

APPLICATION FORM 2023

Submit this application form with all the relevant documentation to applications@profmed.co.za.

SECTION A: PRODUCT SELECTION

PPS Gap Cover is underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP no. 75) and licensed non-life insurer.

The premiums listed below are for 2023. The premiums and benefits are renewed annually on 1 January. This also means that your premium may change on 1 January each year and not 12 months after your commencement date.

PPS membership number

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PREMIUM TABLE - AIX

Cover for Individuals		Cover for Families		Optional Benefits	
<input type="checkbox"/> Younger than 55 years old	R407 pm	<input type="checkbox"/> Where all family members are younger than 65	R504 pm	<input type="checkbox"/> Cancer R100 000	R92 pm
<input type="checkbox"/> 55 – 64 Years old	R504 pm	<input type="checkbox"/> Where one or more family members are older than 65	R633 pm	<input type="checkbox"/> Cancer R200 000	R150 pm
<input type="checkbox"/> 65 Years and older	R633 pm				

Policy start date (must be on the 1st day of a future month)

D	D	M	M	Y	Y	Y	Y
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IMPORTANT INFORMATION

- Cover for extended cancer benefits will end when the insured person reaches the age of 65.
A policyholder on an individual policy should notify us if there is a change in their circumstances requiring cover for additional dependants, in which event the premium will be amended accordingly.
- Older people are likely to claim more benefits than younger people and therefore premium amounts are age banded and differentiated based on age.
- One debit order will be collected for your gap Cover and any optional benefits you choose.
- If you miss a premium, you have 31 days to pay the outstanding premium. If you pay by debit order and we are unable to collect your premium by the due date, we will try to deduct 1.5 times your monthly premium during the next monthly debit order run.
- If the outstanding premium is not paid within 31 days or we are again unable to collect your outstanding premium, we will cancel your policy and your cover will end as at midnight on the day before your outstanding premium was due.
- Policy premiums are not tax deductible in the same way that your medical aid contributions are. No IT3 tax certificates can therefore be issued for this purpose.
- The policy agreement will be subject to South African law and all premiums and benefits will be in Rands from and to a South African bank account. If the law or the interpretation thereof changes, we may change the terms of the policy. We will notify you of any such changes.

SECTION B: INTERMEDIARY DETAILS

Brokerage name

Consultant full names and surname

Zestlife intermediary code

SECTION C: PRINCIPAL INSURED DETAILS

Title	<input type="text"/>	First names	<input type="text"/>																
Surname	<input type="text"/>										Gender	<input type="text" value="F"/>	<input type="text" value="M"/>						
Date of birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	ID/Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal/Physical Address	<input type="text"/>																		
<input type="text" value="SUBURB"/>								<input type="text" value="TOWN/CITY"/>								Postal code		<input type="text"/>	
Cellphone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Email address <input type="text"/>							
Business telephone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Medical aid name <input type="text"/>							
Medical aid option name	<input type="text"/>										Total number of people on your medical aid <input type="text"/>								

SECTION D: EXTENDED CANCER COVER

Please answer the question below if you are applying for the **Extended Cancer Cover**. If your answer is 'Yes' you will unfortunately not qualify for the Extended Cancer Cover.

Have you or any of your dependants on your medical aid ever had any form of cancer, cancerous growths, tumours, lumps or malignant moles?

Yes ☐ No ☐

Please ensure that your answer to the question above is accurate. Should your answer be untruthful or inaccurate it may lead to the decline of future claims that may arise.

SECTION E: DEBIT ORDER AUTHORISATION

I authorise Zestlife to issue payment instructions to its bank to collect the monthly premium/s due for the product/s I applied for by debit order from my bank account on condition that the sum of such payment instruction will never be more than my obligation in terms of this application. I acknowledge that all payment instructions issued by Zestlife shall be treated by my bank as if the instructions have been issued by me. The debit order will be collected every month on the debit order collection date selected below.

If this collection day falls on a Sunday or recognised South African public holiday, the collection day will automatically be the following business day. I acknowledge that this debit order authority may be assigned to a third party only if the policy is transferred to another insurer or administrator. I understand that the payment instruction will be processed through a computerised system provided by the South African banks.

I will not have the right to any refund of amounts which Zestlife has collected while this debit order authority was in force, if such amounts were legally owed to Zestlife. This debit order authority may be cancelled by giving Zestlife notice of not less than 31 days and the cancellation will not necessarily cancel my policy. The name "Zestlife" followed by a unique reference number will be reflected on my bank statement as the payment reference. Zestlife must be notified should you wish to cancel the policy.

Premiums are payable monthly and if the premium is not received for two consecutive months the policy shall be cancelled.

