

# Gap Cover Series

## Individual debit order application form

Underwritten by Constantia Insurance Company Limited (CICL), Reg. No. 1952/001514/06, FSP No: 31111 (The Insurer)

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. The master policy issued is the source of all benefits, rights, and obligations and exclusions. To determine your individual needs, we suggest that you contact your broker and request advice from him/her.



### Broker details

Broker / consultant name:

Name of brokerage:

FSP number:

Broker code:

Broker contact number: Area code

VAT number:

Broker email address:

Unique identifier (if necessary):



### Personal details

#### Applicant \*FICA requirements

Title:

Surname:

ID/passport number:

\* First names:

Date of birth: D D M M Y Y Y Y

Country of residence:

Country of nationality:

Face to face: Yes:  No:

Do you have an existing Gap Cover policy?: Yes:  No:

If you have an existing Gap Cover policy - provide a membership certificate including period of cover and insured persons.

#### Employer

Name of employer:

Date employed: D D M M Y Y Y Y

Occupation:

Industry:

#### Medical scheme

Name of medical scheme:

Plan option:

Date joined: D D M M Y Y Y Y

Medical scheme number:

#### Dependants (to see who qualifies as a dependant see declaration c)

First name (and surname if different)	Relationship	ID or passport number	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y



### Contact details \*FICA requirements

Postal address

\* Physical address (if different to postal)

Postal code:

Postal code:

Home number: Area code

Work number: Area code

\* Cell number: Area code

\* E-mail:



# Medical questionnaire

1. Do you or any of your dependants suffer from any chronic or recurring illness or any other serious ailment?:

No   
 Yes

If "yes" please specify:

2. Have you or any of your dependants received treatment or advice by a medical practitioner in the last 12 months?:

No   
 Yes

If "yes" please specify:

Name of family's general medical practitioner:

Contact number: Area code

3. Have you or any of your dependants been hospitalised during the last 12 months?

No   
 Yes

If "yes" to the above please specify the condition for which hospitalisation was necessary

Name	Date hospitalised	Reason for hospitalisation
	D D M M Y Y Y Y	
	D D M M Y Y Y Y	

4. Do you or any of your dependants expect to be hospitalised during the next 12 months?

No   
 Yes

If "yes" to the above please specify the condition for which hospitalisation is necessary











Name	Expected date of hospitalisation	Reason for hospitalisation
	D D M M Y Y Y Y	
	D D M M Y Y Y Y	



# Benefits summary

Benefit	Description
	Gap Cover benefit covers charges above the medical scheme tariff for associated services in-hospital, listed out-patient procedures, chemotherapy or radiotherapy for the treatment of cancer and kidney dialysis. <b>Gap Cover 100</b> is limited to <b>5 times</b> the scheme tariff and <b>Gap Cover 200</b> is limited to <b>3 times</b> the scheme tariff
	Co-payment benefit covers co-payments or deductibles levied by the medical scheme for in-hospital admissions, listed out-patient procedures and CT, MRI and PET scans. Includes a once-off payment per family, per annum for the penalty imposed by a medical scheme for the use of a non-network hospital. The benefit is limited to R10,000.
Gap Series	
	Sub-limitation benefit covers charges above the defined in-hospital sub-limits imposed by the medical scheme.
	Cancer benefit covers the shortfall, either the co-payment after the sub-limitation or the sub-limitation for cancer treatment for traditional methods or for either the co-payment or sub-limitation for treatment of cancer with biological drugs.
	Casualty ward benefit covers the cost of a medical or a surgical procedure following an emergency incurred in a hospital casualty unit of a hospital where such costs were not met by the medical scheme.
Premium Waiver benefit	
	Provides a lump sum payment equal to 6 months of the member's medical scheme contributions and Gap Cover premium. - Seniors (66 years & older) excluded.
Dread Disease (Severe Illness) benefit	
	Provides a once off dread disease benefit, limited to diagnosis of cancer. ★ See dread disease exclusions - Seniors (66 years & older) excluded.
Guardian	
Excludes Gap Cover	Provides benefits for medical scheme shortfalls but excludes the Gap Cover 100 benefit. Benefits include: co-payments or deductibles, in-hospital sub-limits, cancer cover and the casualty ward benefit. The Guardian policy may be bought as a stand-alone product.
 Co-Payments or Deductables	 In-Hospital Sub-Limits
 Cancer Cover	 Casualty Ward Benefit
 Dread Disease Benefit	 Premium Waiver Benefit
	Gap Cover 100 benefit; plus
LPE Advanced	
	Provides a benefit equal to the cost of in-hospitalisation and associated medical expenses (as defined) relating to one of the listed procedures less the cover provided by the medical scheme option.
	Casualty ward benefit covers the cost of a medical or a surgical procedure following an emergency incurred in a hospital casualty unit of a hospital where such costs were not met by the medical scheme.
COVID-19 Pandemic Support	
	All the above benefits are protected by COVID-19 Pandemic Support which include: 24/7 Support line 010 205 3021, online assessment for testing, screening support, medical referral & escalation, WHO best practice & protocols, NICD current & credible information and real-time nationwide statistics.
IvyOnline Support Learning	
	IvyOnline Support Learning is an engaging CAPS curriculum online platform, that is designed to support learners in their high school studies.

