

ADDITIONAL DEPENDANTS APPLICATION FORM 2021

Please complete this form in black ink and CAPITAL letters

Medical Scheme Membership no.:	<input type="text"/>	Name of Medical Scheme:	<input type="text"/>
Medical Scheme Option:	<input type="text"/>		
Is this application part of a group? (Place a clear X inside the box)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, group name: <input type="text"/>
Previous Gap Cover:	<input type="text"/>	Date joined:	<input type="text"/>
Date terminated:	<input type="text"/>	Required inception date:	<input type="text"/>

Please attach membership certificate

POLICYHOLDER DETAILS

Policy Number:	<input type="text"/>		
Name and Surname:	<input type="text"/>		
ID number \ Passport:	<input type="text"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
		Miss <input type="checkbox"/>	Dr <input type="checkbox"/>
		Other	<input type="text"/>
Date of birth:	<input type="text"/>	Email Address:	<input type="text"/>
Contact details:	Home no.: <input type="text"/>	Work no.:	<input type="text"/>
	Fax no.: <input type="text"/>	Cell no.:	<input type="text"/>
Postal address:	<input type="text"/>		
	<input type="text"/>		Code: <input type="text"/>
Residential address:	<input type="text"/>		
	<input type="text"/>		Code: <input type="text"/>

DEPENDANTS

Dependants are: Spouse and/or children up to the age of 21 years. For students up to the age of 27, please prove full-time enrolment/medical scheme certificate.

Inception Date:	<input type="text"/>		
Name and Surname:	<input type="text"/>		
ID number \ Passport:	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth:	<input type="text"/>	Relationship to applicant:	<input type="text"/>

Name and Surname:	<input type="text"/>		
ID number \ Passport:	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth:	<input type="text"/>	Relationship to applicant:	<input type="text"/>

Name and Surname:	<input type="text"/>		
ID number \ Passport:	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth:	<input type="text"/>	Relationship to applicant:	<input type="text"/>

Name and Surname:	<input type="text"/>		
ID number \ Passport:	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth:	<input type="text"/>	Relationship to applicant:	<input type="text"/>

I agree to the above sections of the form

SPECIFIC HEALTH QUESTIONS

The following questions are related to the policyholder and or any beneficiaries or dependants on the policy.

YES NO

1	Have you been admitted to hospital in the last 4 months?		
2	Are expecting a hospital admission or aware of any conditions or illness that would require treatment in the next 12 months?		
3	Are you or any of your dependants currently pregnant?		
4	Have you taken or are currently taking chronic medication in the past 24 months?		
5	Have you been on gap cover before and / or have had a gap claim? If yes, who was the provider?		

If you answered "Yes" to any of the questions, please provide details below.

Question no.	Dependant name	Condition	Medication/ Details relating to condition	Date diagnosed/Treatment date

Should the above space be insufficient, please add in notes section.

IMPORTANT INFORMATION

- Please make sure FULL details are given for questions answered YES.
- Application forms may be underwritten and conditions may be excluded for longer than 10 month.
- The onus lies on the insured to make sure that premiums are paid on a monthly basis. Reference on bank statements read: MD SIRAGO_MED
- Effective from 1 January 2021.

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. This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.
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. I hereby waive any right to privacy of any insurance information provided by me or on my behalf, in respect of any insurance policy or claims I lodge. I 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 the claims validation process Sirago Underwriting Managers (Pty) Ltd uses 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. Sirago Underwriting Managers (Pty) Ltd reserve the right to call for additional information of a clinical nature. In the event that Sirago requests a PMA (Post Medical Assessment) from my 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.

Declaration and informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at Sirago and GENRIC respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws, and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission and deletion of your personal information.

Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis of our assessment and terms, we offer you, it must be correct, complete, and up to date. We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times.

Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Should you decide to cancel this insurance contract you further consent to Sirago and GENRIC, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

Should you decide not to accept the proposal, the information collected, will be de-identified and only used for statistical and research purposes.

I hereby voluntarily consent Sirago and GENRIC processing my Personal Information. I understand the purposes for which my Personal Information is required and for which it will be used. I give Sirago and GENRIC permission to process my Personal Information as provided above.

I agree to the above sections of the form

Signature of policyholder

Date:

NOTES / ADDITIONAL INFORMATION



Sirago Underwriting Managers (Pty) Ltd is an authorised Financial Services Provider (FSP:4710) underwritten by GENRIC Insurance Company Limited (FSP: 43638). GENRIC is an authorised financial services provider and licensed non-life insurer.

