

We care that the policy update process is seamless. If you need any assistance or any advice, please call our friendly customer service consultants at telephone no: 010 021 0260. Please always consult your broker if in doubt.

Please ensure that the following documents are included as part of the application form:

- Copy of birth certificate, ID Document or Passport (Including all Dependants)
- Medical Scheme Certificate of Membership (COM).

**POLICY HOLDER DETAILS**

|                           |                      |                           |                           |               |                           |
|---------------------------|----------------------|---------------------------|---------------------------|---------------|---------------------------|
| <b>Cura Policy</b>        |                      |                           | <b>Cura Policy Number</b> |               |                           |
| <b>Surname</b>            |                      |                           | <b>Initials</b>           | <b>Title</b>  |                           |
| <b>Full Name</b>          |                      |                           |                           |               |                           |
| <b>ID/Passport Number</b> | <b>Date of birth</b> |                           |                           | <b>Gender</b> | <b>Male</b> <b>Female</b> |
| <b>Telephone (H)</b>      | <b>Cell Phone</b>    |                           |                           |               |                           |
| <b>Telephone (W)</b>      | <b>Email Address</b> |                           |                           |               |                           |
| <b>Physical Address</b>   | <b>Unit No.</b>      | <b>Complex</b>            |                           |               |                           |
|                           | <b>Street No.</b>    | <b>Street Name / Farm</b> |                           |               |                           |
|                           | <b>Suburb</b>        |                           |                           |               |                           |
|                           | <b>City</b>          | <b>Postal Code</b>        |                           |               |                           |

To protect your information and ensure speedy delivery, we will communicate with you using the above email address. Please complete your Postal Address (if different to your Residential Address):

**Postal Address**

|                |                    |
|----------------|--------------------|
| <b>Country</b> | <b>Postal Code</b> |
|----------------|--------------------|

**DEPENDANTS DETAILS****Dependants are:**

- Spouse and/or dependent children up to the age of 21 years.
- Adopted/foster child (please attach documentary proof). Students up to the age of 26 (please prove full time enrollment). Provide proof of full time studies or medical scheme certificate if you are on a different medical scheme.
- Please provide us with your medical scheme Certificate of Membership (COM).
- All newborns must be registered within 30 days after birth.
- Proof of full time "Student Registration" must be attached for all children between 21 and 26 years, if a dependant.

| Relationship           | Male | Female | ID/Passport Number |
|------------------------|------|--------|--------------------|
| Adult Dependant/Spouse |      |        |                    |
| Dependant 1            |      |        |                    |
| Dependant 2            |      |        |                    |
| Dependant 3            |      |        |                    |
| Dependant 4            |      |        |                    |

• I hereby declare that the above insured persons, with different surnames, are related to me as:

**Biological Child   Adopted Child   Step Child   Foster Child   Married to Policyholder   Common law Husband/Wife**

**Reason why dependants should be added****Date dependants should be added:****I agree to the above section of the form**

## HEALTH DECLARATION

The following questions relate to you and your dependants covered under this policy.

Yes No

|   |  |  |  |
|---|--|--|--|
| 1 | Have you been admitted to hospital in the last 4 months?   |  |  |
| 2 | Are you expecting a hospital admission or aware of any conditions or illness that would require treatment in the next 12 months? |  |  |
| 3 | Are you or any of your dependents currently pregnant?  |  |  |
| 4 | Do you or any of your dependants have any existing medical conditions?   |  |  |

If you answered "Yes" to any of the questions, please provide details below.

| Question no. | Name of Insured | Condition | Date of Last Treatment |
|--------------|-----------------|-----------|------------------------|
|              |                 |           |                        |
|              |                 |           |                        |
|              |                 |           |                        |
|              |                 |           |                        |

## DECLARATION BY APPLICANT

I, the undersigned, hereby declare:

- That to the best of my knowledge and belief the information provided in connection with this application whether in my own handwriting or not, is true and 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 Cura Administrators (Pty) Ltd. If you are in any doubt as to whether a fact is material or not, you should disclose it.)
- That I understand that any relevant material fact omitted in this form may lead to Cura Administrators (Pty) Ltd not meeting claims, should the omitted fact have been of such importance that the risk may not have been accepted in the first instance, in terms of the policy. This may lead to the cancellation of the policy or rejection of claims without refund of premiums.
- That I understand that Gap Cover is an Accident and Health policy with stated benefits in terms of the Short-term Insurance Act 53 of 1998 and not a Medical Scheme product. This is not a medical scheme and the cover is not the same as that of a medical scheme. Gap cover is not a substitute for medical scheme membership.
- The sharing of claims information and underwriting information by Insurers is essential to enable the insurance industry to underwrite policies, assess risks fairly, reduce the incidence of fraudulent claims and protect the public interest in terms of limiting excessive premium increases.
- I specifically consent to Cura Administrators (Pty) Ltd contacting my current Medical Scheme and/or medical practitioner to verify any medical details as provided in my application form. I further consent to such information being disclosed to Cura Administrators (Pty) Ltd for purpose of verifying the disclose as provided on my application form.
- That I will advise Cura Administrators (Pty) Ltd. of any changes to my health state between the point of application and actual inception of my policy.
- As part of the claims validation process Cura Administrators (Pty) Ltd may use the services of a third party in order to authenticate medical scheme membership, plan option type, relevant beneficiaries and agreed medical scheme option tariffs amongst other relevant information to validate the claim.
- Cura Administrators (Pty) Ltd reserves the right to call for additional information of a clinical nature. In the event that Cura Administrators requests a PMA (Post Medical Assessment) from my doctor as part of the claims assessing and authentication process.
- I authorise Cura Administrators to negotiate with service providers on my behalf for my medical claims and or bill and pay the provider direct.
- By agreeing to the terms of this consent form, I expressly consent to the processing of my information for marketing purposes and know & understand that by agreeing to same that I may on occasion, receive marketing materials in the form of sms and / or emails and the like from Cura Administrators (Pty) Ltd.

Signed at

on this

date of

20

Signature of Policyholder /  
Authorised Signature

