

Option Selection Form

Guidelines

It is important to remember that option changes are only effective on 1 January each year.
Email completed form to: **applications@sanlamgap.com**

A. Policyholder Details

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. Choose your Plan Option

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

Please select one option in the appropriate selection box.

Single Policy

If you are continuing as a single Policyholder, you accept that cover will only apply to yourself and that should any changes be required, you will notify Centriq within 90 days. This includes the addition of dependants. Premiums are payable monthly.

Family Policy

If you are continuing as a family, you accept that Cover will apply to you, your spouse and your children. Cover for children only applies until they reach the age of 27 years. Should any changes be required, you will notify Centriq within 90 days. This includes the addition or removal of dependants. Premiums are payable monthly.

Sanlam Gap Comprehensive Premium Options

Description	Sanlam Gap Comprehensive	SUF	Fedhealth	Medshield
Individuals younger than 30 years	☐ R346.00	☐ R258.00	☐ R288.00	☐ R241.00
Individuals 30 - 45 years	☐ R480.00	☐ R280.00	☐ R313.00	☐ R335.00
Individuals 45 - 60 years	☐ R535.00	☐ R345.00	☐ R410.00	☐ R374.00
Individuals 60 years and older	☐ R899.00	☐ R545.00	☐ R637.00	☐ R628.00

Description	Sanlam Gap Comprehensive	SUF	Fedhealth	Medshield
Families younger than 30 years	☐ R524.00	☐ R464.00	☐ R507.00	☐ R367.00
Families 30 - 45 years	☐ R583.00	☐ R480.00	☐ R523.00	☐ R408.00
Families 45 - 60 years	☐ R629.00	☐ R497.00	☐ R549.00	☐ R439.00
Families 60 years and older	☐ R1079.00	☐ R956.00	☐ R1063.00	☐ R754.00

Sanlam Gap Core Premium Options

Description	SUF	Fedhealth	Medshield
Individuals younger than 30 years	☐ R214.00	☐ R244.00	☐ R203.00
Individuals 30 - 45 years	☐ R223.00	☐ R253.00	☐ R281.00
Individuals 45 - 60 years	☐ R231.00	☐ R262.00	☐ R314.00
Individuals 60 years and older	☐ R438.00	☐ R484.00	☐ R528.00

Description	SUF	Fedhealth	Medshield
Families younger than 30 years	☐ R371.00	☐ R411.00	☐ R307.00
Families 30 - 45 years	☐ R384.00	☐ R426.00	☐ R343.00
Families 45 - 60 years	☐ R397.00	☐ R440.00	☐ R369.00
Families 60 years and older	☐ R765.00	☐ R853.00	☐ R633.00

Mediclinic Benefit Extender

Please note: A member on NexGen cannot take Mediclinic Extender as an add on.

Description	Single Under 60	Single 60 and Older	Family Under 60	Families 60 and Older
Mediclinic Benefit Extender	☐ R55.00	☐ R100.00	☐ R123.00	☐ R208.00

Fedhealth NexGen (only Elect and Savvy options)

Individuals younger than 60 years	☐ R75.00
Individuals older than 60 years	☐ R93.00

Fedhealth NexGen (only Elect and Savvy options)

Families younger than 35 years	☐ R127.00
Families older than 35 years	☐ R186.00

Cover Start Date:

☐ Attach proof of cover for Sanlam Umbrella Fund; Fedhealth; Medshield members.



D. 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 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.

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

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 ^(RF) (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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T 0861 111 167
E applications@sanlamgap.com