SIRAGO UNDERWRITING MANAGERS (PTY) LTD
REG NO: 1993/001387/07 | VAT NO: 4950188724 | FSP NO: 4710

PHYSICAL ADDRESS: Midrand Business Park, Building 3,
563 Old Pretoria Main Road, Midrand, 1685
POSTAL ADDRESS: PO Box 1115, Bromhof, 2154
TEL NO: 010 599 1163 | EMAIL: applications@sirago.co.za

Compliance Officer: Moonstone Compliance (Pty) Ltd

PRODUCT OPTION AMENDMENT FORM 2020

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:

Date Terminated:

Required Inception Date:

Please attach membership certificate

PRINCIPAL INSURED DETAILS

Policy Number:

Name And Surname:

ID Number / Passport:

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:

OPTION SELECTION

☐ ULTIMATE GAP COVER	☐ INDIVIDUAL	☐ 0 - 54	☐ 55 - 64	☐ 65+	☐ FAMILY
☐ PLUS GAP COVER	☐ INDIVIDUAL	☐ 0 - 54	☐ 55 - 64	☐ 65+	☐ FAMILY
☐ GAP ASSIST COVER	☐ INDIVIDUAL	☐ 0 - 54	☐ 55 - 64	☐ 65+	☐ FAMILY
☐ GAP-LITE COVER	☐ INDIVIDUAL	☐ 0 - 54	☐ 55 - 64	☐ 65+	☐ FAMILY
☐ GOV-GAP COVER	☐ INDIVIDUAL	☐ FAMILY			
☐ EXACT COVER	☐ INDIVIDUAL	☐ 0 - 54	☐ 55 - 64	☐ 65+	☐ FAMILY
☐ EXACT WITH GAP AND CO-PAY COVER	☐ INDIVIDUAL	☐ 0 - 54	☐ 55 - 64	☐ 65+	☐ FAMILY

OPTION BY APPLICANT:

Premium per month R

TOTAL PREMIUM PAYABLE R

*Intermediary Fee (Optional) R

* The Intermediary fee will only be collected subject to us receiving a signed contract between the Intermediary and Policyholder

* This Intermediary fee is optional and is paid to the intermediary on top of the statutory commission on your approval

Please return the completed form to applications@sirago.co.za or by fax to 086 508 2292

Policies will only be incepted on the first day of the following month.

The products presented are Short-term Insurance stated benefit products under the Short-term Insurance Act 53 of 1998 and not a Medical Scheme.
I hereby authorise Sirago Underwriting Managers (Pty) Ltd to amend my existing cover and premium to the Product Option selected above.
I understand that the individual options does not provide cover for any dependants.

Signature Of The Insured

Date:

Please return the completed form to applications@sirago.co.za or by fax to 086 508 2292

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 meeting 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.
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 claims and protect the public interest in terms of limiting excessive premium increases. You hereby waive any right to privacy of any insurance information provided by you or on your behalf, in respect of any insurance policy or claims you lodge. You also consent to this information being disclosed to any other insurance company and/or verified against other legitimate source or a database.
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 disclose as provided on my application form.
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 our claims validation process we used the services of a contracted third party in order to authenticate medical scheme membership, plan option type, relevant beneficiaries and agreed medical scheme option tariffs amongst other relevant information to validate the claim.
8. We reserve the right to call for additional information of a clinical nature. In the event that Sirago requests a PMA (Post Medical Assessment) from your doctor as part of the claims assessing and authentication process
9. I authorise Sirago Underwriting Managers to negotiate with service providers on my behalf for my medical claims and or bill and pay the provider direct.
10. By agreeing to the terms of this consent form, I expressly consent to the processing of my information for marketing purposes and know & understand that by agreeing to same that I may on occasion, receive marketing materials in the form of sms and / or emails and the like from Sirago Underwriting Managers (Pty) Ltd.

Signature of policy holder

Date:

Spouse (If married in community of property)

Date: