

# INSURANCE APPLICATION FORM – 2014

**Underwriter**

Constantia Insurance Company Limited  
(Reg. No. 1952/001514/06)

**Risk And Underwriting Managers**

Ambledown Risk And Underwriting Managers Pty (Ltd)  
(Reg. No. 2004/006271/07)  
Turnberry Management Services Pty (Ltd)  
(Reg. No. 2000/031522/07)  
Turnberry Management Risk Solutions Pty (Ltd)  
(Reg. No. 2007/026488/07)  
FSP no. 36571

**BROKER CODE:****FOR OFFICE USE ONLY**Application No. Client No. Policy No. Debtor No. 

PLEASE COMPLETE AND RETURN BY FAX TO: 086 680 8387 OR EMAIL TO: NEWBUSINESS@TURNBERRY.CO.ZA  
OR BY MAIL TO: PRIVATE BAG X2, GARDENVIEW, 2047

TITLE:     FIRST NAME:

INITIALS:      IDENTITY NUMBER:                  GENDER (M/F):

SURNAME:

ADDRESSES: POSTAL: RESIDENTIAL/PHYSICAL:

BUILDING NAME & NO.

STREET ADDRESS OR BOX NO.

SUBURB

TOWN/CITY

PROVINCE       CODE:

WORK TEL. NO.: 0     -        CELLULAR TEL. NO.: 0     -

FAX NO.: 0     -        HOME TEL. NO.: 0     -

E-MAIL:

COMMENCEMENT DATE:       DATE OF BIRTH:

**A. DEPENDANT DETAILS**

NAME OF DEPENDANT		IDENTITY NUMBER (Date of birth if no ID no)	GENDER M/F	RELATIONSHIP TO POLICYHOLDER	IS CHILD A FULL TIME STUDENT	
SURNAME	FIRST NAME				YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO

**B. MEDICAL AID DETAILS**

COMPANY	OPTION	MEDICAL AID NUMBER	DATE MEMBERSHIP COMMENCED

**C.**

**ESSENTIAL-CARE (RECOMMENDED TOP-UP COVER)**

<b>EXECU-CARE</b>	<p><b>EXECU-CARE</b> provides the insured persons with the following cover</p> <ul style="list-style-type: none"> <li>• A benefit equal to actual cost limited to five times the Medical Scheme tariff less the greater of the Medical Scheme tariff and the actual amount paid by the Medical Scheme for in-hospital medical treatment and stipulated out-patient treatment Annual limits: R500 000 in aggregate per insured person and R1 500 000 in aggregate per family. No general 3 month waiting period shall apply if cover commences in line with your Medical Aid commencement</li> <li>• Pays the co-payments for any compulsory authorised deductible for in-hospital costs and stipulated out-patient costs as per the policy document, up to R20 000 per admission, per insured. Annual limits: R200 000 per insured person and R1 000 000 per family</li> <li>• Pays the amount when an authorised item exceeds a sub-limit for in-hospital costs and stipulated out-patient costs as per the policy document, up to R10 000 per admission per insured. Annual limits R200 000 per insured person and R1 000 000 per family</li> <li>• Pays the co-payment and/or sub-limit imposed by the Medical Scheme for defined biological cancer drugs. Annual limits: R350 000 per insured person and R1 000 000 per family</li> <li>• Pays for treatment in a private facility, including sub-limits, deductibles or co-payments related to cancer treatment. Limits: R200 000 per insured person per diagnosis with a R200 000 excess (minimum medical scheme benefit provided in a private facility)</li> <li>• Pays the insured person a defined lump sum benefit in the event of hospitalisation for a period of longer than 3 days/72 hours</li> <li>• Maximum entry age 65 next birthday</li> </ul>
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Please tick chosen option	<input type="checkbox"/>	R265/month
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<b>PRO-CARE</b>	<p><b>PRO-CARE</b> covers insured persons at a benefit equal to actual cost limited to five times the Medical Scheme tariff for the current year less the greater of the Medical Scheme tariff or the amount paid by your Medical Aid, for in-hospital medical treatment and stipulated out-patient treatment as per the selected plan. Annual limits: R500 000 in aggregate per insured person. R1 500 000 in aggregate per family. Maximum entry age 65 next birthday for PRO-CARE 100 and 200. Entry ages for PRO-CARE SENIOR are 65 to 79. No general 3 month waiting period shall apply if cover commences in line with your Medical Aid commencement.</p>
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Please tick chosen option	<input type="checkbox"/>	<b>100</b> PRO-CARE 100 R119/month	<input type="checkbox"/>	<b>200</b> PRO-CARE 200 R90/month	<input checked="" type="checkbox"/>	<b>SNR</b> PRO-CARE SNR R139/month
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<b>PROCANCER-CARE</b>	<p><b>PROCANCER-CARE</b> provides the insured with the following cover:</p> <ul style="list-style-type: none"> <li>• A benefit equal to actual cost limited to five times the Medical Scheme tariff less the greater of the Medical Scheme tariff and the actual amount paid by the Medical Scheme for in-hospital medical treatment and stipulated out-patient treatment Annual limits: R500 000 in aggregate per insured person and R1 500 000 in aggregate per family. No general 3 month waiting period shall apply if cover commences in line with your Medical Aid commencement</li> <li>• Pays the co-payment and/or sub-limit imposed by the Medical Scheme for defined biological cancer drugs. Annual limits: R200 000 per insured person, per diagnosis with a R200 000 excess</li> <li>• * Pays for treatment in a private facility, including sub-limits, deductibles or co-payments related to cancer treatment, Annual limits: R200 000 per insured person per diagnosis with a R200 000 excess (minimum medical scheme benefit provided in a private facility)</li> <li>• Maximum entry age 65 next birthday</li> </ul>
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Please tick chosen option	<input type="checkbox"/>	Premium : R142/month
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<b>PROSELECT-CARE</b>	<p><b>PROSELECT-CARE</b> provides the insured with the following cover:</p> <ul style="list-style-type: none"> <li>• A benefit equal to actual cost limited to five times the Medical Scheme tariff less the greater of the Medical Scheme tariff and the actual amount paid by the Medical Scheme for in-hospital medical treatment and stipulated out-patient treatment Annual limits: R500 000 in aggregate per insured person and R1 500 000 in aggregate per family. No general 3 month waiting period shall apply if cover commences in line with your Medical Aid commencement.</li> <li>• Pays the co-payments for any compulsory authorised deductible for in-hospital costs and stipulated out-patient costs as per the policy document, up to R10 000 per admission, per insured. Annual limits: R200 000 per insured person and R1 000 000 per family.</li> <li>• Maximum entry age 65 next birthday.</li> </ul>
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Please tick chosen option	<input type="checkbox"/>	Premium : R142/month
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<b>ELECT-A-CARE</b>	<p><b>ELECT-A-CARE</b> Standard, Plus and Senior pay co-payments for any compulsory authorised deductible. Elect-A-Care Plus and Senior pay an amount when an authorised item exceeds a sub-limit, for in-hospital costs and stipulated out-patient costs as per the policy document. Maximum benefit per co-payment is R20 000, (R10 000 for Elect-A-Care Senior) and sub-limit is R10 000 per admission. Annual limits R200 000 per insured person, R1 000 000 per family. Maximum entry age 65 next birthday. Entry ages for Elect-A-Care Senior are 65 to 79.</p>
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Please tick chosen option	<input type="checkbox"/>	<b>STD</b> STANDARD R101/month	<input type="checkbox"/>	<b>PLUS</b> STD PLUS R124/month	<input checked="" type="checkbox"/>	<b>SNR</b> SNR R138/month
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<b>MAXI-CARE</b>	<p><b>MAXI-CARE</b> covers insured persons from the overall medical scheme annual limit at a benefit equal to actual cost limited to the Medical Scheme tariff for the current year less any amount paid by the insured person's medical aid for in-hospital medical treatment and stipulated out-patient treatment. Maxi-Care also covers in-hospital sublimits up to a maximum of R2 500 per admission and a defined lump sum benefit in the event of hospitalisation for a period of 3 days / 72 hours or longer (three month waiting period will apply to these two benefits). Annual limit: R1 750 000 or R3 500 000 in aggregate per family. Maximum entry age 65 next birthday. No general 3 month waiting period shall apply if cover commences in line with your Medical Aid commencement.</p>
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Please tick chosen option	<input type="checkbox"/>	<b>1.75m</b> R114/month (R1.75m cover)	<input type="checkbox"/>	<b>3.5m</b> R135/month (R3.5m cover)
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**PLEASE NOTE, a 3 month waiting period shall apply to all benefits detailed above, unless otherwise stated. There is a 9 month waiting period on all pregnancy/childbirth benefits and a 12 month waiting period on all hysterectomy and muscular-skeletal benefits for all of the above policies. All rates are quoted per family.**

**D.**

**EXTENDED FAMILY COVER**

A "Family" means the Principal insured person and an Eligible spouse (listed under Section A) and Eligible children (listed under Section A), who have not attained the age of 21 years or if an unmarried full time student who have not attained the age of 25, unless mentally or physically disabled and unable to earn any form of income. Any dependants falling under this definition are included at **no additional costs**.

