

2026

Underwritten by Guardrisk Insurance Company Limited (GICL) A Licensed Non-Life Insurer, Reg. No. 1992/001639/06, FSP No. 75



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. The master policy issued is the source of all benefits, rights, and obligations and exclusions.

To determine your individual needs, we suggest that you contact your broker and request advice from him / her.

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Guardrisk Insurance Company Limited, a licensed non-life insurer and an authorised financial services provider (No.75)



** Dread Disease exclusions

- All tumours, which are histologically described as pre-malignant, as noninvasive or as cancer in situ.
- 2. All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
- Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.
- 4. Any skin cancer other than malignant melanoma.
- 5. Cancerous cells that have not invaded the surrounding or underlying tissue.
- Early cancer of the prostate gland or breast. (Stage 1 described as T1a, N0, Mo, G1)

Specific Limitations

- . Treatment in a casualty unit of a Hospital shall be limited to R11,000 in aggregate per insured person per year.
- Severe Illness Benefit is limited to R50,000, payable once in a lifetime per Insured Person.
- The maximum benefit payable for the cost incurred for the penalty co-payment imposed by the medical scheme is payable once per year and limited to R15,000 per family per year.
- 4. Travel Benefit: Up to R 2million medical emergency travel benefit for trips not exceeding ninety (90) days.

Overall limitations

All benefits, other than Premium Waiver, Dread Disease, and Travel Benefit are subject to an overall benefit limitation of R219,845 or any higher amount published by the Regulator in aggregate per Insured Person per year.

PREMIUMS

Phi Gap Cover					
Age Band	Individual rate per month (incl. VAT)		Family rate per month (incl. VAT)		
00-27*	R	130.00	R	197.00	
28-44	R	173.00	R	262.00	
45-54	R	230.00	R	349.00	
55-64	R	253.00	R	384.00	
65 Plus	R	321.00	R	486.00	
Adult Child Dependant	R 130.00				

Alpha Gap Cover				
Age Band		ual rate per n (incl. VAT)	Family rate per month (incl. VAT)	
00-27*	R	190.00	R	288.00
28-44	R	253.00	R	384.00
45-54	R	338.00	R	512.00
55-64	R	372.00	R	563.00
65 Plus	R	512.00	R	775.00
Adult Child Dependant	R 190.00			

Sigma Gap Cover					
Age Band	1	ual rate per n (incl. VAT)	Family rate per month (incl. VAT)		
00-27*	R	249.00	R	378.00	
28-44	R	325.00	R	493.00	
45-54	R	426.00	R	646.00	
55-64	R	475.00	R	719.00	
65 Plus	R	559.00	R	847.00	
Adult Child Dependant		R	249.00		

Omega Gap Cover					
Age Band	Individual rate per month (incl. VAT)		Family rate per month (incl. VAT)		
00-27*	R	303.00	R	442.00	
28-44	R	393.00	R	579.00	
45-54	R	513.00	R	761.00	
55-64	R	550.00	R	816.00	
65 Plus	R	670.00	R	999.00	
Adult Child Dependant	R 303.00				

Echo Gap Cover					
Age Band	Individual rate per month (incl. VAT)		Family rate per month (incl. VAT)		
00-27*	R	187.00	R	284.00	
28-44	R	250.00	R	379.00	
45-54	R	333.00	R	505.00	
55-64	R	367.00	R	556.00	
65 Plus	R	494.00	R	749.00	
Adult Child Dependant	R 187.00				

Nova Gap Cover					
Age Band		lual rate per h (incl. VAT)	Family rate per month (incl. VAT)		
00-27*	R	215.00	R	326.00	
28-44	R	287.00	R	435.00	
45-54	R	383.00	R	580.00	
55-64	R	407.00	R	616.00	
65 Plus	R	528.00	R	800.00	
Adult Child Dependant		R 2	215.00		

Premiums are reviewed annually, effective from 1 January. The Insurer reserves the right to alter the premium at any time by providing the Insured with thirty-one (31) days' written notice, subject to the change being based on sound actuarial reasons.

^{*}The minimum entry age for the Principal Insured Person is eighteen (18) years.

