

## 2024 GAP COVER PROFILE UPDATE FORM

### 1. UPDATE YOUR PROFILE

Please select the change to be made to your profile.

Appoint a financial advisor (Complete Sections 3, 6 and 8.)

Add my dependant (Complete Sections 3, 4, 7 and 8. Please submit supporting documents for underwriting purposes when adding dependants. For a spouse, a copy of the medical aid membership certificate and proof of marriage; for an adult dependant, a copy of the medical aid membership certificate; for a newborn, a copy of the medical aid membership or birth certificate; and a child dependant, a copy of the medical aid membership certificate.)

Change my option (Complete Sections 3, 5, 7 and 8.)

Change my corporate policy to private capacity (Complete Sections 3, 5, 7 and 8. Complete Section 6 if you're appointing a financial advisor. To change a policy from private capacity to a corporate policy, our 2024 Corporate Gap Cover Client Application Form must be completed as the policy premium, benefits and waiting periods may differ.)

Change my debit order details (Complete Sections 3, 7 and 8.)

Do a status swap to note someone else as the principal insured (Complete Sections 2, 3, 7 and 8.)

For other profile changes not listed here, like removing a dependant, email us at [yoursupport@stratumbenefits.co.za](mailto:yoursupport@stratumbenefits.co.za) with your request.

### 2. CURRENT PRINCIPAL INSURED DETAILS

Complete this section if you've indicated in Section 1 - Update Your Profile that a new principal insured must be noted on the policy. Provide the current principal insured's details and the reason for the request in this section, and the new principal insured's details in Section 3 - Principal Insured Details.

Principal insured has passed away (Attach a copy of the death certificate.)

Principal insured and main member of the medical aid membership to align (Attach a copy of the medical aid membership certificate.)

Other

#### CURRENT PRINCIPAL INSURED DETAILS

Name	<input type="text"/>	Surname	<input type="text"/>
Policy No.	<input type="text"/>	ID/Passport No.	<input type="text"/>

### 3. PRINCIPAL INSURED DETAILS

This section needs to be completed to make sure we have your most up-to-date details.

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>	
ID/Passport No.	<input type="text"/>	Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y - <input type="text"/> M <input type="text"/> M - <input type="text"/> D <input type="text"/> D			
Cellphone No.	<input type="text"/>	Alternative Contact No.	<input type="text"/>			
Physical/Postal Address	<input type="text"/>				Postal Code	<input type="text"/>
Email Address	<input type="text"/>	Medical Aid	<input type="text"/>			
Membership No.	<input type="text"/>	Medical Aid Plan	<input type="text"/>			

### 4. ADDITION OF DEPENDANT

Add your dependants to your Gap Cover policy when adding them to your medical aid membership as this doesn't happen automatically.

We'll cover you and your spouse on one Gap Cover policy, even if you belong to different medical aids or medical aid plans, including the dependants registered on either medical aid plan.

When your child dependants move to their own medical aid plans, they must apply for cover on their own Gap Cover policies.

If you add a dependant who's 65 or older, you'll pay a 65 or older family premium for the whole family.

Cover start dates can't be backdated. Your dependant's cover will start on the 1st of a future month. Newborns added within 6 months of birth will be added from their date of birth.

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Relationship	<input type="text"/>			ID/Passport No.	<input type="text"/>
Medical Aid	<input type="text"/>			Membership No.	<input type="text"/>
Medical Aid Plan	<input type="text"/>			Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y - <input type="text"/> M <input type="text"/> M - <input type="text"/> D <input type="text"/> D
				Cover Start Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y - <input type="text"/> M <input type="text"/> M - <input type="text"/> D <input type="text"/> D

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Relationship	<input type="text"/>			ID/Passport No.	<input type="text"/>
Medical Aid	<input type="text"/>			Membership No.	<input type="text"/>
Medical Aid Plan	<input type="text"/>			Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y - <input type="text"/> M <input type="text"/> M - <input type="text"/> D <input type="text"/> D
				Cover Start Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y - <input type="text"/> M <input type="text"/> M - <input type="text"/> D <input type="text"/> D

## 4. ADDITION OF DEPENDANT CONTINUED

Is your dependant a transfer applicant switching cover from another **Gap Cover** provider?      Yes      No

If "Yes", please complete the **Pre-Existing Medical Condition Disclosure** and **Planned Medical Events Disclosure** sections below. Submit a copy of your dependant's policy document from their current **Gap Cover** provider dated not older than **31 days** for underwriting purposes.