If you have extended family or an additional dependant registered on your medical aid and they do not qualify in terms of our definition of a family as per the definition above, you may add them onto your policy. The cost per additional dependant is detailed below. Rates quoted below are per person. To calculate the additional cost for extended family you wish to cover, multiply the number of people by the rate for the applicable age category.

PRODUCT	AGES 0 - 21 (incl)		AGES 22 - 64 (incl)		AGES 65 - 79 (incl)		TOTAL
	RATE	NUMBER	RATE	NUMBER	RATE	NUMBER	
PRO-CARE (All options)	R16		R29		R81		
EXECU-CARE	R30		R67		N/A		
MAXI-CARE (All options)	R15		R25		N/A		
ELECT-A-CARE	R17		R28		R76		

<b>FUNERAL-CARE</b>	<b>FUNERAL-CARE</b> is payable on the death of an Insured person, eligible spouse or eligible child. The selected benefit is paid in a lumpsum. Maximum entry age 65 next birthday. There is a three month waiting period, except in the event of an accident.	<b>Benefit</b>	<b>Low</b>	<b>Medium</b>	<b>Low</b>
		Insured/Spouse	R5 000.00	R10 000.00	R15 000.00
		Child aged 14 – 21	R3 500.00	R7 500.00	R8 000.00
		Child aged 7 – 13	R1 500.00	R3 000.00	R4 000.00
		Child aged 0 – 6	R1 000.00	R2 500.00	R3 000.00
		Stillborn	R500.00	R1 000.00	R1 000.00

Please tick chosen option

Low R45/month

Medium R56/month

High R68/month

Please indicate the split per beneficiary on the death of the principal insured. In the event of the death of any other eligible person, the benefit will be paid to the principal insured (only required for Funeral-Care).

FUNERAL CARE BENEFICIARY DETAILS	RELATIONSHIP TO PRINCIPAL INSURED	IDENTITY NUMBER	% SHARE

**E.**

**DECLARATION OF HEALTH**

<b>1.</b>	Are you or any other person insured under the above policies aware of any reason why hospitalisation may be required in the next 12 months from the date of application? (If yes, please complete section 1)	YES	NO
<b>2.</b>	Have you or any other person insured under the above policies been hospitalised in the last 5 years? (If yes, please complete section 2)	YES	NO
<b>3.</b>	Have you or any other person insured under the above policies consulted a doctor or been diagnosed with any condition which has resulted in past or current treatment or may result in treatment in the future? (If yes, please complete section 3)	YES	NO
<b>4.</b>	Have you or any other person insured under the above policies ever been diagnosed with and/or treated for cancer? (If yes, please complete section 3)	YES	NO

Please note that should the information provided in Section 1, 2 and 3 below be insufficient for Turnberry to assess the risk, additional medical information will be requested

**SECTION 1**

Please provide full details of scheduled or potential hospitalisation in the next 12 months. Should the space provided below be insufficient please attach a supporting schedule.

INSURED'S NAME	CONDITION - DIAGNOSIS AND TREATMENT	EXPECTED DATE OF HOSPITALISATION

**SECTION 3**

Please provide full details of all conditions which required hospitalisation in the last 5 years. Should the space below be insufficient please attach a supporting schedule.

INSURED'S NAME	CONDITION - DIAGNOSIS AND TREATMENT	DATE OF HOSPITALISATION	DATE OF LAST SYMPTOMS

**SECTION 3**

Please provide full details of all conditions for which you or an insured person have consulted a doctor or have been diagnosed with and which has or could result in treatment as well as the current status of the condition (e.g. under observation, medicated, in remission etc.). Should the space below be insufficient please attach a supporting schedule.

INSURED'S NAME	CONDITION - DIAGNOSIS AND TREATMENT	CURRENT STATUS OF CONDITION	DATE OF LAST SYMPTOMS

NAME OF GENERAL PRACTITIONER / FAMILY DOCTOR:

TEL. NO.:

