

1. OFFER TYPE

Please select the type of offer relevant to your profile. Following our acceptance of your offer, it will form the basis of your policy with the Insurer.

☐ Individual not insured by another **Gap Cover** provider (Complete **Sections 2, 3, 5, 7, 10 and 11. Sections 4 and 6 are for your appointed financial advisor to complete.**)

☐ Individual switching cover from another **Gap Cover** provider (Complete **Sections 2, 3, 5, 8, 10 and 11, and submit a recent copy of your policy document dated not older than 31 days for underwriting purposes. The policy document must confirm when your cover started, the option you're covered on, benefits, and if any waiting periods apply. Sections 4 and 6 are for your appointed financial advisor to complete.**)

☐ Dependant insured under an existing **Stratum Benefits** policy, continuing cover under your own policy (Complete **Sections 2, 3, 5 and 9 - 11. Sections 4 and 6 are for your appointed financial advisor to complete.**)

2. POLICYHOLDER DETAILS

Title		Name		Surname		
ID/Passport No.				Date of Birth	- -	
Cellphone No.				Alternative Contact No.		
Physical/Postal Address					Postal Code	
Email Address				Medical Aid		
Medical Aid Plan				Membership No.		
Employer Name						

3. DEPENDANT DETAILS

This section doesn't apply to **LUMA³⁰⁰**, as this option covers one insured person.

One **Gap Cover** policy covers you and your spouse, even if you belong to different medical aid plans, including the dependants registered on either medical aid plan, up to a maximum of **8 individuals per policy**.

Child dependants registered on your or your spouse's medical aid plan may remain on your **Gap Cover** policy regardless of age. However, when a child dependant has become the main member of a medical aid, they are required to make an offer for insurance cover as the principal insured under their own policy.

A full-time student **26 or younger** may remain on your policy even if they belong to a different medical aid plan, provided proof of full-time studies is submitted annually. Distance and online learning don't qualify.

Title		Name		Surname	
Relationship				ID/Passport No.	
Medical Aid				Medical Aid Plan	
Membership No.				Date of Birth	- -

Title

Name

Relationship

Medical Aid

Membership No.

Surname

ID/Passport No.

Medical Aid Plan

Date of Birth

- -

Title

Name

Relationship

Medical Aid

Membership No.

Surname

ID/Passport No.

Medical Aid Plan

Date of Birth

- -

Title

Name

Relationship

Medical Aid

Membership No.

Surname

ID/Passport No.

Medical Aid Plan

Date of Birth

- -

4. BROKERAGE & FINANCIAL ADVISOR DETAILS

Brokerage		Financial Advisor	
Brokerage Code		Advisor Code	
		Advisor Signature	

5. OPTIONS, PREMIUMS & EXCLUSIONS

Individuals of all ages may join, as there's no maximum entry age.

Your monthly policy premium will be determined by the oldest individual's age at the time of your policy's start date, even if you or your dependants switch cover from another **Gap Cover** provider.

Go to www.stratumbenefits.co.za/gap-cover-options/ or scan the **QR code** to read more about the benefits our options provide. Once on our **Product Ranges** webpage, click **View Option** for benefit and general exclusions.



ENTRY AGE	ELITE ⁵⁰⁰	MERIDIAN ⁴⁰⁰	LUMA ³⁰⁰	COMPACT ³⁰⁰	ACCESS CO-PAY PLUS ³⁰⁰	ACCESS OPTIMISER
Individual 35 or Younger		☐ R 301	☐ R 275*			
Individual 36 or Older			☐ R 700			
Individual Between 36 and 64		☐ R 385				
Individual 64 or Younger	☐ R 579			☐ R 397		
Family 64 or Younger	☐ R 712	☐ R 385		☐ R 481		
Individual or Family 64 or Younger					☐ R 486	☐ R 238
Individual 65 or Older	☐ R 940					
Family 65 or Older	☐ R 1 149					
Individual or Family 65 or Older		☐ R 841		☐ R 758	☐ R 647	☐ R 315

Policy Start Date - -

*If you join LUMA³⁰⁰ before age 36, you'll pay the 35 or younger premium. From age 36, you'll pay the 36 or older premium.

6. FINANCIAL ADVISOR RECOMMENDATION

Your financial advisor, as indicated in **Section 4 - Brokerage & Financial Advisor Details**, will give advice and recommend a **Gap Cover** option based on your healthcare insurance needs and other considerations, such as affordability and the medical expense shortfalls you could incur on your medical aid plan.

If you don't agree with the recommendation, or want to change your option at a later stage, you should bring this to your financial advisor's attention.

FINANCIAL ADVISOR DISCLOSURE

I've reviewed and determined my client's healthcare insurance needs. Based on our discussions, my recommendation is as follows:

Option

Reasons for my recommendation

☐ I confirm that I've fully discharged my duties set out in **Section 8 of the FAIS General Code of Conduct**.