Full first names of bank account holder	<input type="text"/>																									
Surname of bank account holder	<input type="text"/>																									
ID/Passport number of account holder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Name of bank	<input type="text"/>				Branch name	<input type="text"/>						Branch code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Type of account	<input type="text" value="CHEQUE"/>						<input type="text" value="TRANSMISSION"/>						<input type="text" value="SAVINGS"/>													
Monthly debit order deduction day	<input type="text" value="D"/>	<input type="text" value="D"/>																								
Signed at	<input type="text"/>										<input type="text" value="D"/>	<input type="text" value="D"/>	day of	<input type="text"/>										20	<input type="text" value="Y"/>	<input type="text" value="Y"/>

Signature of account holder _____

SECTION F: NEEDS ANALYSIS

The PPS Gap Cover product meets my needs as my medical aid does not cover the total medical practitioner costs if I am hospitalised. The product was recommended as a solution because it will cover the difference between the medical practitioner's charges (limited to 5 times the medical aid tariff) for treatments I receive in hospital and for listed out-of-hospital procedures, less the higher of the amount payable or paid by my medical aid, or 1 times the medical aid tariff. I understand that I will experience a shortfall if a medical practitioner charges more than what is actually paid by my medical aid.

The Extended Cancer Cover (if chosen) meets my needs because I could experience medical aid shortfalls on cancer treatment. The benefit is subject to a general six-month waiting period. Cover for this benefit ends on the day the insured person reaches age 65. A life insured is not covered if the claim is made within 12 months after the start of the Extended Cancer Cover policy in respect of a medical condition for which, in the 12 months preceding the start date of your policy, medical advice, diagnosis, care or treatment was received or would reasonably have been recommended. No claims submitted for cancer diagnosed within the first six months from the start of the Extended Cancer Cover will be payable.

I understand that there are other similar products on the market but the intermediary regards this gap Cover product as the most suitable product for me. Alternatively, the intermediary does not represent any other gap Cover product supplier. I confirm that a full needs analysis was done and that the monthly premium is affordable taking into account my other financial commitments.

REPLACEMENT POLICY

Will this application replace an existing policy?

Gap cover

Yes

☐

No

☐

Name of current insurer

If Yes, please attach your membership certificate from your current gap provider stating the original cover start date, cover cancellation date and gap option.

Please note that you cannot be covered under more than one Medical Expense Shortfall Policy at the same time.

SECTION G: DISCLOSURES

1. PPS Gap Cover is underwritten by Guardrisk Insurance Company Limited (FSP no. 75), a licensed non-life insurer.
2. Guardrisk can be contacted at 011 699 1000 or info@guardrisk.co.za.
3. The product is administered by Zest Life Investments (Pty) Ltd, which is an authorised financial services provider (FSP no. 37485).
4. Zestlife does not have any circumstances that could give rise to an actual or potential conflict of interest in dealing with the policyholder. Zestlife's Conflict of Interest Policy is available at www.zestlife.co.za.
5. Zestlife has Professional Indemnity Insurance cover in place.
6. You can lodge a complaint with Chris McCallum at Zestlife, at: chrism@zestlife.co.za, or on 021 180 4203.
7. Zestlife's complaints procedure is available at www.zestlife.co.za and can also be made available upon request.
8. If you are dissatisfied with the feedback received from your Intermediary and/or Zestlife, or your complaint remains unresolved, feel free to contact the Guardrisk Complaints Department at complaints@guardrisk.co.za, on 0860 333 361. Please refer to your policy wording for details on how to lodge a complaint with the Ombudsman for Short-term Insurance, FAIS Ombudsman or the Financial Sector Conduct Authority.
9. Moonstone is Zestlife's appointed compliance officer and can be contacted on 021 883 8000.
10. Intermediaries earn statutory commission on premiums, namely 20% on gap cover, 15% in the case of gap cover for policyholders 65 years and older and 20% on gap optional benefits.
11. Zestlife earns 9% (excluding VAT) for performing binder functions in terms of the binder agreement.
12. If you change your mind about taking up the policy, you may let us know in writing within 31 days of the start date of the policy and we will cancel the policy and refund you your first (and only) premium paid.
13. Gap cover is not a medical scheme or a substitute for medical scheme cover. To qualify for gap cover, you must be a member of a South African medical scheme.
14. You will not be requested to waive any of your rights under the Code of Conduct.

Fraudulent claims

If any activity under the policy involves fraud, misrepresentation or false information, the policy may be cancelled. In this case, no claims will be paid out and no monthly premiums will be refunded.

Misrepresentation or misinformation

Benefits will only become due and payable once all claim requirements have been met and we are satisfied that the claim is valid.

A claim will be regarded as invalid due to misrepresentation or misinformation if:

- false information was provided when the policy was applied for;

Zestlife is an Authorised Financial Services Provider. FSP no. 37485.

- we become aware that material information was withheld from or not disclosed when the policy was applied for; or
- false information is supplied when the benefits are claimed.

