



Cover you can trust.
People you can depend on.

Application Form Gap Cover

Return address and Zestlife contact details:

Please return the documentation to:
E-mail: health@avb.co.za OR fax: 021 674 7633
Tel: 021 674 5030

Section A: Product selection

The premiums listed below are for 2019.
The premiums and benefits are renewed annually on 1 January. This also means that your premium may change on 1 January each year and not 12 months after your commencement date.

Universal Gap Cover

Cover for Individuals

Younger than 55 years old – R363 pm

55 – 64 Years old – R458 pm

65 Years and older – R521 pm

Cover for Families

Where all family members are younger than 65 – R458 pm

Where one or more family members are older than 65 – R521 pm

Broker admin / service fee

R10.00

R40.00

Essential Gap Cover

Cover for Individuals

Younger than 55 years old – R274 pm

55 – 64 Years old – R344 pm

65 Years and older – R393 pm

Cover for Families

Where all family members are younger than 65 – R344 pm

Where one or more family members are older than 65 – R393 pm

Optional benefits

Cancer R75 000 – R69 pm

Cancer R175 000 – R132 pm

Dentistry – R262 pm

R20.00

R50.00

R30.00

Total premium due

Signature

Policy start date (must be on the 1st day of a future month)

DD/MM/YYYY

Important Information

Cover for extended cancer and dental benefits will end when the insured person reaches the age of 65.
One debit order will be collected for your Gap cover and any optional benefits you choose.

A single member younger than 55 on an individual policy should notify us if there is a change in their circumstances requiring cover for additional dependants, in which event the premium will be amended accordingly.

Older people are likely to claim more benefits than younger people and therefore premium amounts are age banded and differentiated based on age.

Section B: Principal insured details

Title

Full names

Surname

Date of birth

Identity number

DD/MM/YYYY

PostNet Suite 87 Private Bag X1005 Claremont 7735

Sunclare Building 2nd Floor 21 Dreyer Street Claremont Cape Town

• Tel 021 180 4220 / 0860 009 378 • Fax 021 001 0248 • Email info@zestlife.co.za • www.zestlife.co.za

Directors: Chris McCallum (Chairman) Ralph Richardson (Managing), Sebastian Zoutendyk, Charles Lorentz, Noleen Bell, Pip Lorentz, Bruce Hodgkinson

Zestlife is an authorised financial services provider. Zest Life Investments (Pty) Ltd Reg. no. 2001/018097/07 FSP no. 37485

Gender

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
------	--------------------------	--------	--------------------------

Postal or physical address

Postal code

E-mail address

Cell phone number

Business telephone number

Medical aid name

Medical aid plan type

Total number of people on your medical aid

Section C: Health questions

Please answer the question below if you are **applying for the Extended Cancer Cover**. If your answer is 'Yes' you will unfortunately not qualify for the Extended Cancer Cover.

Have you or any of your dependants on your medical aid ever had any form of cancer, cancerous growths, tumours, lumps or malignant moles?

Yes	No
-----	----

Please ensure that your answers to the questions above are accurate. Should any of your answers be untruthful or inaccurate it may lead to the declinature of future claims that may arise.

Section D: Debit order authorisation

I authorise Zestlife to issue payment instructions to its bank to collect the monthly premium due by debit order from my bank account on condition that the sum of such payment instruction will never be more than my obligation in terms of this application. I acknowledge that all payment instructions issued by Zestlife shall be treated by my bank as if the instructions have been issued by me. The debit order will be collected every month on the debit order collection date selected below.

If this collection day falls on a Sunday or recognised South African public holiday, the collection day will automatically be the previous business day. I acknowledge that this debit order authority may be assigned to a third party only if the policy is transferred to another Insurer or administrator. I understand that the payment instruction will be processed through a computerised system provided by the South African Banks.

I will not have the right to any refund of amounts which Zestlife has collected while this debit order authority was in force, if such amounts were legally owed to Zestlife. This debit order authority may be cancelled by giving Zestlife notice of not less than 31 days and the cancellation will not necessarily cancel my policy. Zestlife followed by a unique reference number will be reflected on my bank statement as the payment reference.

Premiums are payable monthly and if the premium is not received for two consecutive months the policy shall be cancelled.

Full first names of account holder

Surname of account holder

Bank name

Branch name

Branch code

Account number

Account type

Debit order collection day (for every month)

Signed at _____ on this _____ day of _____ 20____

Signature of account holder

Section E: Needs analysis

The Gap product meets my needs as my medical aid does not cover the total medical practitioner costs if I am hospitalised. The product was recommended as a solution because it will cover the difference between the medical practitioner's charges (limited to 5 times the medical aid tariff) for treatments I receive in hospital and for listed out-of-hospital procedures, less the higher of the amount payable or paid by my medical aid, or 1 times the medical aid tariff. In the case of the Essential Gap Cover option the amount of the benefit will be limited to double the amount paid by my medical aid and I understand that I will experience a shortfall if a medical practitioner charges more than three times what is actually paid by my medical aid.