If "No", please complete the **Pre-Existing Medical Condition Disclosure** section below.

Go to [www.stratumbenefits.co.za/spouse-and-adult-dependant-underwriting/](http://www.stratumbenefits.co.za/spouse-and-adult-dependant-underwriting/) to read more about the waiting periods that apply to spouses and adult dependants.

Go to [www.stratumbenefits.co.za/newborn-and-child-dependant-underwriting/](http://www.stratumbenefits.co.za/newborn-and-child-dependant-underwriting/) to read more about the waiting periods that apply to newborns and child dependants.

### PRE-EXISTING MEDICAL CONDITION DISCLOSURE

As the principal insured, you're responsible for answering this section for your dependants because you have the necessary knowledge and consent.

#### 12 MONTH PRE-EXISTING MEDICAL CONDITION WAITING PERIOD

There's no cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed or for which advice or treatment was received **12 months** before your or your dependants' cover start dates unless we offer an underwriting concession.

**Please let us know of any change in your dependants' health statuses between signing and submitting the profile update form and your dependants' cover start dates.**

Provide details of any illness or medical condition relevant to your dependants.

NAME	PRE-EXISTING MEDICAL CONDITION	LAST TREATMENT DATE
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D

### PLANNED MEDICAL EVENTS DISCLOSURE FOR DEPENDANTS TRANSFERRING COVER

Please indicate if any pre-existing medical condition stated in the **Pre-Existing Medical Condition Disclosure** section necessitates an investigation, medical procedure, surgery or treatment within the first **10 months** of your dependants' cover start dates.

Claims received in the first **12 months** of your dependants' cover start dates for planned medical events that weren't disclosed to us may be rejected based on non-disclosure.

NAME	PLANNED MEDICAL EVENT	MEDICAL EVENT DATE
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D
<input type="text"/>	<input type="text"/>	Y Y Y Y - M M - D D

## 5. CONTINUATION OF COVER/OPTION CHANGE

If your **Stratum Benefits Gap Cover** policy started **before age 65**, you'll pay a **64 or younger** premium when continuing cover in your private capacity or changing your option.

If you add a dependant aged **65 or older** to your policy, you'll pay a **65 or older family** premium for the whole family.

If your current policy is within any waiting periods, the remainder of the waiting period will be carried over to your new policy.

When changing to an option that provides more comprehensive benefits, the enhanced benefits will be subject to a **12 Month Pre-Existing Condition Waiting Period** unless we offer an underwriting concession.

Option changes can be done any time of the year and as often as needed. Option change dates can't be backdated.

Go to [www.stratumbenefits.co.za/gap-cover-options/](http://www.stratumbenefits.co.za/gap-cover-options/) or scan the **QR code** to read more about the benefits our **Gap Cover** options provide. Click **View Option** for benefit and general exclusions.



Select the **Gap Cover** option you're continuing with in a private capacity or changing to and confirm the effective continuation date.

AGES	COMPACT <sup>300</sup>	MERIDIAN <sup>400</sup>	ELITE <sup>500</sup>	ACCESS OPTIMISER	ACCESS CO-PAY PLUS <sup>300</sup>
<b>MONTHLY PREMIUM</b>					
Individual 35 or Younger		R 228			
Individual between 36 and 64		R 292			
Individual 64 or Younger	R 301		R 438		
Family 64 or Younger	R 364	R 292	R 538		
Individual or Family 64 or Younger				R 179	R 368
Individual 65 or Older			R 712		
Family 65 or Older			R 869		
Individual or Family 65 or Older	R 574	R 636		R 239	R 489

**GAP MATCH** is a guiding tool that matches the best-suited **Gap Cover** option with your medical aid plan. Go to [www.stratumbenefits.co.za/gap-match/](http://www.stratumbenefits.co.za/gap-match/) to find your match.

