Admed
The heartbeat of Gap

Admed Gap Cover Claim Form

2026

(For claims that take place during 2026)

Thank you for deciding to apply for gap insurance cover with Admed, a division of Guardrisk Insurance Company Limited (Reg. 1992/001639/06, FSP No. 75). This document is an application form for cover. Please complete the form accurately and completely in order that we may process your application.

Contact us

Tel: 0860 102 936, Email: admed@guardrisk.co.za, Facsimile: 011 263 1419

Who we are

Admed, a division of Guardrisk Insurance Company Limited – Registration number 1992/001639/06, Financial Service Provider No. 75

What you must do

1. Fill in the form.
2. Submit your application by emailing the form to us, with your medical aid membership certificate.

Once you have submitted your application form:

- If any details are missing or we need more information, we will contact you.
- We will activate your membership and we will email you a confirmation of cover, along with your policy wording.
- If you do not hear from us 2 weeks after sending us your application, please contact us on 0860 102 936 or email admed@guardrisk.co.za

When you sign this application, you confirm that you have read and understood the terms and conditions of cover and agree to them.

Who is completing this form

Client/applicant	Yes ☐	No ☐	Please read and initial each declaration under Client/Applicant declaration and consent
Appointed financial adviser	Yes ☐	No ☐	Please read and initial each declaration under Broker declaration and consent

1: Main member's details

Member policy number

Title | Initials | First name

Surname

ID number/passport number | Date of birth (D D M M Y Y Y Y)

Medical scheme name | Plan option

Medical scheme number

Cellphone number

Email address

2: Benefit being claimed

(Please tick the relevant boxes and complete the relevant sections.)

A: Medical Expense Shortfall Benefits

(Under this section, a maximum of R219 800 can be paid per Insured Person per policy year)

Reason for your claim		Benefit claimed	What section to complete
Your medical practitioner charged you more for an authorised procedure than your medical scheme paid and there is a shortfall which you have to pay	☐	Shortfall in medical practitioner costs	Complete Part 1
Your medical scheme applied a rand amount limit to your internal prosthesis and you are liable to pay the difference	☐	Shortfall in internal prosthesis costs	Complete Part 2
Your condition required the use of Robot Assisted surgery and there is a shortfall you have to pay	☐	Shortfall benefit for Robotic procedure	Complete Part 3
Your medical scheme applied a co-payment to your medical procedure or hospital admission	☐	Co-payment	Complete Part 4
Your medical scheme levied a rand value penalty co-payment for the use of a non-DSP hospital	☐	Non-DSP hospital co-payment	Complete Part 5

2: Benefit being claimed (continued)

A: Medical Expense Shortfall Benefits (continued)

(Under this section, a maximum of R219 800 can be paid per Insured Person per policy year)

Reason for your claim		Benefit claimed	What section to complete
You are claiming for the shortfalls on consultation fees charged by an admitting specialists 30 days prior to and 30 days following in-hospital surgery	☐	Pre and post-surgery specialist consultation	Complete Part 6
Your medical scheme has only paid a portion of your oncology treatment and you are liable to pay the difference	☐	Oncology co-payment	Complete Part 7
You have reached your medical scheme's oncology treatment limit and you are liable for all oncology treatment costs for the rest of this year	☐	Oncology extender	Complete Part 8
You are claiming for a casualty event where emergency treatment was required	☐	Accidental and Emergency casualty	Complete Part 9
Your medical scheme limit on the amount you can claim for MRI/CT scans and scopes have been depleted and there is a shortfall you have to pay	☐	Sub-limit MRI/CT and scopes benefit	Complete Part 10
The Allied Professional has charged more than what Your medical scheme has paid for in-hospital care following an associated in-hospital procedure	☐	Benefit for Allied Professionals Shortfalls	Complete Part 11

