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: changes@sirago.co.za
COMPLIANCE OFFICER: Moonstone Compliance (Pty) Ltd

ADDITIONAL DEPENDANTS APPLICATION FORM

Please complete this form in black ink and CAPITAL letters

Medical Scheme Membership no.:
Name of Medical Scheme:
Medical Scheme Option:
Is this application part of a group? (Place a clear X inside the box) YES NO
If YES, group name:
Previous Gap Cover:
Date joined: D D M M Y Y Y Y
Date terminated: D D M M Y Y Y Y
Required inception date: D D M M Y Y Y Y

Please attach membership certificate

POLICYHOLDER DETAILS

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

SPECIFIC HEALTH QUESTIONS

The following questions are related to the policyholder and or any beneficiaries or dependants on the policy.

		YES	NO
1	Have you been admitted to hospital in the last 4 months?		
2	Are you expecting a hospital admission or aware of any conditions or illness that would require treatment in the next 12 months?		
3	Are you or any of your dependants currently pregnant?		
4	Have you taken or are currently taking chronic medication in the past 24 months?		
5	Have you been on gap cover before and/ or have had a gap claim? If yes, who was the provider?		

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

Question no.	Dependant Name	Condition	Medication/ Details relating to condition	Diagnosed/ Treatment Date

IMPORTANT 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 (Policynumber)

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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.

DEPENDANTS

Dependants are:

- A family base premium is constituted as a family of 1 policyholder and 4 dependants
- All additional dependants added to the policy will be charged an additional rate per dependant based on their age as indicated.
- 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 dependant/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 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.

Inception Date: D D M M Y Y Y Y

Name and Surname:

ID/Passport no.: Male ☐ Female ☐

Date of birth: D D M M Y Y Y Y Relationship to policyholder

Name and Surname:

ID/Passport no.: Male ☐ Female ☐

Date of birth: D D M M Y Y Y Y Relationship to policyholder

Name and Surname:

ID/Passport no.: Male ☐ Female ☐

Date of birth: D D M M Y Y Y Y Relationship to policyholder

Name and Surname:

ID/Passport no.: Male ☐ Female ☐

Date of birth: D D M M Y Y Y Y Relationship to policyholder

DECLARATION BY APPLICANT

I, the undersigned, hereby declare:

1. 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).
2. 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.
3. 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.
4. 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 claim and protect the public interest in terms of limiting excessive premium increases.
5. 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 disclosure as provided on my application.
6. That I will advise Sirago Underwriting Managers (PTY) Ltd of any changes to my health state between the point of application and actual inception of my policy.
7. 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.
8. Sirago Underwriting Managers (PTY) Ltd reserves the right to call for additional 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.
9. I authorise Sirago Underwriting Managers (PTY) Ltd to negotiate with service providers on my behalf for my medical claims and/ or bill and pay the provider directly. Declaration and Informed Consent in terms of the Protection of Personal Information Act, of 2013 (POPIA)
   We at GENRIC Insurance Company Limited (GENRIC) respect your right to privacy. We need to collect and process some of your 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: D D M M Y Y Y Y

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GENRIC Insurance

NOTES/ ADDITIONAL INFORMATION

THIRD PARTY DETAILS

Relationship to policyholder:

Name and Surname:

ID/Passport no.:

Mr Mrs Miss Dr Other

Date of birth:

Email Address:

Contact details: Home no.:

Work no.:

Fax no.:

Cell no.:

Postal address:

Code:

Residential address:

Code:

ABOUT THE INFORMATION THAT MAY BE GIVEN TO THE THIRD PARTY

Please note that by giving consent, the nominated person will have access to the following information but/and not limited to:

- Personal Information, regarding me and my dependants (Updating and Confirming Personal Details
- Benefits Information, regarding me and my dependants (Benefit Queries and Claim Queries)
- Financial Information, regarding me and my dependants (Banking Details, Members Portion, Suspension Details, Contribution Details your chosen third party can only confirm these details, no change can be done by a third party)
- Medical Information, regarding me and my dependants (Diagnosis, Treatment Plans, Prescribed Minimum Benefit Guidelines)
- Documents Required, regarding me and my dependants (Statements, Membership Certificates, Tax Certificates)

DISCLAIMER

This consent form gives Sirago permission to make the information elected by the Policyholder available to the nominated party. The Policyholder will be responsible for all representations made in terms of this consent form. Sirago will not be liable for any loss or damage, whether direct or indirect, that may occur as a result of the nominated person having access to information pertaining to your policy.

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GENRIC Insurance