



**NEDBANK
INSURANCE**

NEDGROUP MEDICAL GAP COVER

Administered by Sirago Underwriting Managers (Pty) Ltd

Nedbank Insurance Distribution, a division of Nedbank Limited

Address: Nedbank Insurance, 135 Rivonia Campus, 135 Rivonia Road, Sandown, Sandton, 2196
FSP: 9363

Email: manshilg@nedbankinsurance.co.za

SIRAGO UNDERWRITING MANAGERS (PTY) LTD
REG NO: 1993/001387/07 | VAT NO: 4950188724

PHYSICAL ADDRESS: Irene Link Precinct, 7 Impala Avenue Centurion, 0157
POSTAL ADDRESS: PO Box 1115, Bromhof, 2154
TEL NO: 010 599 1163 | EMAIL: nedgroup@sirago.co.za

Compliance Officer: Moonstone Compliance (Pty) Ltd
Financial Services Provider No: 4710

EMPLOYEE APPLICATION FORM

Please complete the form in black ink and CAPITAL

Required start date:	<input type="text"/>	Medical scheme membership no:	<input type="text"/>
Name of medical scheme:	<input type="text"/>	Medical scheme option:	<input type="text"/>
Previous gap cover:	<input type="text"/>	Date joined:	<input type="text"/>
Date on which it ended:	<input type="text"/>		

YOUR (POLICYHOLDER) DETAILS

Name and surname:

Identity/ Passport no: Mr Mrs Miss Dr Other

Date of birth: Email:

Contact details: Home no: Work no:

Fax no: Cell no:

Postal address:

Code:

Residential address:

Code:

DEPENDANTS

- Your dependants:
- Spouse and/or dependent children up to the age of 21 years, including adopted or foster children. (Please attach documentary proof.)
 - Students up to 27 years. Please provide proof of full-time study enrollment or a medical scheme certificate if the student is on a different medical scheme.
 - If your family belongs to the same medical scheme and or medical scheme option, we [Sirago Underwriting Managers (Pty) Ltd] offer cover for your dependants (of all ages) as listed by the scheme. Please attach their medical scheme membership certificate.

ADULT DEPENDANT OR SPOUSE:

Name and surname:

Identity/Passport no: Male Female Relationship to you:

Date of birth: Medical scheme membership no:

Name of medical scheme: Medical scheme option:

OTHER DEPENDANTS:

Name and surname:

Identity/Passport no: Male Female

Date of birth: Relationship to you:

Name and surname:

Identity/ Passport no: Male Female

Date of birth: Relationship to you:

Name and surname:

Identity/Passport no: Male Female

Date of birth: Relationship to you:

Name and surname:

Identity/Passport no: Male Female

Date of birth: Relationship to you:

I agree to the above sections of the application form



YOUR NOMINATED BENEFICIARY

(Related to death benefits and/or premium waivers)

Name and surname:

Identity/Passport no: Male Female

Date of birth: Relationship to you:

Cell no: Email:

SPECIFIC HEALTH QUESTIONS

The following questions relate to **you, your beneficiaries** and **dependants** covered under this policy

		YES	NO
1	Have you been admitted to hospital in the past 4 months?		
2	Are you expecting to be admitted to a hospital or are you aware of any medical conditions or illness that would need treatment in the next 12 months?		
3	Are you or any of your dependants currently pregnant?		
4	Have you taken chronic medication in the past 24 months, or are you currently taking chronic medication?		
5	Have you had gap cover before? If yes, who was the service provider?		
6	Have you claimed under your previous gap cover policy?		

If you answered 'Yes' to any of the questions, please provide details below.

Question no	You/Dependant/Beneficiary	Disorder	Medication	Date diagnosed

CONSENT DECLARATION

If you sign this application form, you declare and agree to the following:

