

CLIENT APPLICATION FORM AND RECORD OF ADVICE

Brokerage	Broker	Broker Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. CREATE YOUR PROFILE

Please select the type of application relevant to your profile, which will form the basis of your contract with us.

- New client
- Existing dependant on a Stratum Benefits policy applying for cover as the principal insured on your own policy

MAIN APPLICANT DETAILS

Title	Name	Surname	ID or Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone Number	Alternative Contact Number		
<input type="text"/>	<input type="text"/>		
Email Address			
<input type="text"/>			
Physical or Postal Address			
<input type="text"/>			
<input type="text"/>			Postal Code <input type="text"/>

DEPENDANT DETAILS

We cover you, your spouse and any child dependant of whom you are the parent or legal guardian. Child dependants aged **20 or younger** are covered at a child dependant premium, and child dependants aged **21 or older** at an adult dependant premium if your dependant is financially dependent on you and proof is submitted every year. We accept proof of full-time studies from the educational facility or **3 months'** stamped copies of your dependant's most recent bank statements.

Title	Name	Surname	ID or Passport Number	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. RECORD OF ADVICE (To be completed by your Broker)

The purpose of this section is to review your health insurance requirements to determine which Health Insure option best suits your needs. Your broker, where one has been appointed by you, will make recommendations and give advice based on the information provided by you. Should you not agree with the recommendation or advice and require further information, this should be brought to your broker's attention.

Individuals aged **56 or older** applying for cover on our [DAY-TO-DAY BENEFIT OPTION](#) or our [DAY-TO-DAY, EMERGENCY AND ACCIDENT BENEFIT OPTION](#), and individuals aged **61 or older** applying for cover on our [EMERGENCY AND ACCIDENT BENEFIT OPTION](#) will pay a higher premium as indicated in the **56+** and **61+** premium categories effective from the first day of cover, unless proof of medical aid or primary healthcare insurance cover for **15 or more years** from the age of **35** can be provided.

The following Health Insure options are available for your consideration:

⊕ ESSENTIAL PRIMARY PLUS

DAY-TO-DAY BENEFIT OPTION						
Ages	Monthly Premium					
55 or younger	Principal Insured	<input type="radio"/> R 340	Spouse	<input type="radio"/> R 225	Adult Dependant <input type="radio"/> R 225 <small>Financially dependent 21+</small>	Child Dependant <input type="radio"/> R 100 <small>20 or younger</small>
56+	Principal Insured	<input type="radio"/> R 501	Spouse	<input type="radio"/> R 386		
EMERGENCY AND ACCIDENT BENEFIT OPTION						
Ages	Monthly Premium					
60 or younger	Principal Insured	<input type="radio"/> R 145	Spouse	<input type="radio"/> R 80	Adult Dependant <input type="radio"/> R 80 <small>Financially dependent 21+</small>	Child Dependant <input type="radio"/> R 32 <small>20 or younger</small>
61+	Principal Insured	<input type="radio"/> R 183	Spouse	<input type="radio"/> R 118		
DAY-TO-DAY, EMERGENCY AND ACCIDENT BENEFIT OPTION						
Ages	Monthly Premium					
55 or younger	Principal Insured	<input type="radio"/> R 435	Spouse	<input type="radio"/> R 310	Adult Dependant <input type="radio"/> R 310 <small>Financially dependent 21+</small>	Child Dependant <input type="radio"/> R 120 <small>20 or younger</small>
56+	Principal Insured	<input type="radio"/> R 622	Spouse	<input type="radio"/> R 497		

COVER START DATE

Day

Month

Year

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3. RECOMMENDATION (To be completed by your Broker)

Following discussions between you and your client in determining the best suitable Health Insure option, your recommendation is as follows:

Option: Reasons for your recommendation:

4. WAITING PERIODS

It is important to note that waiting periods apply from each insured person's respective cover start date before certain benefits can be claimed from, unless otherwise specified in your policy documentation.

2 MONTH GENERAL WAITING PERIOD

During the first 2 months of cover a general waiting period applies to our [DAY-TO-DAY BENEFITS](#), [WELLNESS ASSESSMENT BENEFIT](#) and [PREVENTATIVE CARE BENEFIT](#).

9 MONTH MATERNITY CARE WAITING PERIOD

During the first 9 months of cover a waiting period applies to our [MATERNITY CARE BENEFIT](#).

12 MONTH CHRONIC MEDICATION WAITING PERIOD

During the first 12 months of cover a waiting period applies to our [CHRONIC MEDICATION BENEFIT](#).

12 MONTH EYE CARE BENEFIT WAITING PERIOD

During the first 12 months of cover a waiting period applies to our [EYE CARE BENEFIT](#).

EXCEPTIONS TO THE RULE

Waiting periods do not apply to our [EMERGENCY AND ACCIDENT BENEFITS](#) and [ESSENTIAL ASSISTANCE PROGRAMME \(EAP\)](#).

By signing this application form, you acknowledge and accept that your policy will be subject to waiting periods for specific medical events.

5. NOMINATION OF BENEFICIARY

Please nominate 1 beneficiary to whom the benefit amount under our [ACCIDENTAL DEATH BENEFIT](#) will be paid to in the event of your accidental death. If a beneficiary is not nominated the benefit amount will be paid to your estate.

In the event of your spouse's accidental death, the benefit amount will be paid to the principal insured person on the policy.

Please refer to your policy documentation for full terms and conditions.

