



POLICY UPGRADE/ REPLACEMENT FORM 2026

**Aon South Africa {Pty} Ltd
AON01**

Insurer:
Lombard Insurance Company Limited
(Reg. No. 1990/001253/06) FSP no. 1596

Risk and Underwriting Managers:
Turnberry Management Risk Solutions (Pty) Ltd
(Reg no : 2007/026488/07) FSP no. 36571

Telephone: 011 677 9891
Fax: 086 676 0777
Physical Address: 4 Osborne Lane, Bedfordview, 2007
Postal Address: Private Bag X2, Gardenview, 2047

Current Policy No	
Current Policy Type	

Principle Insured Person: Principal Insured ID Number:

Replacement Policy Type: Replacement Policy Start Date:

Please complete and return by fax to: 086 649 0417 | Email to: newbusiness@turnberry.co.za

A. NOTES

PLEASE NOTE, a 3-month general waiting period applies to all benefits, with exception of benefits providing cover up to 600% should the commencement of the Policy be in line with the commencement date of the Medical Scheme. Accidents will be covered within the 3 month general waiting period. A 10-month waiting period on pregnancy/childbirth. A 12-month waiting period on or investigations, treatment or surgery for: hysterectomy, hysteroscopies, endometriosis, ovarian cysts and fibroids (myomectomy), muscular-skeletal (except in the event of an accident), tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth, hernia, cataracts, gastroscopies, colonoscopies, nasal and sinus, cancer

B. DECLARATION BY THE PRINCIPAL INSURED PERSON

I have been informed of my rights in terms of the Policyholder Protection Rules to have the following information disclosed to me before entering into any insurance contract: 1) The Statutory Notice; 2) Intermediary's accreditation and mandate confirmation; 3) Mandatory disclosures. I hereby apply for the benefit stipulated in this document, subject to the terms and conditions of the Policy contract and I agree that this application and declaration shall be the basis of the contract between me and Lombard Insurance Company Limited ("Insurer"). I hereby warrant that the answers and statements provided in the application form are true and correct in every particular and that I have withheld no information whatsoever, which is material to or is likely to affect the assessment of the risk under the proposed insurance. I undertake to advise Turnberry in writing if a change takes place in the health of the Insured person/persons between the date of signing the application and the date of acceptance of the risk or the date of commencement of the Policy whichever occurs last. I understand that any inaccurate and untrue statements or failure to notify Turnberry of a change in health prior to the acceptance and/or commencement of the Policy may render my Policy null and void and all premiums paid will be forfeited to the Insurer. I acknowledge that no representation made to me by any agent or employee of the Insurer shall in any way bind the Insurer unless it is thereafter confirmed in writing by the Insurer. I hereby irrevocably authorise a) the Insurer to obtain from any person any information the Insurer needs to which this application relates; b) the person concerned to give the Insurer the information it requests under the authorisation in (a); the Insurer to share with other insurers and the ASISA any information to assess risks or claims. Any information may, under this authorisation, be obtained or given at any time, even after death. I agree that a photocopy or fax of this application form is as effective and valid as the original. If I have an email address for correspondence with Turnberry, I accept the risks of email correspondence and shall not hold Turnberry liable for any loss or damage arising through any unauthorised access to the email correspondence with or any interception of any communication between Turnberry and me.

I acknowledge that should any of my personal and/or banking details change it is my responsibility to ensure that Turnberry are notified of the changes.

I acknowledge that the premium is due monthly in advance on the first day of each calendar month ("due date") and if not received by Turnberry by the 15th day of the following calendar month, then this Policy shall be deemed to have been cancelled at midnight on the due date.

Have you been advised of and exercised your free choice to take out insurance with the Insurer and intermediary of your choice? YES NO

I confirm that the product benefits have been explained to me YES NO

Is this Policy replacing a Policy of the same or similar type? YES NO

If "YES", have the product benefits and restrictions been adequately compared and explained to you? YES NO

Signature: _____ Date:

REPLACEMENT COMPARISON SCHEDULE

MEDICAL EXPENSE SHORTFALL PRODUCTS		Please tick the relevant boxes below	
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.			
Please indicate your current Policy and select a new Policy			
Vital Plus	R489 per family per month. R440 per individual per month	Current	<input type="radio"/>
BENEFIT SUMMARY <i>Overall Annual Limit (OAL): R219,845.96 per person per annum</i> • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Sub-limits: R4 973 per admission, per insured. Subject to OAL			
Co-Care Standard	R317 per family per month	Current	<input type="radio"/>
BENEFIT SUMMARY <i>Overall Annual Limit (OAL): R219,845.96 per person per annum</i> • Co-payments: R25 300 per admission, per insured. Subject to OAL			

