

# 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: \_\_\_\_\_