Financial Advisor Signature

Date - -

7. INDIVIDUAL NOT INSURED BY ANOTHER PROVIDER

A **General Waiting Period**, **Pre-Existing Medical Condition Waiting Period**, and the **Limited Payout Benefit** apply to you and your dependants from your policy's start date, but not in respect of events resulting from an accident that occurs after the start date.

The waiting periods for each individual will be confirmed in the **Cover Acceptance Letter** you'll receive when your offer for insurance cover is accepted.

3 MONTH GENERAL WAITING PERIOD

There's no cover during this period, except for events resulting from an accident.

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 that was diagnosed, or for which advice or treatment was received **12 months** before your policy's start date. This includes accidental events that occurred before your policy's start date or any change in health between the date you sign this offer form and the start date.

LIMITED PAYOUT BENEFIT

If you claim from our **GAP BENEFIT**, **CO-PAYMENT BENEFITS** or **SUB-LIMIT BENEFITS** for any of the listed medical procedures or scans in the first **10 months** of your policy's start date, your claim will qualify for partial cover, where we'll pay **20%** of the **approved claim amount**, subject to applicable benefit limits.

This benefit rule applies only during the first **10 months** of cover and only to new medical events, including new diagnoses, medical procedures, or treatments that occur after your policy's start date.

- adenoidectomy
- cardiovascular procedures
- cataract removal
- dentistry
- hernia repair
- joint replacements
- MRI, CT, and PET scans
- myringotomy (grommets)
- nasal and sinus surgery
- pregnancy and childbirth
- scopes (including medical events where a scope is used)
- spinal procedures
- tonsillectomy
- hysterectomy (full cover if due to cancer diagnosed after the **General Waiting Period**)

UNDERWRITING ACCEPTANCE

☐ I understand that my policy may be subject to waiting periods and a limited payout benefit.

8. INDIVIDUAL SWITCHING COVER FROM ANOTHER PROVIDER

Waiting periods may apply, depending on your current policy with another **Gap Cover** provider and the option you're switching to.

Go to www.stratumbenefits.co.za/gap-cover-transfer-process-for-individuals/ or scan the **QR code** to view or download our **Transfer Process for Individuals** guide, which explains the transfer process and underwriting.



The waiting periods for each individual will be confirmed in the **Cover Acceptance Letter** you'll receive when your offer for insurance cover is accepted.

Standard waiting periods will apply unless you inform us that you or your dependants are making an offer to switch cover from another **Gap Cover** provider. You'll have **60 days** from receiving your **Cover Acceptance Letter** to request that the underwriting be amended.

REPLACEMENT POLICY DISCLOSURE

- A change in terms and conditions, monthly premiums and benefits will apply as products underwritten by **Gap Cover** providers differ.
- Unless we grant an underwriting concession, standard waiting periods will apply if there's a break between the last day of cover with the previous provider and the first day with us.

PRE-EXISTING MEDICAL CONDITION DISCLOSURE

Our acceptance of your insurance cover is based on the correctness of the information you provide in this section.

Please inform us of any changes in your or your dependants' health between the date you sign this offer form and your policy's start date.

Illnesses or medical conditions that were diagnosed, or for which advice or treatment was received, in the **12 months** before your policy's start date may be subject to a **12 Month Pre-Existing Medical Condition Waiting Period**. If this waiting period applies to your policy, there's no cover for investigations, medical procedures, surgeries, or treatments related to those pre-existing conditions. This includes accidental events that occurred before your policy's start date, or any change in health between the date you sign this offer form and the start date.

Please disclose all details of any existing or previous illness or medical condition relevant to you or your dependants.

NAME	PRE-EXISTING MEDICAL CONDITION	LAST TREATMENT DATE
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D

PLANNED MEDICAL PROCEDURES

Please disclose if any medical condition stated in the **Pre-Existing Medical Condition Disclosure** section will require an investigation, medical procedure, surgery or treatment within the first **10 months** of your policy's start date.

Claims received in the first **12 months** of your policy's start date for planned medical procedures that weren't disclosed to us before the start date may be rejected based on non-disclosure.

NAME	MEDICAL PROCEDURE	MEDICAL PROCEDURE DATE
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D
		Y Y Y Y - M M - D D

UNDERWRITING ACCEPTANCE

☐ I understand that my policy may be subject to waiting periods and a limited payout when claiming for disclosed planned medical procedures in the first **10 months** of cover.

9. DEPENDANT CONTINUING COVER

Waiting periods may apply, depending on your current policy and the option you're continuing under. Standard waiting periods will apply to any new dependants added to the policy.

The waiting periods for each individual will be confirmed in the **Cover Acceptance Letter** you'll receive when your offer for insurance cover is accepted.