B: Assist Benefits

Reason for your claim		Benefit claimed	What section to complete
You have been diagnosed with cancer for the first time in your life	☐	Cancer Assist benefit	Complete Part 12
You are claiming for accidental death or permanent and total disability of the principal insured, spouse or dependent	☐	Accidental Death / Disability and violent crime Assist benefit	Complete Part 13
You are claiming for accidental tooth fracture (crowns and implants are excluded due to an external injury to the mouth)	☐	Accidental Dentistry Cover	Complete Part 14
You are claiming for the consultation fee charged by your registered counsellor, due to a traumatic event that occurred	☐	Trauma and bereavement counselling benefit	Complete Part 15
You are diagnosed as pregnant by your Medical Practitioner while covered under the policy. We will pay you a fixed amount to assist you with unexpected pregnancy costs.	☐	Baby Bump Benefit (only available to members on a Group Scheme)	Complete part 16
You are claiming for the premium waiver benefit for accidental death or permanent and total disability of the premium payer, also covered on this policy	☐	Premium Waiver benefit	Complete part 17
You have been diagnosed with breast cancer and require cosmetic breast reconstruction for the non-affected breast due to a mastectomy	☐	Oncology related reconstruction on the non-affected breast	Complete Part 18

3: Patient details

The patient must be named on your cover with us and must be covered on your medical aid at the time of a claimable event.

Title ☐☐☐☐ Initials ☐☐☐☐ First name

Surname

ID number/passport number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Relationship

Medical condition treated

Date when symptoms first began D D Y M Y Y Y Y Did the symptoms begin before cover started? Yes ☐ No ☐

Name of 1st doctor consulted

Telephone number ☐☐☐☐☐☐☐☐☐☐

4: Banking details

We can only pay claim refunds into the principal member's bank account .

Name of account holder

Name of bank

Account holder ID/passport number ☐☐☐☐☐☐☐☐☐☐☐☐☐

Company registration number, if a company account is used ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account number ☐☐☐☐☐☐☐☐☐☐☐

Branch code ☐☐☐☐☐☐☐☐ Branch name

Account type Current/Cheque ☐ Savings ☐ Transmission ☐

Please attach a confirmation of you bank account. This can be a letter from your bank or your statement reflecting all your account details.

Part 1: Shortfall in medical practitioner costs – Supreme and Primary

This benefit covers up to 500% for Supreme and 300% for Primary for the amount paid by your medical scheme for each service undertaken by the practitioner.

We process your claim on a line-by-line level according to your medical practitioner's account and some of these charges may not be covered. This means that we may not pay your claimed shortfall in full.

Exclusions to this benefit include (but are not limited to) hospital and day clinic fees and ward/theatre charges, medication and materials, appliances and fees related to BMI, obesity or body weight.

This procedure was ☐ In hospital ☐ Out of hospital

Date admitted D D M M Y Y Y Y Date discharged D D M M Y Y Y Y

Name of hospital/day clinic

Procedure undertaken

Please note: It is important to complete the table below for the amounts you are claiming. Should the table not be complete, this could lead to your claim not being processed.

Date of service	Medical service provider	Total charged	Medical scheme paid	Shortfall
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
			Total shortfall being claimed	**R**

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

☐ Hospital/day-clinic account *(showing date of admission & discharge, patient details, diagnosis code and each service)*

☐ Doctor account *(for each doctor being claimed)*

☐ Medical scheme statement *(showing each service for each doctor being claimed)*

Part 2: Internal prosthesis costs – Supreme only

This benefit pays the shortfall of up to R46 000 per family per year. Stents will be covered up to R5 000, intra ocular lenses covered up to R6 500 and pacemakers are covered up to R8 000 per claim event.

Exclusions to this benefit include (but are not limited to) devices that assist with the functioning of a body part and external prosthesis or dental implants.

Date admitted D D M M Y Y Y Y Date discharged D D M M Y Y Y Y

Name of hospital/day clinic

Please note: It is important to complete the table below for the amounts you are claiming. Should the table not be complete, this could lead to your claim not being processed.

