

# Sanlam Gap Continuation Form

## Important note

Continuations received after the 15th of the current month will only come into effect on the first of the following month. Please complete, sign this form and return to your Broker. Dedicated Sanlam Gap email address: sanlamapps@kaelo.co.za.

Previous Policy Number: \_\_\_\_\_ Previous Policy Inception Date: \_\_\_\_\_

## A. Policyholder Details

First Name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 ID Number (compulsory field): \_\_\_\_\_ Cellphone: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

## B. Comprehensive and Mediclinic Extender

### Single Policy

If you are continuing as a single Policyholder, you accept that cover will only apply to yourself and that should any changes be required, you will notify Kaelo within 90 days. This includes the addition of dependants. Premiums are payable monthly.

Description	Sanlam Gap Comprehensive	SUF	Fedhealth	Bonitas
Individuals younger than 60 years	R262.00	R222.00	R248.00	R223.00
Individuals older than 60 years	R526.00	R445.00	R495.00	R445.00

### Family Policy

If you are continuing as a family, you accept that Cover will apply to you, your spouse and your children. Cover for children only applies until they reach the age of 27 years. Should any changes be required, you will notify Kaelo within 90 days. This includes the addition or removal of dependants. Premiums are payable monthly.

Description	Sanlam Gap Comprehensive	SUF	Fedhealth	Bonitas
Families younger than 60 years	R459.00	R391.00	R433.00	R391.00
Families older than 60 years	R916.00	R781.00	R868.00	R779.00

### Mediclinic Benefit Extender

Please note: A member on NexGen cannot take Mediclinic Extender as an add on.

Description	Single Under 60	Single Over 60	Family Under 60	Family Over 60
Mediclinic Benefit Extender	R46.00	R85.00	R104.00	R176.00

### NexGen

Individuals younger than 35 years	R64.90
Individuals older than 35 years	R87.00

\*Effective Date: \_\_\_\_\_



## D. Debit Order Details

If you are responsible for the payment of your Premium as part of an employer group, please complete the below section. If your employer is paying the Premium on your behalf, please do not complete this section. The reference reflected on your bank statement is Sanlam Gap and your Policy number.

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Type: \_\_\_\_\_ Bank Code: \_\_\_\_\_

Premium: \_\_\_\_\_

Name and Surname of Premium Payer: \_\_\_\_\_

**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

Please note Premiums are due in arrears.

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

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.

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).*

## E. Broker Details

Broker House Name: \_\_\_\_\_ Broker Code: \_\_\_\_\_

Broker Consultant Name: \_\_\_\_\_



## C. Declaration by Policyholder

I, (full name) \_\_\_\_\_ with ID number   
hereby declare that this application form, whether in my handwriting or not, is accurate and complete and forms the basis of the contract of insurance between the Insurer and myself. I hereby apply for the insurance product/s (underwritten by Centriq) and agree to abide by its Policy rules and conditions and any amendments thereto which may be made from time to time.

### Accurate information

I confirm that all the information provided herein is complete and true and that I have not concealed any relevant or pertinent information that may affect the evaluation of risk considered under this policy for cover.

I understand that the provision of any false, misleading or missing information could result in my application being rejected or my policy being cancelled or claims being rejected. Should this occur, I agree to refund all benefit payments that I have received in relation to this policy of insurance.

### Premium payments

Premiums for the selected insurance product/s are payable monthly and deducted by Centriq. The payment reference will reflect as: Sanlam Gap. Premiums that are in arrears will result in my policy being suspended or possibly terminated.

### Benefit payments

In the event that any policy benefit becomes payable subsequent to my death, I hereby provide an irrevocable authority for such benefits to be paid directly to my surviving spouse or failing such circumstance to the nominated guardians or trustees responsible for the future care of my minor children or failing either of the preceding events to my estate.

### Medical history

I hereby provide irrevocable authority for Kaelo, the administrator, and Centriq, the Insurer, to obtain any of my or my dependant's medical history from any Medical Service Provider, Medical Scheme, insurance company or healthcare broker for the purposes of assessing this application for insurance as well as the underwriting of any future risk or the assessment of any claim that relates to this insurance cover.

### Disclosure documents

I have read and understood the Sanlam Gap Cover Disclosure Notice which I received together with this Application Form.

### Policy exclusions and terms and conditions

Please refer to your policy document for the full list of exclusions and terms and conditions.

Full Name:

Signature:

Date:

## POPIA Consent

I consent to Centriq, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract.

For further information please read our Privacy Notice, which can be found on [www.centriq.co.za](http://www.centriq.co.za)

**Once signed, this application form should be returned to your servicing Broker.**

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.

Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36931).  
Kaelo Risk (Pty) Ltd holds preference shares in Centriq Insurance Company Limited.  
Insurance Products are insured by Centriq Insurance Company Limited ("Centriq")  
a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).

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