SIRAGO UNDERWRITING MANAGERS (PTY) LTD
REG NO: 1993/001387/07 | VAT NO: 4950188724 | FSP NO: 4710
PHYSICAL ADDRESS: Irene Link Precinct, 7 Impala Avenue, Centurion, 0157
POSTAL ADDRESS: PO Box 1115, Bromhof, 2154
TEL NO: 010 599 1163 | EMAIL: info@sirago.co.za
COMPLIANCE OFFICER: Moonstone Compliance (Pty) Ltd

TRANSFER OF COVER APPLICATION FORM

Please complete this form in black ink and CAPITAL letters

Medical Scheme membership:
Medical Scheme option:
Name of Medical Scheme:
Please attach Medical Scheme Membership Certificate

Is this application part of a group? (Place a clear 'X' inside the box) Yes ☐ No ☐
If YES, group name:

Date joined: D D M M Y Y Y Y
Date cancelled: D D M M Y Y Y Y

POLICYHOLDER DETAILS

Name and surname:
ID/Passport no.:
Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other
Date of birth: D D M M Y Y Y Y
Email:
Contact details: Home no.: Work no.:
Fax no.: Cell no.:
Postal address:
Code:
Residential address:
Code:

DEPENDANTS

Dependants are:

For options: Ultimate Gap, Plus Gap, Gap Assist, Gap Core, Gov Gap, Exact Cover and Exact with Gap & Co-Pay.

A family base premium is constituted as a family of 1 policyholder and 4 dependants. All Additional premiums are levied for additional beneficiaries based on age bands. P lease refer to our website www.sirago.co.za for further details

Single Medical Scheme Membership:
- All members listed on the Medical Scheme Certificate of Membership.

Dual (two) Medical Scheme Memberships:
- We cover you and your nominated dependant on one policy if you belong to a dual-medical scheme.
- The cover is limited to a maximum of 2 adults and all child dependants.
- Premiums are based on the age category as mentioned above.

For Gap Liberal options:

- This option is subject to premium rates per dependant, segmented by age bands.
- All dependants within each age category pay according to the prescribed premium table, which will be adjusted at each age band applicable upon inception and subsequent renewals of the policy.
- A family is defined as the policyholder and their nominated dependants.
- Spouse and/or dependant children up to the age of 21 years.
- **Single Medical Scheme Membership**:
  - All members listed on the Medical Scheme Certificate of Membership.
- **Dual (two) Medical Scheme Memberships**:
  - We cover you and your nominated beneficiary on one policy if you belong to a dual-medical scheme.
  - The cover is limited to a maximum of 2 adults and all child dependants.
  - Premiums are based on the age category as mentioned above.

Name and surname:
ID/Passport no.: Male ☐ Female ☐
Date of birth: D D M M Y Y Y Y Relationship to applicant:
Please indicate whether you would like this dependant to be the nominated beneficiary in the event of a bereavement claim. The beneficiary needs to be an adult dependant of 18 years and older. Yes ☐ No ☐

Name and surname:
ID/Passport no.: Male ☐ Female ☐
Date of birth: D D M M Y Y Y Y Relationship to applicant:

Name and surname:
ID/Passport no.: Male ☐ Female ☐
Date of birth: D D M M Y Y Y Y Relationship to applicant:

Name and surname:
ID/Passport no.: Male ☐ Female ☐
Date of birth: D D M M Y Y Y Y Relationship to applicant:

Initial here ☐

DEBIT ORDER DETAILS AND DEBIT AUTHORITY CONSENT

Name of account holder (if different from principal policyholder):

Bank name: Account no.:

☐ Cheque ☐ Savings ☐ Transmission ☐ Other

Debit order day: ☐ 1st ☐ 5th ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ Last day of the month

I hereby instruct and authorise you to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance, without prejudice to the rights of Sirago Underwriting Managers (Pty) Ltd. I further authorise you to increase the amount in the terms and the policy from time to time and authorise my bank to effect payment.

I/We hereby confirm acceptance of the below mentioned insurance policy, and authorise Sirago Underwriting Managers (Pty) Ltd to issue and deliver payment instructions to their Banker, to draw on my/our account at the under mentioned institution in any manner agreed on between Sirago Underwriting Managers (Pty) Ltd and such institution, the amount of the premium payable on condition that the sum of such payment instructions will never exceed my/our oligations as agreed to in the Agreement and commencing on ☐ and request the aforsaid institution to debit my/our account with all debits drawn against it by Sirago Underwriting Mangers (Pty) Ltd. All such withdrawals from my/our bank account by Sirago Underwriting Managers (Pty) Ltd shall be treated as though they had been signed by me/us personally.

I/We certify that the above bank details are correct. If these banking details have not been provided accurately, or if the details change at any time in the future and I/We fail to notify such changed or if payments are not made in accordance with the Debit Order Instruction, the responsibility of payment will rest with me /us.
I acknowledge that any fees and charges levied by the bank on account of the debit order or any debit order payments which may be rejectedfor any reason whatsoever will be for my account.
If however, the date of the payment instruction fall on a non-processing day (weekend or public holiday) I/We agree that the payment instruction may be debited against my/our account on the following buisness day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my bank statement bearing a specific reference number which will reflect Sirago and your policy number as confirmed in the policy documents.
This authority may be cancelled by me/us by giving Sirago Underwriting Managers (Pty) Ltd thirty days notice in writing, however I/We understand that I/We shall not be entitled to any refund of amounts which Sirago Underwriting Managers (Pty) Ltd has withdrawn while this authority was in force, if such amounts were legally owing to Sirago Underwriting Managers (Pty) Ltd.

