

Sanlam Gap Fedhealth NexGen Gap Cover Application Form

Important note

Please complete and sign this form and return to your Broker who will submit to our administrators Kaelo on your behalf. Kaelo will only accept applications received by a broker. Applications received after the 15th of the current month will only be activated on the 1st of the following month. Dedicated Sanlam Gap email address: sanlamapps@kaelo.co.za.

A. Applicant Details (Policyholder)

- I do not currently have Gap Cover
- I currently have Gap Cover with another provider but I wish to transfer my cover to Sanlam Gap Fedhealth NexGen Cover
- If you have Gap Cover with another provider but wish to transfer to Sanlam Gap Fedhealth NexGen Cover, please submit your proof of cover. Waiting periods may apply.

Policy Type:

- Single Policy
If you are joining as a single Policyholder, you accept that cover will only apply to yourself and that should any changes be required, you must notify our administrator Kaelo, within 90 days. This includes the addition of dependants. Premiums are payable monthly.
- Family Policy
If you are joining as a family, you accept that Cover will apply to you, your spouse and your children until they reach the age of 27. Should any changes be required, you must notify our administrator Kaelo, within 90 days. This includes the addition of dependants. Premiums are payable monthly.

Plan Option:

- Fedhealth NexGen

Cover Start Date: _____

First Name: _____

Surname: _____

ID Number (compulsory field): _____ Cellphone: _____

Gender: _____ Date of Birth: _____

Email: _____

Address: _____

B. Fedhealth Medical Scheme Cover Detail

Medical Scheme: _____ Option: _____

Start date of medical scheme membership:

Membership number: _____

Please note that cover can only be granted if you are a member on the Fedhealth Savvy or any of the Fedhealth Elect options.



C. Insured Party Details:

Should you have dependants, please provide us with a copy of your Medical Scheme membership certificate. Cover will apply to you, your spouse and your children until they reach the age of 27. If any of your dependants are on another Medical Scheme, please provide a copy of their membership certificate. Financially dependant parents excluded.

First Name:	Surname:	Relationship:	Date of Birth/ID Number:	Inception Date

D. Waiting Periods

A 3 month General Waiting Period and 12 month Condition Specific Waiting Period will be applied for all new applications. If you are transferring your cover from another Gap Cover provider with similar benefits, only the balance of the applicable waiting periods will apply.

E. Debit Order Details

The following reference will be reflected on your bank statement: Multid for SNGAP. If you are joining as a family, you accept that cover will apply to you, your spouse and your children. Should any changes be required, you must notify our administrator Kaelo within one calendar month. This includes the addition or removal of Dependants.

Account Name: _____ Account Number: _____

Branch Name: _____ Bank Name: _____

Account Type: _____ Bank Code: _____

Premium: _____

Name and Surname of Premium Payer: _____

Fedhealth NexGen rates for under 35 years:

R64.90 per month individual

R109 per month families

Fedhealth NexGen rates for over 35 years:

R87 per month individual

R160 per month families

Debit Order date: Please specify the date you would like for your debit order to take place each month.

1st

7th

15th

25th

last working day

I, the Premium payer, hereby authorise Centriq to draw against the above bank account all amounts due to Centriq in terms of this insurance cover. Should the relevant Premiums be adjusted, I hereby confirm that the adjusted amount may be drawn from the above account subject to the notice period outlined in the Policy. This request is to remain in force unless cancelled by one month's written notice.

Please submit a copy of your bank statement or a bank detail confirmation letter not older than 3 months with this form.

Premium Payer Signature: _____

Debit order deductions or Payment Terms are in Arrears or Advance

(This is dependent on the strike date chosen. 1st, 7th, 15th is collected in advance and 25th, 31st is collected in arrears).