The Extended Cancer Cover (if chosen) meets my needs because I could experience medical aid shortfalls on cancer treatment. The benefit is subject to a general six-month waiting period. Cover for this benefit ends on the day the insured person reaches age 65. A life insured is not covered if the claim is made within 12 months after the start of the Extended Cancer Cover policy in respect of a medical condition for which in the 12 months preceding the start date of your policy medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.

The Extended Dentistry Cover (if chosen) meets my needs as it covers certain dental procedures that may not be covered by my medical aid. I understand the events that are covered by this benefit, the waiting periods that apply to each event, as well as the pre-existing conditions and exclusions that apply. Cover for this benefit ends on the day the insured person reaches age 65.

I understand that there are other similar products on the market but the intermediary regards this Gap Cover product as the most suitable product for me. Alternatively, the intermediary does not represent any other Gap Cover product supplier. I confirm that a full needs analysis was done and that the monthly premium is affordable taking into account my other financial commitments.

Replacement policy

Will the following application replace an existing policy?

Gap Cover	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	Name of current insurer	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Yes	No				

If yes, the consultant will contact you to complete a replacement policy advice record which will give you comprehensive information about the consequences of the replacement as it could potentially be prejudicial (to your disadvantage). A copy of the current policy contract must be provided.

Section F: Disclosures

1. Zestlife Gap Cover is underwritten by Guardrisk Insurance Company Limited (FSP number 75).
2. Guardrisk can be contacted at: Gap Cover Call Centre Tel: 0860 102 936, Fax: 011 263 1419, Email: admed@guardrisk.co.za.
3. The product is administered by Zest Life Investments (Pty) Ltd, which is an authorised financial services provider (FSP number 37485).
4. Zestlife does not have any circumstances that could give rise to an actual or potential conflict of interest in dealing with the policyholder.
5. You can lodge a complaint with Chris McCallum at Zestlife, at email: chrism@zestlife.co.za, telephone 021 180 4203.
6. If you are dissatisfied with the feedback received from your Intermediary and/or Zestlife, or your complaint remains unresolved, feel free to contact the Guardrisk Complaints Department at email: complaints@guardrisk.co.za, telephone 0860 333 361.
7. Intermediaries earn statutory commission on premiums namely 20% on Gap Cover, 15% in the case of Gap Cover for 65 years and older, 20% on Gap optional benefits.
8. Zestlife earns 9% for performing binder functions.
9. If you change your mind about taking up the policy, you may let us know in writing within 31 days of the start date of the policy and we will cancel the policy and refund you your first (and only) premium paid.

Pre-existing condition exclusions

You will not be entitled to claim a benefit for a period of 12 months from the start date of your policy in respect of a medical condition for which in the 12 months preceding the start date of your policy medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.

If you fall pregnant before the start date of your policy this will be regarded as a pre-existing condition and any pregnancy and birth related claims will be excluded for a period of 12 months from the start date of your policy.

If, immediately before the start date of this policy, you were insured under a medical expense shortfall policy with similar benefits to this policy, then the pre-existing condition waiting period will only be applied to the unexpired part of the pre-existing condition waiting period in the previous policy. The pre-existing condition waiting period will apply for a period of 12 months for any benefit not provided under your previous medical expense shortfall policy.

The extended cancer and dental benefits have a 6 month general waiting period.

Policy exclusions

General exclusions

No benefits will be paid for claims arising from:

- Nuclear weapons or nuclear or ionizing radiation.
- Suicide, attempted suicide or intentional self-injury.
- The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered Medical Practitioner (other than the insured person).
- Any illness or injury caused by the use of alcohol.
- Illegal behaviour or as a result of breaking the law of the Republic of South Africa.
- Participation in war, terrorist activity, invasion, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- Aviation accident except on a commercial flight as a fare-paying passenger.
- Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

Specific exclusions

No benefits are payable for:

- Cosmetic surgery unless required due to illness or injury
- Penalty co-payments imposed by medical aids for not following the rules of the scheme. Examples of these penalties are amounts due as a result of not obtaining pre-authorisation from the medical aids for a procedure, or as a result of consulting a specialist without first obtaining a referral from a General Practitioner (GP).
- Pre- and post-hospitalisation doctor and specialist charges
- Treatment for obesity or treatment that is required as a result of obesity
- Elective or routine procedures and physical examinations including tests, annual check-ups, ECGs, vasectomies and contraception-related treatments.
- Treatment for depression, mental or stress-related conditions
- Claims not covered by the medical aid
- Private and home nursing
- Hospital charges
- Medication and other materials
- External prosthesis
- Cancer treatment outside of the borders of South Africa
- Day-to-day medical practitioner costs
- Dental implants
- Emergency medical transportation
- Out-of-hospital dental procedures
- Exploratory procedures or procedures that are paid for by your medical aid on exception or ex-gratia basis.
- Diagnosis and/or treatment for sleeping disorders
- Treatment costs for services rendered by allied health care professionals such as dietitians, podiatrists, audiologists, chiropractors, acupuncturists, speech therapists, biokineticists, occupational therapists, scientists and technologists.