Date of service	Medical service provider	Total charged	Medical scheme paid	Shortfall
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
			Total shortfall being claimed	**R**

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

☐ Hospital/day-clinic account *(showing date of admission & discharge, patient details, diagnosis code and each service)*

☐ Medical scheme statement *(reflecting the prosthesis shortfall)*

Part 3: Shortfall benefit for robotic procedures – Supreme and Primary

Should your condition require the use of robotic-assisted surgery, our Robotic procedures benefit will cover the shortfalls charged by medical practitioners and any co-payments levied by your medical scheme. This cover is up to 500% for Supreme and 300% for Primary medical scheme tariff.

Date admitted D D M M Y Y Y Y Date discharged D D M M Y Y Y Y

Name of hospital/day clinic

Name of robotic procedure

Part 3: Shortfall benefit for robotic procedures – Supreme and Primary (continued)

Please note: It is important to complete the table below for the amounts you are claiming. Should the table not be complete, this could lead to your claim not being processed.

Date of service	Medical service provider	Total charged	Medical scheme paid	Shortfall
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
			Total shortfall being claimed	**R**

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Pre-authorisation letter *(reflecting robotic procedure)*
- ☐ Detailed medical scheme statement *(reflecting robotic procedure shortfall)*
- ☐ Doctor account *(for each doctor being claimed)*
- ☐ Hospital account *(showing date of admission & discharge, patient details, diagnosis code and each service)*
- ☐ Medical scheme payment agreement letter

Part 4: Co-payment – Supreme and Primary

This benefit pays for certain co-payments that have been applied by your medical scheme for a medical procedure or hospital admission.

Exclusions to this benefit include (but are not limited to) co-payments that relate to the use of a private ward and that apply to any procedure or condition in a waiting period.

Co-payment was applied to In-network hospital ☐

Date admitted D D M M Y Y Y Y Date discharged D D M M Y Y Y Y

Name of hospital/day clinic

Please note: It is important to complete the table below for the amounts you are claiming. Should the table not be complete, this could lead to your claim not being processed.

Date of service	Medical service provider	Co-payment
D D M M Y Y Y Y		R
D D M M Y Y Y Y		R
	Total	**R**

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Pre-authorisation letter *(reflecting co-payment applied)*
- ☐ Detailed medical scheme statement *(reflecting co-payment)*
- ☐ Proof of payment
- ☐ Hospital account *(showing co-pay charged, date of admission & discharge, patient details, diagnosis code & services)*

Part 5: Co-payment for use of a non-DSP hospitals – Supreme only

If your medical scheme levies a rand value penalty or a percentage-based co-payment for voluntary use of a hospital that is not on their preferred network of hospitals, we will cover the co-payment to a maximum amount of R16 800 per policy per year and a maximum of two (2) co-payments per year.

Exclusions to this benefit include (but are not limited to) percentage co-payments or penalty fees that are levied on your hospital account and that apply to any procedure or condition in a waiting period.

Co-payment was applied to Out-of-network hospital ☐

Date admitted D D M M Y Y Y Y Date discharged D D M M Y Y Y Y

Name of hospital/day clinic

Please note: It is important to complete the table below for the amounts you are claiming. Should the table not be complete, this could lead to your claim not being processed.

Date of service	Medical service provider	Co-payment
D D M M Y Y Y Y		R
D D M M Y Y Y Y		R
	Total	**R**

Part 5: Co-payment for use of a non-DSP hospitals – Supreme only (continued)

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Pre-authorisation letter *(reflecting co-payment applied)*
- ☐ Detailed medical scheme statement *(reflecting co-payment)*
- ☐ Proof of payment
- ☐ Hospital account *(showing co-pay charged, date of admission & discharge, patient details, diagnosis code & services)*

Part 6: Pre and post-surgery specialist consultation – Supreme only

This benefit pays for shortfalls on consultation fees charged by an admitting medical practitioner 30 days prior to and 30 days following in-hospital surgery. It is subject to a limit of R3 200 per insured.