In such cases, we reserve the right to place you in breach of contract and upon your failure to remedy such breach, we reserve the right to cancel the policy in its entirety. If we decide to cancel the policy, we may refund any premiums you have already paid less any expenses related to the cover you have enjoyed up until the cancellation of the policy.

Reviewing the adequacy of your policy

You will be responsible for ensuring that you regularly monitor your policy to ensure the cover remains adequate to meet your financial needs and that the cover remains appropriate.

PRE-EXISTING CONDITION EXCLUSIONS

1. You will not be entitled to claim a benefit for a period of 12 months from the start date of your policy in respect of a medical condition for which in the 12 months preceding the start date of your policy medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.
2. If you fall pregnant before the start date of your policy this will be regarded as a pre-existing condition and any pregnancy and birth related claims will be excluded for a period of 12 months from the start date of your policy.
3. If, immediately before the start date of this policy, you were insured under a medical expense shortfall policy with similar benefits to this policy, then the pre-existing condition waiting period will only be applied to the unexpired period of the pre-existing condition waiting period in the previous policy. The pre-existing condition waiting period will apply for a period of 12 months for any benefit not provided under your previous medical expense shortfall policy.
4. The extended cancer benefits have a 6-month general waiting period.

SECTION H: POLICY EXCLUSIONS

SPECIFIC EXCLUSIONS

No benefits are payable for:

1. Cosmetic surgery unless required due to illness or injury.
2. Penalty co-payments imposed by medical aids for not following the rules of the scheme. An example of this type of penalty co-payment is the amount charged by medical aids for not obtaining pre-authorisation prior to undergoing a medical procedure.
3. Pre- and post-hospitalisation doctor and specialist charges.
4. Treatment for obesity or treatment that is required as a result of obesity.
5. Elective or routine procedures and physical examinations including tests, annual check-ups, ECGs, contraception-related treatments, fertility and ART (assisted reproduction therapy) and elective circumcisions.
6. Treatment for depression, mental or stress-related conditions.
7. Claims not covered by the medical aid.
8. Private and home nursing.
9. Hospital charges.
10. Split billing charges. These are medical practitioner and medical service provider charges, charged separately to those submitted to medical aid.
11. Medication and other materials.
12. External prosthesis.
13. Cancer treatment or planned procedures received outside the Republic of South Africa.
14. When travelling abroad, treatment for accident and illness is not covered after 90 consecutive days outside the Republic of South Africa.
15. Day-to-day medical practitioner costs.
16. Breast and dental implants.
17. Emergency medical transportation.
18. Out-of-hospital dental procedures.

19. Exploratory procedures or procedures that are paid for by your medical aid on exception or ex-gratia basis.

20. Diagnosis and/or treatment for sleeping disorders.

21. Treatment costs for services rendered by allied health care professionals, such as but not limited to dietitians, podiatrists, audiologists, chiropractors, acupuncturists, speech therapists, biokineticists, occupational therapists, physiotherapists, diagnostic medical sonographers, physical therapists, radiographers and respiratory therapists.

GENERAL EXCLUSIONS

No benefits will be paid for claims arising from:

1. Nuclear weapons or nuclear or ionizing radiation.
2. Suicide, attempted suicide or intentional self-injury.
3. The taking of any recreational drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person).
4. Any illness or injury caused by the use of alcohol.
5. Illegal behaviour or as a result of breaking the law of the Republic of South Africa.
6. Participation in war, terrorist activity, invasion, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
7. Aviation accident except on a commercial flight as a fare-paying passenger.
8. Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

ENHANCED CANCER BENEFIT EXCLUSIONS

All skin tumours (including, but not limited to, basal cell carcinoma and melanoma) and/or in situ carcinomas (cancers that are contained and have not spread to normal tissue) are excluded.

SECTION I: PROCESSING AND PROTECTION OF PERSONAL INFORMATION

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date personal information and to maintain and update such information when necessary.

You accept that your personal information collected by us may be used for the following reasons:

- To establish and verify your identity in terms of the applicable laws;
- To enable us to fulfil our obligations in terms of this policy;
- To enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- Reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of your payment instructions;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your personal information with;
- Credit bureaus;
- Our service providers, agents and sub-contractors that we have contracted with, to offer and provide products and services to any policyholder in respect of this policy; and
- Persons to whom we cede our rights or delegate our authority to, in terms of this policy.

You acknowledge that any personal information supplied to us in terms of this policy is provided according to the applicable laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify us from any claims resulting from disclosures made with your consent.

