



Universal Gap / Gap Plus Cover

Overage Dependant Application Form - 2024

Health And Accident | FSP376 | Administered by Health & Accident Underwriting Managers (Pty) Ltd
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This product is designed for persons on a Medical Scheme to assist with Medical Practitioner costs resulting from in-hospital treatment that have not been paid to their full extent by the Medical Scheme (subject to the parameters and terms and conditions of the elected GAP option). To determine whether this product is suitable for you, please discuss it with your broker and read the FAQs provided.

I confirm that I have read the Frequently Asked Questions: [] I have attached a copy of the Medical Aid Certificate in support of this application form: []

I have attached proof of banking details for the account to be debited for this policy: []

Form with fields: Broker name, Broker consultant, Medical aid scheme & option, Application Type, Inception date required, Broker code, Medical aid number. Includes a dropdown for 'Overage Dependant'.

Table with 6 columns: Universal Gap Cover (Younger than 65, Older than 65), Universal Gap Plus Cover (Younger than 65, Older than 65). Rows include Premium, Crisis Assistance Facility, Marketing Fee, Total Monthly Contribution, and Additional Overage Child Dependant premium.

PERSONAL DETAILS section with fields for Surname, First Names, Postal Address, Residential Address, Telephone Number, Cellular Number, Employer Name, Occupation, ID Number, Date of Birth, Title, Gender, Marital Status, Passport Number, Citizenship, and Signature.

NEW OVERAGE DEPENDANTS TO BE COVERED - PLEASE COMPLETE ALL APPLICABLE BLOCKS. Table with 5 columns: First Names, ID No. or Passport No. & Date of Birth, Gender M/F/0, Child Dependant 24- 30 years, State if living with you (Yes/No).

PAYMENT METHODPlease debit my bank account: Cheque Savings Transmission

Name of Account Holder:

Name Of Bank:

Branch: Branch code: Account no:

Debit order start date:

Broker:

Debit order date:

Debit order reference:

COMPA

Please note: if the collection falls over the weekend or on a RSA public holiday, collection will be on the next ordinary business day.

I/We authorise Health & Accident Underwriting Managers (Pty) Ltd (or its appointed agents) to debit our account the monthly payment and administration fees required in terms of the cover chosen. We understand this will apply for each month or until cancelled by us in writing.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African banks. I/We also understand the details of each withdrawal will be printed on my bank statement. Such must contain a number which must be included in the said payment instruction and if provided to Me/Us should enable Me/Us to identify the Agreement. This number will reflect the policy number issued to me on fulfilment of this agreement.

Mandate

I/We acknowledge that all payment instruction issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by Me/Us personally.

Cancellation of authority

I/We agree that although this Authority and Mandate may be cancelled by Me/Us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which may have been withdrawn while this Authority was in force, if such amounts were legally owing to you.

Cancellation of insurance

This insurance may be cancelled by the Insured Person giving one calendar months' notice in writing to Health & Accident Underwriting Managers (Pty) Ltd.

Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

Account holder's signature _____ Date _____
(Signature as used for operating on the account)**DECLARATION****Please read carefully. Failure to disclose material information can result in immediate cancellation of your policy**

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| <ol style="list-style-type: none"> Failure to disclose material information or the provision of incorrect information can result in immediate cancellation of my Policy. I declare that any false statement in the above application or the nondisclosure of any material information will render the Policy and the cover afforded thereby null and void. I hereby authorise any Hospital, Physician or any other person who has attended or examined me or any other Insured's covered by the Policy to furnish to Health & Accident Underwriting Managers (Pty) Ltd or their authorised representative all information with respect to any illness, injury or medical history, consultation, prescription or treatment and or medical copies of all hospital or medical history, consultation, prescription, or treatment and copies of all hospital or medical records. | <ol style="list-style-type: none"> I hereby acknowledge that any benefits paid out on my / Insured's Behalf, not covered by the terms and conditions of the policy cover, will be refunded to Health & Accident Underwriting Managers (Pty) Ltd. I hereby apply for the insurance cover and agree that any benefits due will be payable provided all relevant premiums are paid to date. I accept benefits will be payable directly into my authorised bank account. Note: This policy includes consent to the disclosure of private underwriting and claims information per the applicable policy terms and conditions. All insured persons must appear on the Insured Person's medical aid certificate. |
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Signature of Applicant

Date

Return to your Broker initialed, signed and completed application together with a copy of your current Medical Scheme Certificate and proof of banking details no older than 3 months.Underwritten & Administered by Health & Accident Underwriting Managers (Pty) Ltd
1994/002308/07. / An Authorised Financial Services Provider - FSP 376
www.healthacc.co.za / Insured by Non-Life Insurer Compass Insurance Co Ltd FSP 12148**Contact Us****Email:** cover@universal.co.za + **Physical address:** Universal House, 15 Tambach Road, Sunninghill Park, Sandton, 2191 /
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