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Detailed medical aid statements reflecting payment to all medical practitioners a shortfall is being claimed for and the co-payment or deductible
- ☐ Medical scheme pre-authorisation letter reflecting the co-payment or deductible
- ☐ Medical practitioner accounts *(ie doctor, specialists, anaesthetist, etc)*
- ☐ Hospital account (first 4 pages and pages reflecting internal prosthesis costs). If a casualty facility claim, a copy of the casualty facility account.
- ☐ Proof that the co-payment or deductible was paid *(receipt or credit card slip)*

Part 7: Oncology co-payment – Supreme only

This benefit pays up to 20% of co-payments applied by your medical scheme once the annual oncology treatment limit has been depleted.

Exclusions to this benefit include (but are not limited to) treatment undertaken by a non-designated service provider.

This is the ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th oncology co-payment claimed this year

Please note: It is important to complete the table below for the amounts you are claiming. Should the table not be complete, this could lead to your claim not being processed.

Date of service	Medical service provider	Total charged	Medical scheme paid	Shortfall
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
			Total co-payments	**R**

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Test results *(1st claim only)*
- ☐ Histology report *(1st claim only)*
- ☐ Oncology treatment plan *(1st claim only)*
- ☐ Annexure B *(1st claim only)*
- ☐ Medical scheme statement *(each claim)*
- ☐ Service provider account *(each claim)*

Part 8: Oncology extender – Supreme only

This benefit pays up to 20% of oncology treatment costs incurred once the annual oncology treatment limit on your medical scheme has been depleted.

Exclusions to this benefit include (but are not limited to) treatment undertaken by a non-designated service provider.

This is the ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th oncology extender benefit claimed this year

Please note: It is important to complete the table below for the amounts you are claiming. Should the table not be complete, this could lead to your claim not being processed.

Date of service	Medical service provider	Total charged	Medical scheme paid	Shortfall
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
			Total treatment costs	**R**

Part 8: Oncology extender – Supreme only (continued)

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Test results *(1st claim only)*
- ☐ Histology report *(1st claim only)*
- ☐ Oncology treatment plan *(1st claim only)*
- ☐ Annexure B *(1st claim only)*
- ☐ Medical scheme statement *(each claim)*
- ☐ Service provider account *(each claim)*

Part 9: Accidental and emergency casualty benefit – Supreme and Primary

In the event of an emergency resulting from an accident, where you are required to visit an emergency casualty ward within 24 hours of the incident, we will cover costs of up to R26 700. For emergency only treatment of a child aged 11 years or younger, the benefit is limited to R2 950 per policy per year, which forms part of and aggregates to the overall annual limit of R26 700.

Exclusions to this benefit include (but are not limited to) elective procedures undertaken in casualty and casualty ward visits due to illness, except for a dependant 11 years and younger.

Date of casualty visit D D M M Y Y Y Y Time of casualty visit H H : M M

Name of medical facility

Give full details of circumstances leading to the claim event as well as details of the injury

Please note: It is important to complete the table below for the amounts you are claiming. Should the table not be complete, this could lead to your claim not being processed.

Date of service	Medical service provider	Total charged	Medical scheme paid	Shortfall
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
			Total treatment costs	**R**

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Casualty admission form
- ☐ Casualty account
- ☐ Medical scheme statement *(showing amounts paid by the medical aid)*

Part 10: Sub-limit benefit for MRI/CT scans and scopes – Supreme only

If your medical scheme has a limit on the amount you can claim for MRI/CT scans and scopes, we will pay R16 000 per policy per year should you deplete this limit.

Exclusions to this benefit include if your current medical scheme does not cover MRI/CT scans or scopes.

This procedure was	In hospital	Out of hospital	
Date admitted	D D M M Y Y Y Y	Date discharged	D D M M Y Y Y Y
Name of hospital/day clinic			
Procedure undertaken			

Please note: It is important to complete the table below for the amounts you are claiming. Should the table not be complete, this could lead to your claim not being processed.