Lump Sum Cancer Benefit Exclusions - All skin tumours (including, but not limited to, basal cell carcinoma and melanoma) and/or in situ carcinomas (cancers that are contained and have not spread to normal tissue) are excluded.

Extended Dentistry Benefit Exclusions - Exclusions as stated in the policy terms and conditions.

Section G: Declarations by applicant

I, the undersigned, hereby declare:

1. To the best of my knowledge and belief, the information given on this application form whether in my own handwriting or not, is true. I have not withheld any material facts which are known to me. A material fact is likely to influence the assessment of this application by Guardrisk. (If you are in any doubt as to whether a fact is material, you should disclose it.)
2. I understand that any relevant material fact not given on this application form may lead to Guardrisk not meeting claims, if the fact left out is of such importance that the risk, in terms of the policy may not have been accepted. This may lead to cancellation of this policy or rejection of claims, without a refund of premiums if applicable.
3. I confirm that I am a member or dependant of a South African registered medical aid. I understand that it is a condition of this policy to remain a member or dependant of a medical aid registered in South Africa to qualify for Gap Cover.
4. I understand that Guardrisk is committed to the transparency and confidentiality of my personal information. To offer your services and products to me, you may need to share, collect and process my personal information. For this purpose, my personal information is collected and processed internally by your staff, representatives or sub-contractors, and you will make every effort to protect and secure my personal information. I understand that I have a right at any time to ask for access to the information you have collected, processed and shared. I also acknowledge that the sharing of claims information and underwriting (including credit information) by insurers is essential to enable the insurance industry to underwrite policies and assess risk fairly and reduce the incidence of fraudulent claims, with a view to limiting premiums. I waive (give up) any rights to privacy of any claims information given by me or on my behalf or any claim made by me. I consent to this information being disclosed to any other insurance company or its agent. I also waive (give up) any rights of privacy and consent to the disclosure of any information relevant to claims concerning me or any person I represent. I also acknowledge that information given by me may be checked against other legitimate sources or databases.
5. I confirm that by signing this application form I agree that Zestlife will hold and use the details that I have given them to enable them to give me excellent service. Zestlife will also hold my information so that they are able to look after my needs by offering me appropriate insurance products in the future.

Signed at _____ on this _____ day of _____ 20____

Signature

Section H: Intermediary details

Brokerage name

Zestlife intermediary code

Record of Advice Form 2019 Gap Cover

Important: We request that you carefully read the following information and sign at the end of the document as an acknowledgement that you are aware of the various Zestlife Gap Cover options, their benefits, applicable waiting periods, exclusions and qualifying criteria.

Client Details

Analysis date

Name and Surname

ID number

Product selection

Refer to your product selection in Section A of the Application Form and then complete the following:

Please explain how the product option selected fit within your needs? Please explain your choice.

Waiting Periods and pre-existing conditions

I confirm that the waiting periods below have been explained to me and that I understand them.

a. General Waiting Periods

No 3 month general waiting period applies.

b. 12 Month Pre-Existing Condition Waiting Period

You will not be entitled to claim a benefit for a period of 12 months from the start date of your policy in respect of a medical condition for which in the 12 months preceding the start date of your policy medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.

If you fall pregnant before the start date of your policy this will be regarded as a pre-existing condition and any pregnancy and birth related claims will be excluded for a period of 12 months from the start date of your policy.

If, immediately before the start date of this policy, you were insured under a medical expense shortfall policy with similar benefits to this policy, then the pre-existing condition waiting period will only be applied to the unexpired part of the pre-existing condition waiting period in the previous policy. The pre-existing condition waiting period will apply for a period of 12 months for any benefit not provided under your previous medical expense shortfall policy.

In the event where a single member upgraded their cover to cover a spouse and/or dependants, then the pre-existing condition waiting period will apply to these new lives covered by this policy from the start of their cover under this policy.

The extended cancer and dental benefits have a 6 month general waiting period.

c. Needs analysis

I confirm that my product selection meets my needs as set out in Section E: Needs analysis on the Application Form.

Policy exclusions

I confirm that I understand the Gap policy exclusions as set out in Section F: Disclosures on the Application Form.

Qualifying Criteria

I understand that to qualify for policy benefits, I have to belong to a registered South African medical aid. This membership must be active at all times, for this policy to be viable.

SIGNED: CLIENT

SIGNED: FINANCIAL ADVISOR

DATE

DATE