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
TEL NO: 010 599 1163 | EMAIL: info@sirago.co.za
COMPLIANCE OFFICER: Moonstone Compliance (Pty) Ltd

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: D D M M Y Y Y Y

Contact Details: Home no:

Work no:

Email:

Cell no.:

Postal Address:

Code:

Residential Address:

Code:

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 ☐ Option 2 ☐ Option 3

Please list all dependents to be insured under ICD.

Name	ID no.	Yes	No

Please refer to our website for premiums
*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.

Initial here ☐

Sirago Underwriting Managers (Pty) Ltd is an authorised Financial Services Provider (FSP:4710) underwritten by GENRIC Insurance Company Limited (FSP: 43638). GENRIC is an authorised financial services provider and licensed non-life insurer and a member of the Old Mutual Group.

DECLARATION BY APPLICANT

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

- 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 (Pty) Ltd not honoring claims, should the omitted fact have been of such importance that the risk may not have been accepted in the first instance, in terms of the policy. This may lead to the cancellation of this policy or rejection of claims without refund of 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 product. 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.
- 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 Underwriting Managers (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 Managers (Pty) Ltd for purpose of verifying the information as provided on my application form.
- That I will advise Sirago Underwriting Managers (Pty) Ltd of any changes to my health status between the point of application and actual inception of my policy.
- As part of the claims validation process Sirago Underwriting Managers (Pty) Ltd uses the services of a contracted third party in order to authenticate medical scheme membership, plan option type, relevant dependants and agreed medical scheme option tariffs amongst other relevant information to validate the claim.
- Sirago Underwriting Managers (Pty) Ltd reserves the right to request for additional information on policy administration, or claims assessment purpose.
- I authorise Sirago Underwriting Managers to negotiate with service providers on my behalf for my medical claims and or bill and pay the provider directly.
- By agreeing to the terms of this consent form, I expressly consent to the processing of my information for marketing purposes and know & 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.

Signature of policyholder: _____ Date: D D M M Y Y Y Y

POPIA CONSENT

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 voluntary 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