Date of service	Medical service provider	Total charged	Medical scheme paid	Shortfall
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
			Total treatment costs	**R**

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Hospital/day-clinic account *(showing date of admission & discharge, patient details, diagnosis code and each service)*
- ☐ Doctor account *(for each doctor being claimed)*
- ☐ Medical scheme statement *(showing each service for each doctor being claimed)*

Part 11: Shortfall in Allied Professional costs – Supreme only

We cover the shortfall between what the Allied professional has charged and what your medical scheme has paid for in hospital care following an associated in-hospital procedure. This is paid up 500% of medical scheme tarrif paid by your medical scheme towards in-hospital shortfalls and is limited to R2 500 per policy per year.

Exclusions to this benefit include any/all Allied Professional services performed once you have been discharged from hospital or Day Clinic.

This procedure was	In hospital	Out of hospital	
Date admitted	D D M M Y Y Y Y	Date discharged	D D M M Y Y Y Y
Name of hospital/day clinic			
Procedure undertaken			

Please note: It is important to complete the table below for the amounts you are claiming. Should the table not be complete, this could lead to your claim not being processed.

Date of service	Medical service provider	Total charged	Medical scheme paid	Shortfall
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
D D M M Y Y Y Y		R	R	R
			Total treatment costs	**R**

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Hospital/day-clinic account *(showing date of admission & discharge, patient details, diagnosis code and each service)*
- ☐ Allied Professional account *(for each allied professional being claimed)*
- ☐ Medical scheme statement *(showing each service for each allied professional being claimed)*
- ☐ Allied professional referral letter

Part 12: Cancer assist benefit – Supreme and Primary

If you are diagnosed for the first time with minimum stage II, local and malignant cancer, we will pay you R8 000. If however, you are diagnosed with minimum stage II, regional and malignant cancer, we will pay you R20 000. In addition, if you are successful in claiming R20 000 benefit and extent treatment that need results in your medical scheme paying R200 000 or more for your oncology treatment within 12 months from the date of your diagnosis, we will pay you a further R15 000. This benefit assits in covering the unexpected costs which may arise as a result of diagnosis.

In addition, if you are successful in claiming the R20 000 benefit and the extent of treatment that you need results in your medical scheme paying R200 000 or more for your oncology treatment within your first one-year treatment cycle, we will pay You a further R15 000 to cover the additional unexpected costs which may arise as a result the diagnosis.

Exclusions to this benefit include (but are not limited to) all skin cancers and all cancers diagnosed and treated by primary biopsy only, where it does not require further surgical, medical or radiotherapy.

Which benefit are you claiming?	1st amount of R8 000 ☐	2nd amount of R20 000 ☐	Once-off R15 000 benefit ☐
Date of diagnosis	D D Y M Y Y Y Y	Is this the first diagnosis of cancer?	Yes ☐ No ☐

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Test results
- ☐ Histology report
- ☐ Oncology treatment plan *(which shows the TNM staging)*
- ☐ Annexure B
- ☐ Medical scheme statement

Part 13: Accident assist benefit for Accidental Death or Permanent and Total Disability & Violent Crime assist benefit – Primary for Accident assist only

This benefit pays out an amount of R55 000 in the event of accidental death or permanent and total disablement of an insured life

If death or permanent and total disability is the result of a violent crime, we will double the benefit amount paid out. The maximum death benefit pay-out for children is capped by legislation. In the event that the death or total disability is due to a violent crime, we will pay an amount of R110 000.

Exclusions to this benefit include (but are not limited to) claim events that are NOT due to an accident.