REPLACEMENT COMPARISON SCHEDULE

MEDICAL EXPENSE SHORTFALL PRODUCTS

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Please indicate your current Policy and select a new Policy		Please tick the relevant boxes below	
Co-Care Plus	R418 per family per month	Current <input type="radio"/>	
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum • Co-payments: R26 400 per admission, per insured. Subject to OAL • Sub-limits: R14 300 per admission, per insured. Subject to OAL			
Optimal Standard	R406 per family per month	Current <input type="radio"/>	
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Cancer cover: Subject to OAL • Biological Cancer Drugs: Subject to OAL			
Vital 200	R303 per family per month	Current <input type="radio"/>	
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL			
Launch	R185 per family per month, R320 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum • Increases the Medical Aid rate up to 350% for in-hospital treatment. Subject to OAL • Casualty Benefit: R7 700 per event. Subject to OAL • Co-payment cover: R4 400 per admission. Limited to 1 claim per family per annum. Subject to the OAL • Medical Scheme Contribution Waiver: Up to R8 200 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. • Gap Premium Waiver: Pays the premium for your Launch Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer		Under 65 yrs: <input type="radio"/>	65+ yrs: <input type="radio"/>
Vital	R439 per family per month, R596 per family for 65yrs+	Current <input type="radio"/>	
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Accidental Casualty Benefit: R8 700 per event. Subject to OAL • Medical Scheme Contribution Waiver: Up to R8 200 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. • Gap Premium Waiver: Pays the premium for your Vital Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer			
Synergy	R494 per family per month, R688 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum • Increases the Medical Aid rate up to 500%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to OAL • Co-payments: Subject to OAL. • Co-payments for Scopes: R6 500 per event per insured. Limited to 2 claims per insured and subject to OAL • Non-DSP Hospital Penalty Cover: R11 500 per admission. Limited to 1 claim per family per annum, subject to OAL • Sub-limit Cover: R36 000 per admission. Limited to R75 000 per family per annum, subject to OAL • Accidental Casualty Benefit: R13 000 per event per insured. Subject to the OAL • Casualty Benefit for Illness: R4 400 per event. Limited to 2 claims per family per annum. Subject to OAL • MRI and CT Scan Cover: R6 000 per event, limited to 1 claim per family per annum and subject to OAL • Trauma Care Cover: Trauma counselling R3 300 per event. Limited to R6 500 per family and OAL • Medical Scheme Contribution Waiver: Up to R8 200 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer • Gap Premium Waiver: Pays the premium for your Synergy Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer • Personal Accident Benefit: R14 500 per insured payable upon death or permanent and total disability		Under 65 yrs: <input type="radio"/>	65+ yrs: <input type="radio"/>
Optimal	R588 per family per month, R806 per family for 65yrs	Current <input type="radio"/>	New <input type="radio"/>
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Co-payments: Subject to OAL • Non-DSP Hospital Penalty: R14 700 per admission. Limited to 1 claim per family per annum. Subject to OAL • Co-payments for Scopes: R6 500 per event per insured. Limited to 2 claims per insured per annum and subject to OAL • Sub-limit Cover: R36 000 per admission. Limited to R75 000 per family per annum, subject to OAL • Cancer Cover: 20% co-payment cover. Subject to OAL • Biological Cancer Drugs: Subject to formulary and OAL • Breast Cancer Prevention Cover: Increases the Medical Aid rate up to 500% for Prophylactic Mastectomy. Subject to OAL • Breast Cancer Reconstruction: After cancer, increases the Medical Aid rate up to 500%. Unaffected breast reconstruction limited to R24 000. Subject to OAL • Accidental Casualty Benefit: R13 000 per event. Subject to OAL • Casualty Benefit for Illness: R5 500 per event. Limited to 2 claims per family per annum. Subject to OAL • MRI and CT Scan Cover: R7 500 per event, limited to 2 claims per family per annum and subject to OAL • Trauma Care Cover: Trauma counselling R3 300 per event. Limited to R7 500 per family and OAL • Medical Scheme Contribution Waiver: Up to R8 200 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. • Gap Premium Waiver: Pays the premium for your Optimal Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer • Personal Accident Benefit: R21 000 per insured payable upon death or permanent and total disability • Critical Illness Benefit: R10 500 per insured payable in the event of death due to a critical illness (excludes cancer)		Under 65 yrs: <input type="radio"/>	65+ yrs: <input type="radio"/>

