception on the first day of the following month.  
The products presented are Short-term Insurance stated benefit products under the Short-term Insurance Act 53 of 1998 and not a Medical Scheme. I hereby authorise Sirago Underwriting Managers (Pty) Ltd to amend my existing cover and premium to the Product Option selected above. I understand that the individual options does not provide cover for any dependants.

I agree to the above sections of the form

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. 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.
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.
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 the claims validation process Sirago Underwriting Managers (Pty) Ltd 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.
8. Sirago Underwriting Managers (Pty) Ltd reserves the right to call for additional information of a clinical nature. In the event that Sirago requests a PMA (Post Medical Assessment) from my doctor as part of the claims assessing and authentication process.
9. I authorise Sirago Underwriting Managers 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 Sirago Underwriting Managers (Pty) Ltd.

Signature of policyholder

Date:

## POPIA CONSENT

### 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://genric.co.za>

Signature of policyholder

Please return the completed form to [applications@sirago.co.za](mailto:applications@sirago.co.za) or by fax to 086 508 2292