Benefit being claimed for	Death ☐	Disability ☐
Date of accident/incident	D D Y M Y Y Y Y	
Was the death or permanent and total disability due to a violent crime	Yes ☐	No ☐
Give details of circumstances leading to the claim event:		

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Death certificate *(if death)*
- ☐ Accident report *(if death or disability)*
- ☐ Annexure A *(if disability)*
- ☐ Police report
- ☐ Case number

The accidental death benefit is limited to R10 000 for minors between the age of 0 and 5 years, and R30 000 between the age of 6 and 13 years.

Part 14: Accidental Dentistry Cover – Supreme only

This benefit pays a cover of up to R27 000 for accidental tooth fracture (crowns and implants are excluded due to an external injury to the mouth) is payable at a rate of R3 900 per fractured tooth, irrespective of medical aid contribution to treatment cost.

Treatment must take place within 10 days of the accidental tooth fracture event.

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Dentist motivation of accidental injury and invoice reflecting damaged tooth number.
- ☐ If the patient is not the policyholder, a recent medical aid membership schedule reflecting that the patient is a dependant of the policyholder; or the detailed medical aid statement reflecting payment to the medical practitioner (dentist etc).

Part 15: Trauma and bereavement counselling – Supreme and Primary

This benefit pays a fixed amount of R950 for each counselling session and up to R30 000 per family per year for trauma due to being a victim of, or a witness to, an act of violence or a traumatic accident or if you lose an immediate family member.

Exclusions to this benefit include (but are not limited to) counselling that is not related to an act of violence or a traumatic accident.

Date of claim event	D D M M Y Y Y Y	1st Counselling session	D D M M Y Y Y Y
2nd Counselling session	D D M M Y Y Y Y	3rd Counselling session	D D M M Y Y Y Y
Give details of circumstances leading to the claim event:			

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Counsellor account
- ☐ Proof of payment
- ☐ Accident report
- ☐ Police report

Please note that Admed reserves the right to request additional proof of the relationship between you and your immediate family.

Part 16: Baby Bump Benefit (only available to members on a Group Scheme)

If you are confirmed as pregnant by your Medical Practitioner while covered on the policy, we will pay you a fixed amount of R2 500 to assist you with unexpected pregnancy costs.

Please note that if you are on our Under 35 Gap product at the time of your pregnancy, you need to transfer to the family cover option before the birth of your baby, failing which the baby won't be covered at birth.

Exclusions to this benefit include (but are not limited to) any pregnancy confirmed which occurs before your cover with us begins.

Date of pregnancy confirmed	D D Y M Y Y Y Y

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Quantitative beta (HCG) test results
- ☐ Doctor's invoice for Routine Obstetric Ultrasound
- ☐ Proof of registration on medical scheme's maternity programme
- ☐ Doctor's account from Obstetrics & Gynaecology or midwife account.

You must claim this benefit within 180 days from the confirmation of your pregnancy. No claim will be considered after the birth of your baby.

Part 17: Premium waiver benefit – Supreme and Primary

If you or a dependant who pays the monthly premium due on this policy, dies or become Permanently and Totally Disabled as a result of an Accident while covered under this policy, we will assist your dependants in covering the cost of their monthly medical scheme contributions and gap cover premium by paying you an amount of R36 000 however, will be paid when processing the claim.

Exclusions to this benefit include (but are not limited to) Death or Disability that is not due to an Accident as defined in the policy.

Benefit being claimed for	Death		Disability		
Date of accident/incident	D D Y M Y Y Y Y	Is the Insured the premium payer on this policy?	Yes		No
Give details of circumstances leading to the claim event:					

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Death certificate *(if death)*
- ☐ Accident report *(if death or disability)*
- ☐ Annexure A *(if disability)*

Part 18: Breast reconstruction for non-affected breast benefit – Supreme only

Should you be diagnosed with breast cancer and require cosmetic breast reconstruction for the non-affected breast due to a mastectomy, we will provide assistance cover of R29 000 per policy per year. This can be used to recover the costs incurred for the treatment or related to the treatment.

Exclusions to this benefit include (but are not limited to) Prophylactic mastectomy procedures.