GENERAL WAITING PERIOD

If this waiting period applies to you under the current policy, the remainder will carry over to your new policy.

We won't apply a **General Waiting Period** to any benefits, except for a **3-month** wait on the **OUT-PATIENT SPECIALIST CONSULTATION BENEFIT** available on **ELITE⁵⁰⁰** and **LUMA³⁰⁰**, unless you've already served the waiting period for this benefit. There's no cover during this period, except for events resulting from an accident after your policy's start date.

PRE-EXISTING MEDICAL CONDITION WAITING PERIOD

If this waiting period applies to you under the current policy, the remainder will carry over to your new policy.

If your new policy provides benefits the current policy doesn't, a **12 Month Pre-Existing Medical Condition Waiting Period** will apply to the enhanced benefits from your policy's start date.

There's no cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition that was diagnosed, or for which advice or treatment was received **12 months** before your policy's start date. This includes accidental events that occurred before your policy's start date or any change in health between the date you sign this offer form and the start date.

LIMITED PAYOUT BENEFIT

The **Limited Payout Benefit** doesn't get reapplied when you continue cover under your own policy, but the remainder of any existing period will be carried over to your new policy. It will apply to any new dependants added to the policy.

CURRENT POLICYHOLDER'S DETAILS

Please provide the current policyholder's details to help us identify your existing policy.

Name		Surname	
ID/Passport No.		and/or Policy No.	

UNDERWRITING ACCEPTANCE

☐ I understand that my policy may be subject to waiting periods.

10. DEBIT ORDER DETAILS

Upon acceptance by **Stratum Benefits**, you:

1. authorise us to accept this debit order authority as confirmed payment instruction issued by the account holder.
2. authorise us to debit your account for monthly policy premiums payable in advance on the selected debit order date.
3. 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 a **9-digit** number ending with "**Netcash**".
4. understand that selecting an annual premium won't result in a premium discount.
5. accept that, depending on the chosen policy start date and debit order date, your first payment might be a double debit.
6. understand that cover will commence after the first premium is received.
7. agree that this debit order authority will remain in force until cancelled in writing by the policyholder.
8. accept that we may cancel your policy if:
 - 8.1 premiums aren't received for two consecutive months;
 - 8.2 the bank account being debited is closed;
 - 8.3 the account holder is deceased; or
 - 8.4 the authority to debit is no longer granted.
9. understand that this debit order authority may only be assigned to a third party if this contract is assigned accordingly.
10. 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.
11. accept that if a debit order deduction is returned, an administration fee of **R 25.00** will be added to the following premium deduction.
12. 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.
13. understand that policy premiums include VAT but aren't tax deductible as medical aid contributions are. An IT3 tax certificate can't be issued for this purpose.
14. 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.
15. accept that your responsibility is to ensure premiums are collected and paid to remain covered.

Account Type	☐ Cheque	☐ Savings	Bank		Account No.						
Account Holder											
Debit Order Date (Refer to 10.5)	☐ 1st	☐ 4th	☐ 7th	☐ 15th	☐ 20th	☐ 25th	☐ 28th	☐ Last Day	Term	☐ Monthly	☐ Annual

FINANCIAL ADVISOR PROFESSIONAL FEE

You may pay your appointed financial advisor a professional fee in addition to the monthly commission. If you agree to pay a fee, your advisor must explain the additional services you can expect.

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

The Insurer may request a copy of the record of advice and the supporting reasons that justify the professional fee charged.

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

11. POLICYHOLDER ACKNOWLEDGEMENT

As the policyholder, you understand and acknowledge that **Gap Cover** isn't a medical aid, doesn't provide similar cover as medical aid and can't be substituted for a medical aid membership.

You have the right to information about the insurer, administrator, and other matters of importance about the insurance policy you're purchasing.

Go to www.stratumbenefits.co.za/pre-inception-disclosure-notice/ or scan the QR code to view or download our **Pre-Inception Disclosure Notice**.



☐ I'm making this offer for insurance cover based on the terms and conditions set out in the **Pre-Inception Disclosure Notice**.

Policyholder Signature		Date	Y Y Y Y	-	M M	-	D D
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12. PROTECTION OF PERSONAL INFORMATION

USE OF PERSONAL INFORMATION DECLARATION

You allow us to process your personal information in line with our **POPI Privacy Policy** and agree to receive communication, such as annual renewal and benefit change communications, and occasional marketing communication via SMS or email. If you want to opt out of receiving marketing communication, please email your request to: yoursupport@stratumbenefits.co.za

Go to www.stratumbenefits.co.za/popi-privacy-policy/ or scan the QR code to view or download our **POPI Privacy Policy**.



Send the completed offer form to your financial advisor.

Please contact us if you haven't received confirmation of cover or your policy documents within **7 working days** of submitting your offer form.