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## BANK DETAILS FOR DEDUCTIONS OF MONTHLY PREMIUM BY DEBIT ORDER

<b>ACCOUNTHOLDER'S NAME</b>	
<b>NAME OF BANK</b>	
<b>BRANCH NAME AND TOWN</b>	
<b>BRANCH CODE</b>	
<b>ACCOUNT NUMBER</b>	

TYPE OF ACCOUNT:                      CHEQUE                       SAVINGS                       TRANSMISSION

I hereby request and authorise Turnberry to draw against my current account with the abovementioned bank (or any bank/branch to which I may transfer my account) the amount necessary for payment of the Premiums (as well as any renewal or adjustment premiums and policy fees due) in respect of the abovementioned insurance. All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally. I agree to pay the bank charges in connection with this instruction and authorise Turnberry to increase the amount of each withdrawal so as to recover the costs thereof in accordance with the South African Clearing Bank's tariff in force at the time. I understand that: 1) the withdrawals hereby authorised will be processed by computer, and 2) details of each withdrawal will be reflected on my bank statement or on the accompanying voucher, and 3) the obligation to ensure that my monthly payments are received remains with me despite the granting to Turnberry of this authority. This authority shall continue in full force and effect until cancelled by me giving 30 days' written notice thereof, sent to Turnberry by prepaid registered post, but I understand that such cancellation may result in the cancellation of the policy and will not relieve me of liability in respect of any unpaid balance owing to Turnberry. In addition, I shall not be entitled to any refund of any amount which Turnberry has withdrawn while this authority was in force, unless I can prove that any such amounts were not legally owing to Turnberry. Receipt of this instruction by Turnberry shall be regarded as receipt thereof by my bank. Should the Debit Order Date fall on a weekend or public holiday, the deduction will be made on the first working day following the Debit Order Date.

DEBIT ORDER DATE:                      1st                       7th                       25th

SIGNATURE OF ACCOUNTHOLDER                       DATE:

## EMPLOYER AUTHORISATION FOR DEDUCTION OF MONTHLY PREMIUMS FROM SALARY

(MUST BE COMPLETED BY ALL EMPLOYEES) AUTHORISATION TO RECOVER PREMIUMS FROM MY SALARY

I, \_\_\_\_\_ I.D. NO.:  hereby authorise my employer to deduct from my salary my portion, where applicable, of the monthly premium, future increases, arrears and any other amounts due by me to the insurer.

SIGNATURE OF ACCOUNTHOLDER                       DATE:

## DECLARATION BY THE POLICYHOLDER

I have been informed of my rights in terms of the Policyholder Protection Rules to have the following information disclosed to me before entering into any insurance contract: 1) The Statutory Notice; 2) Intermediary's accreditation and mandate confirmation; 3) Mandatory disclosures. I hereby apply for the benefits stipulated in this document, subject to the terms and conditions of the policy contract and I agree that this application and declaration shall be the basis of the contract between me and Constantia Insurance Company Limited ("Insurer"). I hereby warrant that the answers and statements provided in the application form are true and correct in every particular and that I have withheld no information whatsoever, which is material to or is likely to affect the assessment of the risk under the proposed insurance. I undertake to advise Turnberry in writing if a change takes place in the health of the insured person/persons between the date of signing the application and the date of acceptance of the risk or the date of commencement of the policy whichever occurs last. I understand that any inaccurate and untrue statements or failure to notify Turnberry of a change in health prior to the acceptance and/or commencement of the policy may render my policy null and void and all premiums paid forfeited to the insurer. I acknowledge that no representation made to me by any agent or employee of the Insurer shall in any way bind the Insurer unless it is thereafter confirmed in writing by the Insurer. I hereby irrevocably authorise a) the Insurer to obtain from any person any information the Insurer needs to which this application relates; b) the person concerned to give the Insurer the information it requests under the authorisation in (a); the Insurer to share with other insurers and the LOA any information to assess risks or claims. Any information may, under this authorisation, be obtained or given at any time, even after death. I agree that a photocopy or fax of this application form is as effective and valid as the original. If I have an email address for correspondence with Turnberry, I accept the risks of email correspondence and shall not hold Turnberry liable for any loss or damage arising through any unauthorised access to the email correspondence or any interception of any communication between Turnberry and me.

I acknowledge that should any of my personal and/or banking details change it is my responsibility to ensure that Turnberry are notified of the changes.

I acknowledge that the premium is due monthly in advance on the first day of each calendar month and if not received by Turnberry by the 15th day of the following calendar month, then this policy shall be deemed to have been cancelled at midnight on the due date.

Freedom of choice: Have you been advised of and exercised your free choice to take out insurance with the insurer and intermediary of your choice?                      YES                       NO

Has any insurer ever declined a proposal of yours or cancelled any policy or any section thereof? If "YES", please provide details                      YES                       NO

Is this policy replacing a policy of the same or similar type?                      YES                       NO

If "YES", have the product benefits and restrictions been adequately compared?                      YES                       NO

Remarks \_\_\_\_\_

SIGNATURE                       DATE:

## TRAVEL-CARE

If you purchase any one of the products listed in this application form, you qualify for international travel insurance for travel outside the borders of South Africa. Cover is provided by TIC and Europ Assistance, ensures end to end emergency service by air, land or sea, anywhere in the world, 24 hours a day. The maximum length of a trip is limited to 90 days. Medical expenses are covered up to an amount of R5 000 000. Notification of travel must be given to Turnberry on 0861 000 509 at least 48 hours prior to departure, during the hours 08h00 to 16h00 Monday to Friday (excluding public holidays). Maximum age is 80 years next birthday.

TB1388/UT