UNDERWRITING

UNDERWRITING MATTERS WHICH ARE OF IMPORTANCE

- Please note that this product will assist with the medical expense shortfalls for in-hospital expenses and does not provide cover for day-today expenses once your Medical Savings Account has been depleted, nor will it cover your expense if you are in the self-payment gap.
- The travel benefit is administered by Hepstar Financial Services (Pty) Ltd (FSP No. 45097) and underwritten by Guardrisk Insurance Company Limited, a license non-life insurer (FSP No. 75).
 The minimum entry age for the Principal insured person is eighteen (18).
- Extended Family Dependants: (parents, parents-in-law, adult children, etc.) A family is defined as the principal insured and immediate family, which includes the spouse and eligible children. Extended family dependants are not considered as part of the family.
- "An Eligible Child" is a natural/biological child, stepchild or legally adopted or foster child of the Principal Insured Person, who has not attained the age of twenty-one (21), is not otherwise insured under this or a similar policy, and is covered by a registered Medical Scheme.
 - This age may be extended in respect of an unmarried child who is a dependant on the Principal Insured Person or Spouse's Medical Scheme, who has not attained the age of twenty six (26).
 - There will be no age restriction for children who are either mentally or physically incapacitated from maintaining themselves, provided that the children are wholly dependent on the Principal Insured Person for support and maintenance. The determination of mental or physical incapacity will be based on a diagnosis, as classified by the attending Medical Practitioner, rather than on the symptoms presented.

- There is no limit to the amount of children covered by the policy.
- "An Eligible Adult Child" is a child of the Principal Insured Person who does not qualify as an Eligible Child, and who may be covered from the age of twenty-one (21) up to, but not including, the age of thirty-one (31), at an additional cost. This extension will only be accepted if the Principal Insured Person has applied for cover in writing and the Company has approved such cover; and provided that the Eligible Adult Child is financially dependent on the Principal Insured Person and listed as a dependant on the Principal Insured Person's or Spouse's Medical Scheme.
- Continuation: Any individual may apply to continue cover
 if that individual was a member of a group policy and
 terminates his employment. Ambledown has the right to
 alter the premium rates to individual rates or adjust the
 premium for the additional costs of the debit order and
 other administrative tasks. Terms and conditions shall
 apply according to the new contract issued.
- No benefit shall be payable for the severe illness benefit
 if the Insured Person was diagnosed with cancer (as
 defined) prior to the inception of this Policy.
- Insurance benefits detailed in this document are subject to a cell captive relationship between Guardrisk Insurance Company Limited (Cell Insurer) and Vida Product Services (Pty) Ltd (Cell Owner), as a result of a shareholder and subscription agreement concluded between the Cell Insurer and the Cell Owner, whereby the Cell Owner is entitled to share in the profits and losses generated by the insurance business. Ambledown operates as an Underwriting Manager Agency (UMA) operating on behalf of the Cell Insurer and Cell Owner. Therefore, this is an arrangement whereby Guardrisk shares equity with the Cell Owner through a shareholding arrangement and provides the Cell Owner a vehicle through which to write the Cell Owner's insurance risk.
- 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.

WAITING PERIODS

- Ambledown will apply the three (3) month general waiting period condition to all applications for new membership.
- The only time we would not apply the three (3) month general waiting period is:
 - Claims qualifying as an accident in terms of the policy definition, or
 - If the client changes Gap Cover policies with similar benefits offered by different product providers with the same insurer (GICL).
- A twelve (12) month pre-existing clause applies.
 The clause excludes claims for any treatment received for a condition for which treatment or advice has been received in the twelve (12) months prior to the inception of the policy.
 The intention is to exclude any benefit where treatment or advice was received twelve (12) months prior to inception. Once membership is greater than twelve (12) months, then benefits are payable regardless of the date in which the illness manifested itself or the injury occurred.
- Benefit upgrades: A three (3) month general waiting period and twelve (12) month pre-existing clause will apply to the additional benefits obtained when a member upgrades cover. The existing benefits enjoyed prior to the upgrade will not be subjected to the waiting periods mentioned.

your claim, quick and easy. The claim will be assessed and a decision made within ten (10) working days from receipt of all the correct documents. If there are any unforeseen delays, these will be communicated and an indication given of the expected date of a final decision.

Alternatively, you can download the g-App to submit and track

We may use your email address and telephone number to inform you on the progress of the claim.

Enquirie

Enquiries should be addressed to Ambledown:

Tel: 086 126 2533

Individual debit order business:

admin@ambledown.co.za

Group business:

premium@ambledown.co.za

Ask Amchat





CLAMING PROCEDURES

Claims should be submitted no later than one hundred and eighty (180) days/six (6) months from the first day of treatment. Claim forms are obtainable from www.ambledown.co.za, and the completed form and supporting documentation should be returned to:

Email: claims@ambledown.co.za

Postal: Ambledown Financial Services (Pty) Ltd PO Box 1862, Cramerview, 2060