REPLACEMENT COMPARISON SCHEDULE

MEDICAL EXPENSE SHORTFALL PRODUCTS

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Please indicate your current Policy and select a new Policy		Please tick the relevant boxes below	
Enhance	R633 per family per month, R929 per family for 65yrs+	Current <input type="radio"/>	
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum <ul style="list-style-type: none"> Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL Co-payments: Subject to OAL Sub-limits: R24 300 per admission, per insured. Subject to OAL R20 000 payable on the first diagnosis of cancer provided that the insured is on an approved oncology treatment plan Personal Accident Benefit: R21 000 per insured payable upon death and permanent and total disability Accidental Casualty Benefit: R11 000 per event. Subject to OAL Medical Scheme Contribution Waiver: Up to R8 200 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. Gap Premium Waiver: Pays the premium for your Enhance Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer 			
Premier	R673 per family per month, R1060 per family for 65yrs+, R538 per individual for under 65yrs, R741 per individual for 65yrs+, R315 for Premier Youth	Current <input type="radio"/>	New <input type="radio"/>
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum <ul style="list-style-type: none"> Increases the Medical Aid rate up to 600% for in-hospital treatment. Subject to OAL Co-payments: Subject to OAL Non-DSP Hospital Penalty Cover: R18 000 per admission. Limited to 2 claims per family per annum, subject to OAL Sub-limits: R46 500 per admission, per insured. Subject to OAL Trauma Recovery Cover: Sub-limit cover of R6 500 per admission and R11 000 per family. Subject to OAL Cancer Cover: Subject to OAL Biological Cancer Drugs: Subject to OAL Breast Cancer Prevention Cover: Increases the Medical Aid rate up to 600% for Prophylactic Mastectomy. Subject to OAL Breast Cancer Reconstruction: After cancer, increases the Medical Aid rate up to 600%. Unaffected breast reconstruction limited to R31 500. Subject to OAL Accidental Casualty Benefit: R19 500 per event. Subject to OAL Casualty Benefit for Illness: R5 500 per event. Limited to 3 claims per family per annum. Subject to OAL MRI and CT Scan Cover: R8 500 per event, limited to 2 claims per family per annum and subject to OAL Trauma Care Cover: Trauma counselling R3 300 per event. Limited to R8 500 per family and OAL Medical Scheme Contribution Waiver: Up to R8 200 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. Gap Premium Waiver: Pays the premium for your Premier Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer Personal Accident Benefit: R37 000 per insured payable upon death or permanent and total disability Critical Illness Benefit: R14 700 per insured payable in the event of death due to a critical illness (excludes cancer) 		Youth: <input type="radio"/>	Family: Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>
		Individual: Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>	

PLEASE NOTE THAT SHOULD A DEPENDANT BE ADDED TO AN INDIVIDUAL POLICY, THE POLICY WILL AUTOMATICALLY BE CONVERTED TO THE FAMILY RATE

Med-Extend	R426 per family per month, R601 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum <ul style="list-style-type: none"> Increases the Medical Aid rate up to 300%. Subject to OAL Co-payment Cover: R7 000 per admission. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit Defined Procedures: Procedures excluded by the Medical Scheme. Subject to specified rand value and OAL MedBoost: Lump sum benefit when you undergo a Defined procedure and have been claim free Sub-Limit Cover for MRI and CT Scan Cover: R6 000 per event, limited to 1 claim per family per annum and subject to OAL 		Under 65 yrs: <input type="radio"/>	65+ yrs: <input type="radio"/>

SENIOR GAP COVER PRODUCTS

Vital Senior Core	R491 per family per month	Current <input type="radio"/>	
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum <ul style="list-style-type: none"> Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL 			
Co-Care Senior	R 453 per family per month	Current <input type="radio"/>	
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum <ul style="list-style-type: none"> Co-payments: R14 000 per admission, per insured (no cover for MRI, CT and PET scans done out-of-hospital). Subject to OAL Sub-limits: R14 000 per admission, per insured. Subject to OAL 			
Senior	R700 per family per month	Current <input type="radio"/>	
BENEFIT SUMMARY Overall Annual Limit (OAL): R219,845.96 per person per annum <ul style="list-style-type: none"> Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL Co-payments: R20 000 per admission, per insured (includes co-payment cover for MRI, CT and PET scans done out-of-hospital). Subject to OAL Sub-limit Cover: R20 000 per admission per insured. Limited to R60 000 per family per annum and subject to OAL 			