IMPOTANT INFORMATION

- Please make sure FULL details are given for questions answered YES.
- Application forms may be underwritten and conditions may be excluded for longer than 10 months.
- The onus lies on the insured to make sure that premiums are paid on a monthly basis. Reference on bank statements read: **MD Sirago [Policy Number]**
- In the event of a bereavement related claim the insurer will pay the benefit into the policyholder or nominated beneficiary's account. The beneficiary must be noted on the policy prior to any loss. We will require the full name, surname and ID to note the beneficiary. At the time of a claim we will require the beneficiary's ID and proof of bank.

Signature of account holder Date: D D M M Y Y Y Y

OPTION SELECTION

☐ ULTIMATE GAP COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	☐ 65+
☐ PLUS GAP COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	☐ 65+
☐ GAP ASSIST COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	☐ 65+
☐ GAP CORE COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	
☐ GOV-GAP COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	
☐ EXACT COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	
☐ EXACT WITH GAP AND CO-PAY COVER	☐ INDIVIDUAL	☐ FAMILY	☐ 0 - 64	
☐ GAP LIBERAL	☐ 0-29 R194	☐ 30-39 R225	☐ 40-49 R291	☐ 50-59 R389	☐ 60- 64 R550	☐ 65+ R705
☐ GAP LIBERAL LITE	☐ 0-25 R150	☐ 26-34 R180	☐ 35-39 R210			

☐ ICD AUGMENTATION COVER	☐ Option 1 R295	☐ Option 2 R385	☐ Option 3 R500

Premium per month R

*Intermediary Fee (optional) R

*Intermediary Fee will only be collected subject to us receiving a signed contract between the intermediary and policyholder. This Intermediary fee is optional and is paid to the intermediary on top of the statutory commision on your approval.

*Gap Liberal

- This option is subject to premium rates per beneficiary, segmented by age bands.
- All beneficiaries within each age category pay according to the prescribed premium table, which will be adjusted at each age band applicable upon inception and subsequent renewals of the policy.

*The ICD Augmentation product is an optional add-on available under an existing Sirago policy, with premiums rated per dependant.

FINANCIAL ADVISOR DETAILS

Intermediary Group: Code:

Sales Person: Code:

Tel no.: Cell no.:

Initial here ☐

GENRIC Insurance

CLAIMS BANKING DETAILS

Name of account holder:

Bank name:

Account no.:

Account type: ☐ Cheque ☐ Savings ☐ Transmission ☐ Other

Signature of account holder:

Date: D D M M Y Y Y Y

DECLARATION BY APPLICANT

- I, the undersigned hereby declare:
- That to the best of my knowledge and belief the information provided in connection with this application whether in my own handwriting or not, is true and 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 Sirago underwriting Managers (Pty) Ltd. If you are in any doubt as to whether a fact is material or not, you should disclose it.)
- That I understand that any relevant material fact omitted in this proposal form may lead to sirago Underwriting Managers (Pty0 Ltd not meeting claims, should the omitted fact have been of such importance that the risk may not have been acceped in the first instance, in terms of the policy. This may lead to the cancellation of this policy or rejection of claims without refund premiums.
- That I understand that this is an Accident and Health policy with stated benefits in terms of the Short-term Insurance Act 53 of 1998 and not a Medical Scheme roduct. This is not a medical scheme and the cover is not the same as that of a medical sheme. This policy is not a substitute for medical scheme membership.
- The sharing of claims information 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.
- I specifically consent to Sirago Underwring Mangers (Pty) Ltd contacting my current Medical Scheme and/or medical practitioner to verify any medical details as provided in my application form. I further consent to such information being disclosed to Sirago Underwriting Maneagers for purpose of verifying the disclose as provided on my application form.
- That I will advise Sirago Underwriting Manager (Pty) Ltd of any changes to my health state between the point of application and actual inception of my policy.
- As part of the claims validation process sirago Underwriting Managers (Pty) Ltd used the services of a contracted third party in order to authenticate medical scheme membership, plan option type, relevant beneficiaries and agreed medical scheme option tariffs amongst other relevant information to validate the claim.Sirago Underwriting Managers (Pty) Ltd reserves the right to call for additinal information of a clinical nature. In the event that Sirago requests a PMA (Post Medical Assessment) from my doctor as part of the claims assessing and authentication process.
- I authorise Sirago underwriting Managers (Pty) Ltd to negotiate with the service providers on my behalf for my medical claims and or bill and pay the provider direct.
- By agreeing to the terms of this consent form. I expressly consent to the processing of my information for marketing purposes and know and understand that by agreeing to same that I may on occasion, receive marketing materials in the form of sms and/or emails and the like from Sirago Underwriting Managers (Pty) Ltd.

Declaration and Informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at GENRIC Insurance Company Limited (GENRIC) 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 deletionof 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 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 shall be kept confidential: however, we shall 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 actvity.
Should you decide to cancel this insurance contract, you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical andreporting 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 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 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*.

Signature of policyholder

Date: D D M M Y Y Y Y

Initial here ☐

I (Full Name) _____ with ID number _____

acknowledge that my advisor is (Company Name) _____

with FSP number _____ is authorised to request Sirago Underwriting Managers with FSP number 4710 to collect

an additional fee of _____ with my monthly premium on this policy for the services listed below.

List of Services

_____

_____

_____

_____

_____

_____

I agree to the payment of these fees until such time as the policy is cancelled and/or I revoke the above authority.

I am aware that the fees are in addition to any premium payable and commission that the advisor earns and are for the provision of the services above.

Signature

Brokerage

Date

D D M M Y Y Y Y

Signature

Client

Date

D D M M Y Y Y Y

GENRIC Insurance