Effective Continuation / Option Change Date Y Y Y Y - M M - D D

By signing this form, you acknowledge that you understand the benefits your chosen **Gap Cover** option offers and accept the terms and conditions of cover.

## 6. APPOINT A FINANCIAL ADVISOR

If a financial advisor is currently noted on your **Gap Cover** policy, we'll inform them of the new appointment.

Brokerage  Financial Advisor

### FINANCIAL ADVISOR PROFESSIONAL FEES

You may pay your appointed financial advisor a professional fee over and above the monthly commission payable. If you agree to pay a fee, your advisor must explain the additional services you can expect for the fee.

The professional fee will be added to your policy premium and paid to your advisor monthly. You may cancel, reduce, or increase the professional fee anytime.

If a professional fee is currently being paid to your financial advisor, the same fee can only be paid to your newly appointed financial advisor if we're instructed to do so.

**By signing this form, you acknowledge that the purpose of charging a professional fee and the additional services you can expect for the fee has been explained to you by your financial advisor.**

Professional Fee (Increments of R 10.00)  R Product Premium  R Total Monthly Premium  R Principal Insured Signature

## 7. DEBIT ORDER DETAILS

By signing this section, you:

- authorise **Stratum Benefits** to accept this debit order authority as confirmed payment instruction issued by the account holder.
- authorise **Stratum Benefits** to debit your account for monthly policy premiums payable in advance on the selected debit order date.
- understand that the debit order deductions will be processed through a computerised system provided by the South African Banks. Details of each deduction will be referenced on your bank statement with the prefix "**Stratum**" and an **8-digit number** ending with "**Netcash**".
- understand that selecting an annual premium won't result in a premium discount.
- accept that depending on the selected debit order date, a double or triple debit may be incurred.
- agree that this debit order authority will remain in force until cancelled in writing by the principal insured person.
- accept that **Stratum Benefits** may cancel your policy if:
  - premiums aren't received for two consecutive months;
  - the bank account being debited is closed;
  - the account holder is deceased; or if
  - authority to debit is no longer granted.
- understand that this debit order authority may only be assigned to a third party if this contract is assigned accordingly.
- understand that the debit order date will default to the following working day if the payment date falls on a Sunday or recognised South African public holiday.
- accept that if a debit order deduction is returned, an administration fee of **R 25.00** will be added to the following premium deduction.
- accept that you're not entitled to any refund of amounts deducted while this debit order authority is in force if such payments are legally due.
- understand that policy premiums include VAT but aren't tax deductible, as medical aid contributions. An IT3 tax certificate can't be issued for this purpose.
- accept that the policy premium may be adjusted during an annual renewal or due to benefit restructuring necessitated by legislation with **31 days** written notice. Subject to your right of cancellation of cover, the debit order authority will extend to the adjusted premium.
- accept that your responsibility is to ensure premiums are collected and paid to remain covered.

Account Type  Cheque  Savings  Bank  Account Number   
Account Holder

Debit Order Date  1st  4th  7th  15th  20th  25th  28th  Last Day  Term  Monthly  Annual

### FINANCIAL ADVISOR PROFESSIONAL FEES

You may pay your appointed financial advisor a professional fee over and above the monthly commission payable. If you agree to pay a fee, your advisor must explain the additional services you can expect for the fee.

The professional fee will be added to your policy premium and paid to your advisor monthly. You may cancel, reduce, or increase the professional fee anytime.

**By signing this form, you acknowledge that the purpose of charging a professional fee and the additional services you can expect for the fee has been explained to you by your financial advisor.**

Professional Fee (Increments of R 10.00)  R Product Premium  R Total Monthly Premium  R Account Holder Signature

## 8. DECLARATION ACCEPTANCE

As the principal insured, I hereby declare that all the information provided is true and correct. I accept that any non-disclosure or misrepresentation may render my policy null and void.

Principal Insured Signature  Date  Y Y Y Y -  M M -  D D

Send the completed profile update form to your financial advisor or email us at [yoursupport@stratumbenefits.co.za](mailto:yoursupport@stratumbenefits.co.za). Please contact us if you haven't received feedback within **7 working days** from submitting your profile update form.



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75.



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[www.stratumbenefits.co.za](http://www.stratumbenefits.co.za)