DYNAMIC

<p>DYNAMIC</p> <p>BENEFIT SUMMARY <i>Overall Annual Limit (OAL): R219,845.96 per person per annum</i></p> <ul style="list-style-type: none"> • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Co-payments: Subject to OAL • Non-DSP Hospital Penalty: R10 000 per admission. Limited to 1 claim per family per annum. Subject to OAL • Co-payments for Scopes: R6 500 per event per insured. Limited to 2 claims per insured per annum and subject to OAL • Sub-limit Cover: R20 000 per family per annum, subject to OAL • Cancer Cover: Subject to OAL • Biological Cancer Drugs: Subject to formulary and OAL • Accidental Casualty Benefit: R10 000. Limited to 1 claim per family per annum. Subject to OAL • Casualty Benefit for Illness: R2 000 per event. Limited to 2 claims per family per annum. Subject to OAL • MRI and CT Scan Cover: R5 000 per event, limited to 1 claim per family per annum and subject to OAL • Trauma Care Cover: Trauma counselling R2 000 per event. Limited to R8 000 per family and OAL 	<p style="text-align: right;">New <input type="radio"/></p> <p style="text-align: center; color: #e91e63;">DYNAMIC DEPENDANTS</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Ages 0-29</td> <td>R180</td> <td>R330</td> <td>R500</td> <td>R600</td> <td>R700</td> </tr> <tr> <td>Ages 30-49</td> <td>R330</td> <td>R473</td> <td>R605</td> <td>R715</td> <td>R825</td> </tr> <tr> <td>Ages 50-64</td> <td>R385</td> <td>R495</td> <td>R616</td> <td>R759</td> <td>R902</td> </tr> <tr> <td>Ages 65+</td> <td>R605</td> <td>R770</td> <td>R935</td> <td>R1100</td> <td>R1265</td> </tr> </table>		0	1	2	3	4	Ages 0-29	R180	R330	R500	R600	R700	Ages 30-49	R330	R473	R605	R715	R825	Ages 50-64	R385	R495	R616	R759	R902	Ages 65+	R605	R770	R935	R1100	R1265
	0	1	2	3	4																										
Ages 0-29	R180	R330	R500	R600	R700																										
Ages 30-49	R330	R473	R605	R715	R825																										
Ages 50-64	R385	R495	R616	R759	R902																										
Ages 65+	R605	R770	R935	R1100	R1265																										

BROKER FEES

R20 R40 R60

This fee (Broker Fee) is an optional fee payable or owing by you, the Policyholder, to your broker, for advisory services, including, financial or risk planning and up-front and ongoing advice, which services have or will be provided to you by your broker. Turnberry will collect this fee, together with your premium, and pay the entire amount to your broker. If you are unhappy with the advisory services provided by your broker, you are entitled to cancel the payment of the Broker Fee at any time by contacting your broker.

While this notice has been prepared by Turnberry in good faith, no representation, warranty, assurance or undertaking (express or implied) is or will be made, and no responsibility or liability is or will be accepted by Turnberry or its officers, employees or agents in relation to the adequacy, accuracy, completeness or reasonableness of the advisory services provided by your broker. All and any such responsibility and liability is expressly disclaimed.

Signature: _____ Date:

DECLARATION BY PRINCIPAL INSURED

Please note the product summaries above reflect the key points for comparison between the products. These points and any other applicable points should be discussed with your broker in conjunction with your Needs Analysis.

I confirm that the representative has fully explained the consequences of the replacement of the Policy(ies) mentioned in this Replacement Policy Advice Record and I understand the consequences of such replacement(s).

Signature: _____ Date:

DECLARATION BY FSP REPRESENTATIVE

I confirm that I have taken all reasonable steps to confirm that the information in this Replacement Policy Advice Record (RPAR) is true and correct. I confirm that in pursuance of my advice to the Policyholder to replace the Policy(ies) mentioned in this RPAR, I have fully discharged my duties as set out in section 8(d) of the General Code of Conduct for authorised Financial Service Providers and their representatives (the Code) and have retained a record of such advice as required by section 3 of the said Code.

Signature of representative: _____ Date:



Benefits of appointing Aon South Africa Healthcare as your intermediary

Aon Healthcare is committed to providing you with exceptional service at every interaction. We have a team of professional, fully accredited advisors to assist you with all your medical schemes, Gap cover and Primary care enquiries.

Our philosophy is to:



Guide:

our members in selecting the medical scheme, Gap cover insurance or Primary care options aligned to their needs.



