APPLICATION FOR BONITAS INTERNATIONAL TRAVEL INSURANCE



Date of application:	Membership Number:		Plan Type:			
Please note: You can complete this application form and submit it to bonitas-assist@linkham.com , contact us at 010 211 4958, or log in to the Bonitas Member Zone or Bonitas App* to activate your coverage. Bon-Cap members are excluded from international travel benefits.						
1. TRAVEL DETAILS - MAIN MEMBE	R					
Date of departure from South Africa :		Date of arrival ba	ack to South Africa :			
Destination(s):		ID:				
TYPE OF COVER REQUIRED The following details are required for O	NE of the main member or dependen	ts:				
(i) Full name of Member:						
(ii) Date of Birth:	Age	<u>;</u> :				
(iii) Postal address:						
(iv) Physical address:						
(v) Tel number: Home:	Work:		Cell:			
(vi) Email address:						
2. ADDITIONAL MEMBER OR DEF	PENDANTS					
Name	Surnamo	•	ID Number	Date of Birth Age		
3. NATURE OF TRAVEL						
Please state nature of your travel :	LEISURE BUSINESS*					
* IF TRAVELLING FOR BUSINESS						
IS MANUAL LABOUR INVOLVED? Y	ES NO (if answer is Y	ES, you will have N	IO INTERNATIONAL TRAV	/EL BENEFIT)		
Describe the job you will undertake :						
Will you be participating in any adventure sport of hazardous activities? YES NO (if answer is YES, please give details below)						
Details of sport / hazardous activities :						
Please note - Sports activities exclusion: You will have NO international travel benefit when participating in hazardous or adventure sports not listed under the sports section. Recreational sports refers to sports activities that are for leisure enjoyment, and these activities are non-professional and non-competitive.						
Do you have any Pre-Existing Medical Conditions? YES NO (if answer is YES, please give details below)						
Details of Pre-Existing Medical Conditions :						
Nationality : Mode of transport: AIR TRAVEL - Confirm you have a return flight ticket : YES NO						
ROAD TRAVEL - YES NO Please note: When travelling with minibuses and motorcycles you will have NO international travel benefit.						
Name of Airline: Credit card used to purchase ticket:						
*Not available on BonCap						

The Bonitas International Travel benefit is managed by Europ Assistance and administered by Linkham Services SA (Pty) Ltd (FSP 45396). Underwritten by GENRIC Insurance Company Limited (FSP: 43638), an Authorised Financial Services Provider and licenced non-life Insurer.

 $Linkham \ Services \ (Pty) \ Ltd. \ \textbf{Reg No.:} \ 2013/162675/07 \bullet \textbf{VAT No.:} \ 4190226169 \bullet \textbf{FSP No:} \ 45396 \ / \ \textbf{Tel:} \ 010 \ 211 \ 6981 \ / \ \textbf{Fax:} \ 086 \ 519 \ 2198 \ / \ \textbf{Constitution} \ \textbf{Vacuum No:} \$









IMPORTANT INFORMATION



- 1) Policy Terms: Review the full policy terms before activating coverage.
- 2) War Exclusion: No cover for claims arising from war or war-like activities.
- 3) Travel Requirements: Trips must start/end in South Africa with a return ticket. Emigration or permanent relocation is not covered.
- 4) Pre-Existing Conditions: Covers only hospitalisation with an overnight stay. No outpatient treatment.
- 5) USA Medical Cover: Emergency medical treatment in the USA is limited to R500,000.
- 6) **Transport Exclusions:** No cover for minibuses, trucks, helicopters, or non-standard vehicles outside South Africa. Motorbike use is not covered as a mode of transport starting from South Africa and travelling outside its borders.
- 7) Sports Exclusions: No cover for Winter Sports, Hazardous Activities, sports events, competitions, or the Fish River Canyon hiking trail.
- 8) Manual Labour: Not covered. For manual work, arrange specialised business travel insurance.
- 9) Trip Limits: Business trips (30 days); leisure trips (60 days). Other travel types are not covered.
- 10) Eligibility: Only for registered Bonitas members and dependants.
- 11) Claims: Submit claims within 31 days of returning home; provide documents within 60 days.
- 12) Policy Purpose: Covers emergencies and unexpected medical needs; not a substitute for medical aid.

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://www.genric.co.za.

EMERGENCY AND MEDICAL SERVICES

WHAT YOU MUST DO:

FOR EMERGENCY MEDICAL AND RELATED EXPENSES DURING INTERNATIONAL TRAVEL

BEFORE INCURRING ANY COSTS, PLEASE CONTACT OUR 24/7 EMERGENCY ASSISTANCE SERVICE FOR PRE-AUTHORISATION:

• F	Phone: (+27)) 11 991 8174 (claims and assistance	•	Email:	assist@euro	passistance.co.za
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Pre-a	utnor	ısaτια	n is	requ	uirea	TOT:

1 Returning home early.	2	Medical expenses over R5,000.	(3	Burial or cremation arrangements.	4	Repatriation or evacuation.	5	Flights and accommodation
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Note:

- If pre-authorisation is not obtained, coverage will be limited to R5,000.
- If you are unable to contact us before being admitted to the hospital due to a medical emergency, you may ask someone to call on your behalf.

Have you read the ab	Yes No					
I, (Full name and Surname) confirm that I have read and understand the above extract from the wording.						
Member signature						

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