

PRODUCT OPTION AMENDMENT FORM

Please complete this form in black ink and CAPITAL letters

Medical Scheme membership no: Name of Medical Scheme:
 Medical Scheme Options: **Please attach Medical Scheme Membership Certificate**

POLICYHOLDER DETAILS

Policy Number: Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other
 Name And Surname:
 ID/Passport no.: Date Of Birth:
 Contact Details: Home No: Work no:
 Email: Cell no.:
 Postal Address:
 Residential Address:

OPTION SELECTION

☐ ULTIMATE GAP COVER ☐ INDIVIDUAL ☐ FAMILY ☐ 0 - 64 ☐ 65+
☐ PLUS GAP COVER GAP ☐ INDIVIDUAL ☐ FAMILY ☐ 0 - 64 ☐ 65+
☐ GAP ASSIST COVER ☐ INDIVIDUAL ☐ FAMILY ☐ 0 - 64 ☐ 65+
☐ 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 R209 ☐ 30-39 R243 ☐ 40-49 R314 ☐ 50-59 R420 ☐ 60-64 R595 ☐ 65+ R770

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 commission on your approval.

*Gap Liberal

- 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.

INITIAL CANCER DIAGNOSIS AUGMENTATION (ICD)

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

*The ICD Augmentation product is an optional add-on available under an existing Sirago policy, with premiums rated per dependant. The option change is only applicable on 1 January of every year.

Please list all dependants to be insured under ICD.

Name	ID no.	Yes	No

Initial here

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 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 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 activity. 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 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 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:

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