- The information in this application form (whether in your own handwriting or not) is, to the best of your knowledge and belief, true.
- You did not leave out any material facts known to you. (A material fact is something that could affect your application. If you are unsure about whether a fact is material or not, you should tell us.)
- If you leave out relevant material facts that could be a risk that would not have been accepted if you have disclosed it from the start, we may not pay out your claims. It could also lead to your policy being cancelled without receiving a refund of the premiums that you have already paid.
- This is an accident and health policy with benefits in terms of the Short-term Insurance Act, 53 of 1998. This policy is not a medical scheme product and the cover is not the same as that of a medical scheme. This policy is also not a substitute for medical scheme membership.
- The sharing of claims and underwriting information by insurers is essential to enable the insurance industry to underwrite policies, assess risks fairly, reduce the incidence of fraudulent claims and protect the public interest in terms of limiting excessive premium increases.
- You give us permission to contact your current medical scheme and/or medical practitioners to verify the medical information in your application form. You also consent to the information being shared with Sirago Underwriting Managers (Pty) Ltd.
- If your or your dependants' health changes from the date you apply for this policy until the policy starts, you will inform us immediately.
- If you claim, we will use the services of a contracted third party to verify the information of your claim, including your medical scheme membership, the plan option, the medical scheme tariffs, and your dependants and beneficiaries.
- We reserve the right to ask for more information of a clinical nature, including post medical assessments from your doctor, as part of our claims assessing process.
- You authorise us to negotiate your medical claims or bills with service providers on your behalf and to pay the service providers directly.
- By agreeing to the terms of this consent form, you consent to the processing of your information for marketing purposes, which means that you may sometimes receive marketing material from us, in the form of SMSs and emails.

IMPORTANT INFORMATION

- If you answer 'Yes' to any of the health questions, please include the **full** details.
- Certain medical conditions may be excluded for longer than 10 months.
- It is your responsibility to ensure that your policy premiums are paid on time every month. The payment reference on your bank statement will be **MD Sirago SIRNG(Policynumber)**.
- If your application is approved, your policy will be effective from **1 January 2025**.
- In the event of a bereavement-related claim, the Insurer will pay the benefit into the policyholder or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. We will require the full name, surname, and ID number to note the beneficiary. At the time of a claim we will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss or should we be unable to confirm the identity of the beneficiary, payment will always be made into the policyholder's account.

OPTION

INDIVIDUAL
 FAMILY
 0-54
 55-64
 65+
 Premium per month

Declaration and informed consent in terms of the Protection of Personal Information Act (POPIA), 4 of 2013.

We at GENRIC Insurance Company Limited (GENRIC) and Sirago Underwriting Managers (Pty) Ltd (Sirago) 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 will be kept confidential; however, we will 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 and Sirago, 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 voluntarily consent to GENRIC and Sirago 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 and Sirago 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://genric.co.za>.

Your (Policyholder) signature

Date

INTERMEDIARY DETAILS

Nedbank Insurance Distribution, a division of Nedbank Limited
Address: Nedbank Insurance, 135 Rivonia Campus, 135
Rivonia Road, Sandown, Sandton, 2196
FSP: 9363

STATISTICS

Race: Indian/Asian Black Coloured White Other
Gender: Male Female
Income bracket (per month): R0–R2 500 R2 501–R5 000 R5 001–R7 500 R10 001–R12 500 R12 501–R15 000 R15 001+

Your (Policyholder) signature

Date

DEBIT ORDER DETAILS AND DEBIT AUTHORITY

Name of account holder:

Account no.:

Bank: Standard Bank Absa FNB Nedbank Capitec Other
Account type: Cheque Savings Transmission Other

Debit order day: 1st 5th 7th 10th 15th 20th 25th 31st

You hereby instruct and authorise us to debit your bank account every month with the amount necessary to pay your monthly premium for this policy, without prejudice to rights. You also authorise us to increase the amount if your policy premium increases on condition that the payment will never be more than your premium obligations in terms of this policy, starting on All these withdrawals from your account will be treated as though you have signed them personally and you confirm that the above bank details are correct. If the details are incorrect, or if it changes, you will let us know immediately. If the debit order payments are not paid successfully, you are still liable for your monthly premium payments. You will be liable for any bank fees or charges related to this debit order, including rejected payments.

The withdrawal from your account will be processed through a computerised system of South African banks. The details of each withdrawal will appear on your bank statement, with reference number **MD Sirago SIRNG(Policynumber)** and your policy number.

You may cancel this debit order authority by giving us 30 days' written notice. However, you understand that you will not be to receive a refund of the premiums that you have already paid while this debit order authority was in force if these amounts were legally owing to us.