Educate:

our members with ongoing training throughout the year, end of year medical schemes and Gap cover benefits and rate changes.



Protect:

the rights of members by applying the Medical Scheme Act and scheme rules when resolving disputes with the medical schemes on behalf of the members.

Catalogue of services and technological platform accessible to our members

- **Microsites:** Provides you with access to voice recorded Induction, Year-end renewal, Year-end launch highlight presentations, brochures, COVID-19 updates, various application forms.
- **Aon Resolution Centre:** Professional assistance with your Medical scheme, Gap cover or Primary care claim resolution, comparison or benefit explanation.
- **Year-end renewal communications:** Access to member letters providing updates on the following:
 - **Alert** - Provides high level summary of benefits and rates changes launched by medical scheme, Gap cover insurance as well as Primary care providers.
 - **Member letter** - Provides comprehensive information in relation to the benefits and rates changes implemented by Medical scheme, Gap cover or Primary care provider.
 - **Guidance letter** - Aon generates guidance letters for members that are under or over insured. The purpose of the guidance letter is to guide a member on selecting an appropriate option aligned to his/her needs.
- **Ad-Hoc Alerts:**
 - Ad-hoc updates pertaining to Medical schemes industry or providers specific updates.

Cost of appointing Aon

We are pleased to inform you that there is **no additional fee** charged by Aon when you appoint Aon Healthcare as your Healthcare intermediary. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme whether you have appointed Aon as broker or not. This monthly commission is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT). In terms of Primary Care Insurance products we earn maximum 3%. Gap Cover Insurance products, we earn commission on a sliding scale from 5% up to 20% depending on policy holder's monthly contributions.

Connect with us

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact. We partner with our client and seek solutions for their most important people and HR challenges. We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to www.aon.co.za

<http://www.facebook.com/Aonhealthcare>
Click "Like" on our page (Aon healthcare)

http://twitter.com/Aon_SouthAfrica
Click "follow" on our profile

Aon Employee Benefits – Healthcare

Aon South Africa Pty Ltd, an Authorised Financial Service Provider, FSP # 20555.

<http://www.aon.co.za/disclaimer>

On all services provided, Aon's Terms & Conditions of Business, as amended from time to time, are applicable and can be found at

<http://www.aon.co.za/terms-of-trade> or will be sent to you upon request.

[Privacy Notice](#)

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Disclaimer:

Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

POPIA

Protection of Personal Information Act 4 of 2013 (POPIA), Medical Schemes are requesting a signed Broker Appointment letter to make certain information available to Aon South Africa (Pty) Ltd.



Contact us on: **0860 100 404**, P.O.Box 78367, Sandton, 2146, www.aon.co.za

FSP number: 20555; CMS number: ORG895

Follow our [website link](#) for further information on Aon's processing of your personal information

Acknowledgement of appointment

I acknowledge and appoint Aon South Africa (Pty) Ltd as my financial advisor for all matters related to my Gap Cover Provider.

My ID: _____ and policy number: _____

Signed at (Town or City): _____ on yy/mm/dd: _____

I have been informed that there is no additional fee charged by Aon for providing you with healthcare intermediary services. Aon earns monthly commission which is already included in the monthly contribution you pay over to the Gap Cover Provider. Monthly commission is part of your total monthly contributions paid to the Gap Cover Provider. This monthly commission is limited to 20% of the monthly contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Short-term Insurance Act 53 of 1998, plus Value Added Tax (VAT).

Monthly premium band	Maximum Commission Level
Above R1 200	5 %
R601 to R1 200	10 %
R300 to R600	15 %
Less than R300	20 %

Permission to process my personal information as well as personal information of all dependents included on my membership application form and I consent to Aon South Africa (Pty) Ltd accessing information listed on the table below.

I give consent for the disclosure of information about me.

Policy no: _____ ID or passport no: _____

Gap Provider: _____ Aon Broker Code: _____

Title: _____ Initials: _____ Surname: _____

First name(s) (as per identity document): _____

The following information should be made available to my appointed Broker as is necessary:

Personal examples	Benefit examples	Financial examples	Medical examples
Policy number Date of birth ID number Postal and e-mail Address Physical address Contact details	Type of cover Waiting period details	Total monthly premiums	Claims statement from Medical Scheme and / or Gap Cover Insurance Claims statement from provider



By signing this letter of appointment , I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd (“Aon”) to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it’s reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Signed at (Town or City): _____ on yy/mm/dd: _____

Signature: _____