 Product summary & selection

Product	Listed benefits	Specific limitation per insured person per annum	Overall limitation per insured person per annum	Premium per family per month (incl.VAT) 18-65 years old	Premium per family per month (incl.VAT) 66 years & older	
Gap Cover 100	- Gap Cover 100		R173,000			
	- Casualty benefit	R10,000				
	- Covid-19 Pandemic Support & IvyOnline Support Learning					
Gap Cover 200	- Gap Cover 200		R173,000			
	- Casualty benefit	R10,000				
	- Covid-19 Pandemic Support & IvyOnline Support Learning					
Gap Plus	- Gap Cover 100 - Co-payment Cover		R173,000			
	- Penalty co-payment	R10,000				
	- Casualty benefit	R10,000				
	- Covid-19 Pandemic Support & IvyOnline Support Learning					
Gap Select	- Gap Cover 100 - Co-payment Cover		R173,000			
	- Penalty co-payment	R10,000				
	- Sub-limit Cover - Cancer Cover					
	- Casualty benefit	R10,000				
	- Dread Disease benefit	Once off R50,000 on diagnosis				* See Dread Disease exclusions
	- Covid-19 Pandemic Support & IvyOnline Support Learning					
Gap Elite	- Gap Cover 100 - Sub-limit Cover - Cancer Cover		R173,000			
	- Casualty benefit	R10,000				
	- Premium Waiver benefit	Limited to 6 months medical aid contributions and Gap Cover premium				** See Premium Waiver exclusion
	- Dread Disease benefit	Once off R50,000 on diagnosis				* See Dread Disease exclusions
	- Covid-19 Pandemic Support & IvyOnline Support Learning					





## Product summary & selection continued

Product	Listed benefits	Specific limitation per insured person per annum	Overall limitation per insured person per annum	Premium per family per month (incl.VAT) 18-65 years old	Premium per family per month (incl.VAT) 66 years & older	
Gap Supreme	- Gap Cover 100 - Co-payment Cover		R173,000	product not available	product not available	
	- Penalty co-payment	R10,000				
	- Sub-limit Cover - Cancer Cover					
	- Casualty benefit	R10,000				
	- Premium Waiver benefit	Limited to 6 months medical aid contributions and Gap Cover premium				** See Premium Waiver exclusion
	- Dread Disease benefit	Once off R50,000 on diagnosis				* See Dread Disease exclusions
	- Covid-19 Pandemic Support & IvyOnline Support Learning					
Guardian <small>excludes Gap Cover 100 benefit</small>	- Co-payment Cover		R173,000	product not available	product not available	
	- Penalty co-payment	R10,000				
	- Sub-limit Cover - Cancer Cover					
	- Casualty benefit	R10,000				
	- Premium Waiver benefit	Limited to 6 months medical aid contributions and Gap Cover premium				** See Premium Waiver exclusion
	- Dread Disease benefit	Once off R50,000 on diagnosis				* See Dread Disease exclusions
	- Covid-19 Pandemic Support & IvyOnline Support Learning					
LPE Advanced	- Gap Cover 100		R173,000	product not available	product not available	
	- Casualty benefit	R10,000				
	- Medical expenses related to 10 defined procedures	A R100,000 limitation applies to any one of the 10 defined procedures				
	- Covid-19 Pandemic Support & IvyOnline Support Learning					

**\* Dread Disease exclusions:**

Inception date (date cover is to commence)

- All tumours, which are histologically described as pre-malignant, as non-invasive or as Cancer in situ.
- All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
- Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.
- Any skin Cancer other than malignant melanoma.
- Cancerous cells that have not invaded the surrounding or underlying tissue.
- Early Cancer of the prostate gland or breast. (Stage1 described as T1a, N0, M0, G1)
- Seniors (66 years & older) excluded.

**Specific condition**

- The Dread Disease benefit terminates at the member reaching the benefit expiry age, or age 65.

**\*\* Premium Waiver exclusion:**

- Seniors (66 years & older) excluded.

**Specific condition**

- The Premium Waiver benefit terminates at the member reaching the benefit expiry age, or age 65.





# Declaration

I declare that I have not withheld any information and I accept that this application and declaration shall be the basis of the contract of insurance between me and the Insurer, which will become effective on the first day of the month for which premiums are received. I also acknowledge that should this application not be considered as part of a full financial needs analysis and I have instructed the broker not to proceed with a full financial needs analysis, this could have the effect that all my financial needs may not be properly addressed. I further confirm that the following notable conditions have been explained to me:

- a) No benefits will be payable during a general 3 month waiting period for all treatment received unless the treatment was required as a result of an accident (external violent physical means).
- b) No benefits will be payable for treatment during the first 12 months of the policy if treatment or advice was received 12 months prior to inception of the policy that related to the subsequent treatment.
- c) Not all your dependants on your medical scheme are automatically covered under this policy, only your eligible spouse and your eligible children are covered as per the policy definitions.
  - i. Only one spouse is allowed.
  - ii. The maximum age for a child dependant is under 21. This age may be extended to 25 (under 26) in respect of an unmarried child who is a dependant on the Principal Insured Person's Medical Scheme.
  - iii. No cover is provided for extended family members.

I confirm that although I have completed this application form, it does not constitute an insurance contract until a membership number is assigned, policy issued and premium is successfully paid.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE 

D	D	M	M	Y	Y	Y	Y
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Please return to your broker or alternatively: Ambledown Financial Services (Pty) Ltd, PO Box 1862, Cramerview, 2060

Tel Number 0861 262533, Fax Number 011 463 1600, E-mail Address: [premium@ambledown.co.za](mailto:premium@ambledown.co.za)