Your (policyholder) signature

Date

ADDITIONAL NOTES

STANDARD TERMS AND CONDITIONS

EXCLUSIONS

POLICY SPECIFIC EXCLUSIONS

We will not pay a benefit for the following:

- Any claims not authorised by your medical scheme, unless it is 's part of a benefit of this policy.
- Claims that exceed the utilisation or benefit limit per annum.
- Out-patient treatment other than defined.
- Experimental treatments and medication (both in- and out-of-hospital) including Innovative drugs.

STANDARD SHORT-TERM POLICY EXCLUSIONS

We will not pay benefits for claims resulting from your participation in or anything related to the following:

- Participation in war, invasion, acts of a foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or political risk of any kind, terrorism or violence.
- Any riot, strike, public or domestic disorder, civil commotion, labour disturbances or lock-out.
- Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- Preventing authorities from dealing or controlling any of the above activities.
- Compensation in terms of the War Damage Insurance Act, 85 of 1976.
- Nuclear weapons, nuclear material or ionising radiation.
- Committing unlawful activities in the Republic of South Africa.
- Loss arising from any contractual liability.
- Consequential loss or damage.

GENERAL POLICY EXCLUSIONS

We will not pay benefits for the following:

- An event not covered that falls outside of this policy.
- Any pre-existing condition, disease, disorder, or illness (for the first six months of your policy).
- Any pre-existing cancer condition, disease, disorder, or illness (for the first 12 months of your policy).
- Claims for regular or routine medical treatment of a diagnostic nature.
- Illnesses or injuries resulting from alcohol or drug abuse.
- Any psychiatric or psychological condition.
- Suicide or attempted suicide.
- Medication, drugs, prescriptions, consumables, and equipment used, unless it forms part of a benefit on this policy.
- Cosmetic surgery, unless it is defined as part of a benefit on this policy.
- Elective procedures.
- Diagnostic investigations, treatment, or surgery related to eating disorders, obesity or weight management.
- Investigations, treatment, medication, or surgery related to any condition where you have sought the advice, diagnosis and/or treatments outside the borders of South Africa.
- Body Mass Index (BMI), unless it is defined as part of the benefit of entitlement of this policy.
- Diagnostic investigations, treatment or surgery relating to any form of assisted reproduction.
- Participation in any form of race or speed test involving mechanically propelled vehicles or crafts, participation as a professional sports person, or any hobby defined as dangerous in the policy terms and conditions.

WAITING PERIODS

GENERAL WAITING PERIODS

- No waiting period applies on any newly incepted policies. This has been specifically waived for Nedbank employees.
- If you add more dependants to the policy, after the initial start date of your policy, a standard waiting period of six months will apply for those dependants.
- A six-month waiting period also applies to pre-existing conditions, diseases, or illnesses.

POLICY SPECIFIC WAITING PERIODS APPLICABLE TO CERTAIN PROCEDURES

A six-month waiting period applies to the following procedures:

- Myringotomy and grommets.
- Adenoidectomy.
- Tonsillectomy.
- Hysterectomy (except if malignancy can be proven).
- Spinal, back, neck and joint related procedures (repairs, scopes, and joint replacement), including treatments related to any and/or investigations such as MRI scans, CT scans and scopes, except in the case of an accident.

50% of benefits available from month seven to ten.

From month eleven, the policy benefits will be fully available except where there are condition-specific exclusions and when a new beneficiary joins the policy and is subject to underwriting terms.

SPECIFIC WAITING PERIODS APPLICABLE TO CERTAIN BENEFIT CATEGORIES AND CERTAIN CONDITIONS AND/OR RELE-VANT OPTIONS:

- 6-month waiting period applies for pregnancy and confinement.
- 6-month waiting period for accidental death, total permanent disability, and premium waivers.
- 3-month waiting period for initial cancer diagnosis.
- 12-month waiting period on all pre-existing cancer-related treatments.

TRANSFER OF COVER

- If you have had a gap cover policy for a period of 12 consecutive months or more, a three-month waiting period applies on all additional benefits that you have not had before.
- If you have had a gap cover policy for less than 12 consecutive months, a three-month waiting period applies for all additional benefits that you have not had before, plus the difference between the waiting periods of the previous gap cover policy and the waiting period on the Nedgroup Medical Gap Cover will be carried over.

Disclaimer: General policy terms, conditions, and exclusions apply.