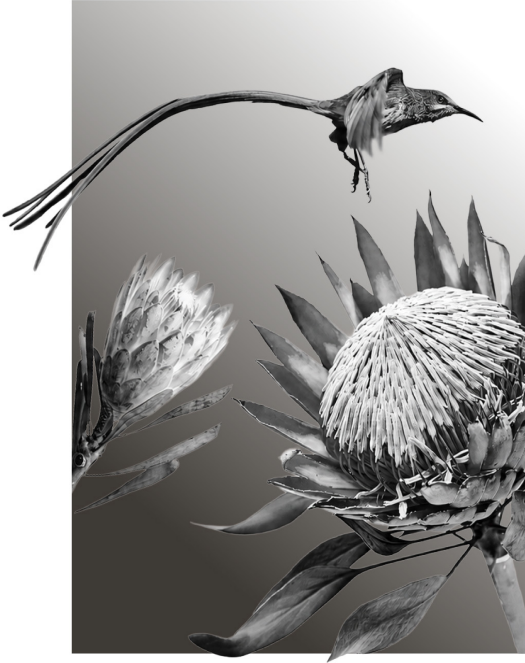


GAP COVER TRANSFER PROCESS FOR INDIVIDUALS



WHEN CAN YOU SWITCH COVER?

You can switch to us at any time, even if waiting periods currently apply to your policy with another **Gap Cover** provider.

WHAT DOCUMENTS DO WE NEED?

- 2027 Gap Cover Client Offer Form.
- Policy document dated not older than **31 days**.
- Cancellation certificate.

The policy document and/or cancellation certificate must confirm your cover start and end dates, the option you were covered under, the benefits available on your policy, and whether any waiting periods applied.

If you don't provide the supporting documents, standard waiting periods will apply. Once you receive your **Cover Acceptance Letter**, you'll have **60 days** to request an amendment to the underwriting decision.

REPLACEMENT POLICY DISCLOSURE

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

WAITING PERIODS

When switching cover, you'll be subject to the following waiting periods unless we grant an underwriting concession:

GENERAL WAITING PERIOD

If you switch cover while your current policy is still subject to a **General Waiting Period**, the remaining portion will carry over to your new policy. We won't impose a **General Waiting Period** on any benefits, except for the **OUT-PATIENT SPECIALIST CONSULTATION BENEFIT** available on **ELITE⁵⁰⁰** and **LUMA³⁰⁰**, which is subject to a **3 Month General Waiting Period** unless it's a like-for-like benefit.

PRE-EXISTING MEDICAL CONDITION WAITING PERIOD ON LIKE-FOR-LIKE BENEFITS

*(Benefits that are similar on both your current **Gap Cover** policy and your new **Stratum Benefits** policy.)*

If you switch cover while your current policy is still subject to a **Pre-Existing Medical Condition Waiting Period**, the remaining portion will carry over to your new policy.

During this waiting period, there's no cover 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, during the **12 months** before your policy start date.

This also includes accidental events that occurred before your policy start date, as well as any change in health between signing and submitting the **Gap Cover Client Offer Form** and your policy start date.

If you claim from a like-for-like benefit within the first **12 months** of your policy start date, even if a **Pre-Existing Medical Condition Waiting Period** doesn't apply, we may investigate the claim to determine whether the medical procedure was planned and disclosed to us. If the procedure was unplanned, we'll assess the claim based on the benefit's qualifying criteria.

PRE-EXISTING MEDICAL CONDITION WAITING PERIOD ON ENHANCED BENEFITS

*(Benefits available on your new **Stratum Benefits** policy that aren't available on your current policy.)*

If we offer benefits that aren't available on your current policy, a **12 Month Pre-Existing Medical Condition Waiting Period** will apply to those enhanced benefits.

This includes accidental events that occurred before your policy start date, as well as any change in health between signing and submitting the **Gap Cover Client Offer Form** and your policy start date.

If you claim from an enhanced benefit during the first **12 months** of your policy, we'll investigate the claim to determine whether it's related to a pre-existing medical condition.

If the claim relates to a new medical condition diagnosed after your policy start date, we'll assess the claim based on the benefit's qualifying criteria.

PLANNED MEDICAL PROCEDURES

(Any investigation, medical procedure, surgery or treatment planned before your policy start date and undergone after your policy start date.)

If you claim within the first **10 months** of your policy start date for a planned medical procedure that was disclosed when switching, we'll pay **20% of the approved claim amount**, subject to the applicable benefit limits. This applies to the entire claim.

If you claim within the first **12 months** of your policy start date for a planned medical procedure that wasn't disclosed when switching, your claim may be rejected due to non-disclosure.

GOOD TO KNOW

- Your policy premium is based on the age of the oldest person covered on the policy, not the age that applied when you joined your previous provider.
- Unless an underwriting concession applies, anyone joining the policy who wasn't previously covered will be subject to standard waiting periods.
- Don't forget to cancel your current policy when switching cover.
- Switching cover as a group? Speak to your financial advisor about a group quote