Date admitted	D D M M Y Y Y Y	Date discharged	D D M M Y Y Y Y
Name of hospital/day clinic			

Please note: It is important to complete the table below for the amounts you are claiming. Should the table not be complete, this could lead to your claim not being processed.

Date of service	Medical service provider	Total charged	Medical scheme paid	
D D Y M Y Y Y Y		R	R	R
D D Y M Y Y Y Y		R	R	R
			Total shortfall being claimed	**R**

Supporting documents to be submitted

Please tick that you have attached each of the below documents:

- ☐ Pre-authorisation letter *(reflecting breast reconstruction procedure)*
- ☐ Detailed medical scheme statement *(reflecting breast reconstruction procedure shortfall)*
- ☐ Doctor account *(for each doctor being claimed)*
- ☐ Hospital account *(showing date of admission & discharge, patient details, diagnosis code and each service)*

5: Broker declaration and consent – only applicable when a broker is completing an application form on behalf of the claimant/patient

Please initial each of the following sentences below to confirm that you are in agreement with the statement:

1. The claimant/patient has authorised you to complete this claim form on their behalf and you confirm that the information provided is true and accurate as advised by your client. ☐
2. You can provide proof of your client's above-mentioned authorisation timeously on request by Guardrisk. ☐
3. You declare that you have read the below Claimant / Patient declaration and that your client is aware of each declaration you are signing on their behalf. ☐

Signature of broker ☐ **Date** D D M M Y Y Y Y

6: Claimant/patient declaration

Please initial each of the following sentences below to confirm that you are in agreement with the statement:

1. You declare that the above and attached information is true, that you have withheld no material information and that all relevant required documentation is attached to this claim form.
2. You confirm your understanding that if this claim form is incomplete or you have not submitted all required supporting documentation, Guardrisk may not process your claim.
3. You confirm your understanding that should any material information be withheld or incorrectly furnished during the claim process, Guardrisk may cancel your cover and premiums paid may be used to offset expenses incurred by Guardrisk.
4. You authorise Guardrisk to make claim payments to the account nominated in this form.
5. You undertake to inform Guardrisk of any change in your banking details and you authorise Guardrisk to verify such banking details with your bank.
6. You confirm that Guardrisk shall not be held liable for incorrect claim payments made as a result of your failure to inform Guardrisk of any change in banking details.
7. You accept and understand that you are limiting your right to privacy. You authorise Guardrisk to obtain from any person, other insurer, medical scheme, medical practitioner/institution, any information that Guardrisk to facilitate the processing of this claim. You authorise such person(s) to give the said information to Guardrisk, and to share with other insurers and medical schemes any information in this claim form, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as Guardrisk or the operators of such database may decide from time to time.
8. You authorise the disclosure of relevant medical information by your medical scheme to Guardrisk to assist in the processing of claims under this policy. This information could include your (or one of your dependants') diagnosis, treatment and medical history.
9. You further confirm that your dependants and/or beneficiaries have also provided the necessary authority for your medical scheme to disclose their relevant medical information to Guardrisk to assist in the processing of claims under this policy.
10. You authorise Guardrisk to negotiate on your behalf with your medical scheme in respect of shortfall claims that may have arisen from medical events which your medical aid is legally obliged to cover in full (Prescribed Minimum Benefits).
11. You authorise Guardrisk to negotiate discounts on your and your dependants' behalf with medical service providers in order to maintain a good risk profile for your cover. If successful, you acknowledge that payment will be made directly to the service provider's bank account and no further payment will be due to you.
12. I authorise Guardrisk to disclose all relevant information to the appointed broker on my policy to assist in the processing of this claim. This information could include my (or one of my dependants') medical diagnosis, treatment and history as well as personal information. I further confirm that my dependants and/or beneficiaries have also provided the necessary authority to disclose their relevant information to the appointed broker to assist in the processing of any claims processed by Guardrisk on this policy.

Signature of policy holder

Date D D M M Y Y Y Y