Title	Name	Surname	ID or Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Address		
<input type="text"/>	<input type="text"/>		

As the main applicant, you understand that the beneficiary nominated will receive proceeds from the benefit payable under our [ACCIDENTAL DEATH BENEFIT](#), subject to the terms and conditions of your policy and/or limitations imposed by law at the time of your claimable event. You also understand that:

- You may nominate a beneficiary of your choice;
- If your nominated beneficiary cannot be located or passes away prior to your claimable event, the benefit amount(s) payable to them will be paid to your estate;
- If at the time of payment your nominated beneficiary is a minor, the benefit amount(s) will be paid to the minor's legal guardian or a trust for the benefit of the minor, or to any person we are authorised to pay under the relevant law;
- You may amend your nomination at any stage, however, nominations are not effective until confirmed in writing by the Insurer; and
- The benefit amount(s) payable to your nominated beneficiary will be based on the latest valid beneficiary nomination received as accepted by the Insurer.

Main Applicant Signature Date

6. YOUR PAYMENT PROFILE

By signing this section and upon acceptance of your application, you:

1. Understand that cover will commence after the first premium is received.
2. Authorise Stratum Benefits to debit your account for the policy premium that is payable in advance, on the debit order date as selected.
3. Authorise Stratum Benefits to accept this debit order authority as a payment instruction issued by the account holder.
4. Accept that depending on the selected debit order date, a double debit may be incurred.
5. Agree that this debit order authority will remain in force until cancelled in writing by the principal insured person, or by Stratum Benefits if premiums are not received for two consecutive months.
6. Understand that this debit order authority may only be assigned to a third party if this contract is also assigned to a third party.
7. Understand that if your payment date falls on a Sunday, or recognised South African public holiday, the debit order date will default to the next working day.
8. Accept that if the premium from a previous debit order deduction is returned, a R 25 admin fee will be added to the next premium deduction.
9. Accept that your premium may be adjusted during an annual renewal or due to benefit restructuring necessitated by legislation with one month's written notice, and subject to your right of cancellation of cover, the debit order authority will extend to the adjusted premium.
10. Understand that your debit order deductions will be processed through a computerised system provided by the South African Banks. Details of each debit order deduction will be displayed on your bank statement with the reference prefix "STRATUM" followed by an 8-digit number ending with "SAGEPAY".
11. Accept that given the debit order authority granted by you, it is your responsibility to ensure that premiums are collected in order to remain covered.
12. Accept that you shall not be entitled to any refund of amounts which have been deducted while this debit order authority is in force, if such amounts were legally due.
13. Understand that the product premium is inclusive of VAT.

Account Holder	Bank	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Type	Term	Debit Order Date
<input type="radio"/> Cheque <input type="radio"/> Savings	<input type="radio"/> Monthly <input type="radio"/> Annual	<input type="radio"/> 1st <input type="radio"/> 4th <input type="radio"/> 7th <input type="radio"/> 15th <input type="radio"/> 20th <input type="radio"/> 25th <input type="radio"/> 28th <input type="radio"/> Last day of the month

Broker Fee (Increments of R 10) R Total Monthly Premium R Account Holder Signature

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7. YOUR HEALTHCARE PROVIDER(S)

Please provide details of your doctor and/or dentist, whom we will contact with an offer to join Unity Health's national provider network.

Doctor	Contact Number
<input type="text"/>	<input type="text"/>
Dentist	Contact Number
<input type="text"/>	<input type="text"/>

8. PROSPECTIVE CLIENT CONSENT (Applicable to all applicants)

As the main applicant applying for insurance cover, I hereby declare that:

1. I am applying for insurance cover subject to the waiting periods, benefit and general exclusions, terms and conditions of the policy contract and confirm that these have been communicated and explained to me prior to my cover start date.
2. All the information provided is true and correct and that I have not withheld any information which may be material to, or likely to affect the assessment or acceptance of my risk.
3. In the event of any material non-disclosure or misrepresentation, my policy may be rendered null and void. I accept that I will forfeit any and all premiums and that Stratum Benefits may decline to indemnify or compensate me and/or my dependant(s) where applicable, for any claims under any item or section of cover.
4. Should this application form be incomplete, it may not be processed by Stratum Benefits.
5. I understand that this insurance cover is not a medical aid membership nor does it provide benefits similar to that of a medical aid.
6. In terms of the Financial Advisory and Intermediary Services Act, 2002 ("FAIS"), my broker must be mandated by a licensed Financial Services Provider ("FSP") as a representative with the necessary FAIS sub-categories to act on my behalf, and that it is my responsibility to determine whether my broker has the necessary authorisation.
7. I have appointed the above-mentioned broker and authorise payment of their monthly commission.
8. Stratum Benefits is irrevocably authorised to process and store my and/or my dependant's personal information required for the purpose of administrating cover under this policy, and I undertake to notify Stratum Benefits of any change in my personal details within a reasonable time period.

Main Applicant Signature

Date

RETURN TO STRATUM BENEFITS
Stratum Benefits (Pty) Ltd / Reg no.: 2003/018155/07

[e healthinsure@stratumbenefits.co.za](mailto:healthinsure@stratumbenefits.co.za) [f 086 633 3761](tel:0866333761)

Please enquire if you have not received your policy documentation within 7 days from submitting your Client Application Form.



Administered by Unity Health, a division of Ambledown Financial Services (Pty) Ltd, an authorised FSP 10287. In partnership with Stratum Benefits (Pty) Ltd, an authorised FSP 2111, underwritten by Constantia Insurance Company Limited, an authorised FSP 31111.



StratumBenefits⁺

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