

# Corporate Policyholder Application Form

**Santam Limited**  
PG100433SAN

## Important note

Please complete and sign this form and return to your Broker who will submit to our administrators Essential Medical on your behalf. Essential Medical will only accept applications received by a broker. Applications received after the 15th of the current month will only be activated on the 1st of the following month. Dedicated Sanlam Gap email address: [applications@sanlamgap.com](mailto:applications@sanlamgap.com)

## A. Policyholder Details

- I do not currently have Gap Cover  
 I am currently a Sanlam Gap Policyholder but wish to transfer my cover through my employer  
 I currently have Gap Cover with another provider but I wish to transfer my cover to Sanlam Gap through my employer  
 I currently have Gap Cover with another provider but I wish to transfer my cover to Sanlam Gap

If you have Gap Cover with another provider but wish to transfer to Sanlam Gap, please submit your proof of cover. Waiting periods may apply.

### Plan Option:

- Sanlam Gap Comprehensive  
 Sanlam Gap Comprehensive with added Mediclinic Extender option

Title:  \*Name:  \*Surname:   
\*ID No.:  Date of Birth:   
\*Cellphone No.:  Alternative Contact No.:   
Physical/Postal Address:   
 Postal Code:   
\*Email Address:

**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)

\*Compulsory field

## B. 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)

\*Compulsory field

## C. Employer Details:

Employer Name:  Employer Paypoint Number:   
Employer Branch:  Employee Number:   
Employment Date:



## D. Dependant Details

We will cover you, your spouse / partner and child dependant (up until the age of 27 years) on one Gap cover policy, even if you belong to different medical scheme or medical scheme plans.

Title:  Name:  Surname:   
Relationship:  \*ID No.:   
Medical Scheme:  Membership No.:   
Medical Scheme Plan:  Date of Birth:

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Title:  Name:  Surname:   
Relationship:  \*ID No.:   
Medical Scheme:  Membership No.:   
Medical Scheme Plan:  Date of Birth:

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Title:  Name:  Surname:   
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Title:  Name:  Surname:   
Relationship:  \*ID No.:   
Medical Scheme:  Membership No.:   
Medical Scheme Plan:  Date of Birth:

\*Compulsory field



## E. Pre-Existing Medical Condition Disclosure

As the main applicant, you're responsible for answering this section for yourself and your dependants because you have the necessary knowledge and consent.

### 12 Month Pre-Existing Medical Condition Waiting Period

There's no cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed or for which advice or treatment was received 12 months before your or your dependants' cover start dates.

Claims received in the first 12 months of your or your dependants' cover start dates for planned medical events that weren't disclosed to us may be rejected based on non-disclosure.

**Please let us know of any change in your or your dependants' health statuses between signing and submitting the application form and your policy's start date.**

Provide details of any illness or medical condition relevant to you and your dependants.

Name	Pre-existing Medical Condition	Last Treatment Date
		Y Y Y Y M M D D
		Y Y Y Y M M D D
		Y Y Y Y M M D D
		Y Y Y Y M M D D
		Y Y Y Y M M D D
		Y Y Y Y M M D D

## F. Planned Medical Events

Please indicate if any pre-existing medical condition stated in Section E - Pre-Existing Medical Condition Disclosure necessitates an investigation, medical procedure, surgery or treatment within the first 12 months of your policy's start date.

Name	Planned Medical Event	Medical Event Date
		Y Y Y Y M M D D
		Y Y Y Y M M D D
		Y Y Y Y M M D D
		Y Y Y Y M M D D
		Y Y Y Y M M D D
		Y Y Y Y M M D D

## G. Waiting Periods

Waiting periods may apply from your and your dependants' cover join date, however not to accidents which occur subsequent to your join date. Your Policy schedule you receive upon activation will outline the waiting periods for each insured on your policy.

**3 month general waiting period** - there is no cover during this period, except for accidents that occur subsequent to your and your dependants' cover join dates.

**12 month pre-existing medical condition waiting period** - there is no cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed, or for which advice of treatment was received 12 month prior to your or your dependants join dates.





## I. Broker Details

Brokerage:  Broker Name:   
Brokerage House Code:  Broker Code:  Signature:

## J. Declaration

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 Insurer and myself. I hereby apply for the insurance product/s (underwritten by Centriq) and agree to abide by its Policy rules and conditions and any amendments thereto which may be made from time to time.

### 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 for cover.

I understand that the provision of any false, misleading or missing information could result in my application being rejected or my policy 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.

### Premium payments

Premiums for the selected insurance product/s are payable monthly and deducted by Centriq. The payment reference will reflect as: Sanlam Gap. Premiums that are in arrears will result in my policy being suspended or possibly terminated.

### Benefit payments

In the event that any policy benefit becomes payable subsequent to 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.

### Medical history

I hereby provide irrevocable authority for Essential Medical, the administrator, and Centriq, the Insurer, to obtain any of my or my dependant's medical history from any Medical Service Provider, Medical Scheme, insurance company or healthcare broker for the purposes of assessing this application for insurance as well as the underwriting of any future risk or the assessment of any claim that relates to this insurance cover.

### Disclosure documents

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

### Policy exclusions and terms and conditions

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

Full Name:  Signature:   
Date:



## POPIA Consent

### Use of Personal Information Declaration

I consent to Centriq Insurance, 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](http://www.centriq.co.za)

In the event that you qualify for the automated claims submission process, do you consent that we process your claim?

Yes  No

May we contact you for marketing purposes, for example, when we run competitions or launch new products?

Yes  No

How may we contact you?

Email  SMS/WhatsApp  Telephone only  All methods

**Once signed, this application form should be returned to your servicing Broker.**

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.

Sanlam Gap is administered by Essential Medical (Pty) Ltd, an authorised financial services provider (FSP 42980).  
AfroCentric Health <sup>(RF)</sup> (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).

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