You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should the Insurer not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

SECTION J: DECLARATIONS BY APPLICANT

I, the undersigned, hereby declare:

1. To the best of my knowledge and belief, the information given on this application form, whether in my own handwriting or not, is true. I have not withheld any material facts which are known to me. A material fact is likely to influence the assessment of this application by Guardrisk. (If you are in any doubt as to whether a fact is material, you should disclose it.)
2. I understand that any relevant material fact e.g. the health question for Extended Cancer Cover (refer to Section D), not given on this application form may lead to Guardrisk not meeting claims, if the fact left out is of such importance that the risk, in terms of the policy, may not have been accepted. This may lead to cancellation of this policy or rejection of claims, without a refund of premiums if applicable.
3. I confirm that I am a member or dependant of a South African registered medical aid. I understand that it is a condition of this policy to remain a member or dependant of a medical aid registered in South Africa to qualify for gap cover.
4. I understand that Guardrisk and Zestlife are committed to the transparency and confidentiality of my personal information. To offer your services and products to me, you may need to share, collect and process my personal information. For this purpose, my personal information is collected and processed internally by your staff, representatives or sub-contractors, and you will make every effort to protect and secure my personal information. I understand that I have a right at any time to ask for access to the information you have collected, processed and shared. I also acknowledge that the sharing of claims information and underwriting (including credit information) by insurers is essential to enable the insurance industry to underwrite policies and assess risk fairly and reduce the incidence of fraudulent

claims, with a view to limiting premiums. I consent to this information being disclosed to any other insurance company or its agent and consent to the disclosure of any information relevant to claims concerning me or any person I represent. I also acknowledge that information given by me may be checked against other legitimate sources or databases.

5. I confirm that by signing this application form I agree that Zestlife will hold and use the details that I have given them to enable them to give me excellent service. Zestlife will also hold my information so that they are able to look after my needs by offering me appropriate insurance products in the future via electronic communication.

Signed at _____

D	D
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 day of _____ 20

Y	Y
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Signature _____

You should not sign a blank or incomplete application form. Should you do this the information on this application form will be taken as having been provided by you.

RECORD OF ADVICE FORM 2023

RETURN ADDRESS AND ZESTLIFE CONTACT DETAILS:

Email: info@zestlife.co.za
Fax: 021 180 4375
Post: PostNet Suite #87,
Private Bag X1005,
Claremont, 7735
Tel: 021 180 4220 / 0860 009 378
Web: www.zestlife.co.za

Important: We request that you carefully read the following information and sign at the end of the document as an acknowledgement that you are aware of the various PPS Gap Cover options, their benefits, applicable waiting periods, exclusions and qualifying criteria.

CLIENT DETAILS

Analysis date

D	D	M	M	Y	Y	Y	Y
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 ID/Passport number

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Name and Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PRODUCT SELECTION

Refer to your product selection in Section A of the Application Form and then complete the following:

Please explain how the product option selected fits within your needs? Please explain your choice.

WAITING PERIODS AND PRE-EXISTING CONDITIONS

I confirm that the waiting periods below have been explained to me and that I understand them.

a. General Waiting Periods

No 3-month general waiting period applies.

b. 12-Month Pre-Existing Condition Waiting Period

You will not be entitled to claim a benefit for a period of 12 months from the start date of your policy, in respect of a medical condition for which, in the 12 months preceding the start date of your policy medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.

If you fall pregnant before the start date of your policy, this will be regarded as a pre-existing condition and any pregnancy- and birth related claims will be excluded for a period of 12 months from the start date of your policy.

If, immediately before the start date of this policy, you were insured under a medical expense shortfall policy with similar benefits to this policy, then the pre-existing condition waiting period will only be applied to the unexpired period of the pre-existing condition waiting period in the previous policy. The pre-existing condition waiting period will apply for a period of 12 months for any benefit not provided under your previous medical expense shortfall policy.

In the event where a single member upgraded their cover to cover a spouse and/or dependants, then the pre-existing condition waiting period will apply to these new lives covered by this policy from the start of their cover under this policy.

The extended cancer benefits have a 6-month general waiting period.

c. 12-Month waiting period for Enhanced Cancer Benefit

There is a 12-month waiting period applicable to this benefit, meaning that you cannot claim for a cancer diagnosis that occurs within the first 12 months from the start date of your policy.

If, immediately before the start date of this policy, you were insured under a medical expense shortfall policy providing a similar

cancer benefit which was replaced by this policy, then the waiting period will only be applied to the unexpired part of the waiting period in the previous policy. The waiting period will apply for 12 months if your previous policy did not provide a similar cancer benefit.

d. Needs Analysis

I confirm that my product selection meets my needs as set out in Section F: Needs Analysis on the Application Form.

POLICY EXCLUSIONS

I confirm that I understand the gap policy exclusions as set out in Section G: Disclosures on the Application Form.

QUALIFYING CRITERIA

I understand that to qualify for policy benefits, I have to belong to a registered South African medical aid. This membership must be active at all times for this policy to be viable.

Signature of client _____

Signature of financial advisor _____

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---