

CHANGE OF PRINCIPAL MEMBER FORM

829 Rubenstein Drive, Moreleta Park, Pretoria, 0044
Telephone: 010 021 0260 | **Email:** newbus2@curaadmin.co.za

Compliance Office: Moonstone Compliance (Pty) Ltd

We care that your information is always correct and that any updates requested is seamless. If you need any assistance submitting your information updates, 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:

- A Copy of new Principal Insured and premium payers ID/Passport Document.
- Proof of Bank Account (letter on Company letterhead confirming deduction - for payroll deductions) No Internet statements will be accepted.
- Medical Scheme Certificate of Membership (COM).
- Death Certificate in case of the Principal Insureds death.

CURRENT POLICYHOLDER DETAILS

Cura Policy		Cura Policy Number	
Surname		Initials	Title
Full Name			
ID/Passport Number	Date of birth	-	-
		Gender	Male Female
Telephone (H)	-	Cell Phone	-
Telephone (W)	-	Email Address	

NEW POLICYHOLDER DETAILS

Surname		Initials		Title	
Full Name					
ID/Passport Number	Date of birth	-	-	Gender	Male Female
Marital Status	Single:	Married:	Separated:	Divorced:	Widowed:
Telephone (H)	-	Cell Phone	-		
Telephone (W)	-	Spouse Cell Phone	-		
Email Address					
Physical Address	Unit No	Complex			
	Street No	Street Name / Farm			
	Suburb				
	City				Postal Code

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

Country

Postal Code

Declaration and informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at Cura Administrators respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission and deletion of your personal information. Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis of our assessment and terms, we offer you, it must be correct, complete, and up to date. We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential; however, we shall disclose it to certain 3rd parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Should you decide to cancel this insurance contract you further consent to Cura Administrators, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

Should you decide not to accept the proposal, the information collected, will be identified and only used for statistical and research purposes.

I hereby voluntarily consent to Cura Administrators processing my Personal Information.

I understand the purposes for which my Personal Information is required and for which it will be used.

I give Cura Administrators permission to process my Personal Information as provided above.

Our Privacy Notice and POPIA Policy provides the details of how we deal with the personal information of our clients, and it is available on our website at the following address: <https://www.curaadmin.co.za/>

I agree to the above section of the form



DEBIT ORDER DETAILS AND DEBIT AUTHORITY CONSENT

Payment Method: Monthly Debit Order Payroll Deduction Debit Order Day day of every month

Name of Account Holder

Name of Bank Account Number

Branch Name Branch Code

Type of Account: Current Account Transmission Account Savings Account: Other

I hereby instruct and authorise you to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance, without prejudice to the rights of Cura Administrators (Pty) Ltd. I further authorise you to increase the amount in the terms of the policy from time to time and authorise my bank to effect payment.

I/We hereby confirm acceptance of the below mentioned insurance policy, and authorise Cura Administrators (Pty) Ltd to issue and deliver payment instructions to their Banker, to draw on my/our account at the under mentioned institution in any manner agreed on between Cura Administrators (Pty) Ltd and such institution, the amount of the premium payable on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and

commencing on - - and request the aforesaid institution to debit my/our account with all debits drawn against it by Cura Administrators (Pty) Ltd.

All such withdrawals from my/our bank account by Cura Administrators (Pty) Ltd shall be treated as though they had been signed by me/us personally. I/we certify that the above bank details are correct. If these banking details have not been provided accurately, or if the details change at any time in the future and I/we fail to notify such changes or if payments are not made in accordance with the Debit Order Instruction, the responsibility of payment will rest with me/us.

I acknowledge that any fees and charges levied by the bank on account of the debit order or any debit order payments which may be rejected for any reason whatsoever will be for my account.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement bearing a specific reference number which will reflect Cura and your policy number as confirmed in the policy documents. This authority may be cancelled by me/us by giving Cura Administrators (Pty) Ltd 30 days' notice in writing, however I/we understand that I/we shall not be entitled to any refund of amounts which Cura Administrators (Pty) Ltd has withdrawn while this authority was in force, if such amounts were legally owing to Cura Administrators (Pty) Ltd.

Signature as used for
operating on the account

Date - -

DECLARATION BY APPLICANT

I, the undersigned, hereby declare:

That I understand that this 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.

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 claim form. I further consent to such information being disclosed to Cura Administrators(Pty) Ltd for purpose of verifying the disclosed information as provided on my application form.

As part of the claims validation process we 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 reserve 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.

In the event of a bereavement related claim the Insurer will pay the benefit into the policyholder or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. Cura Administrators will require the full name, surname and ID to note the beneficiary. At the time of a claim Cura Administrators will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss, or should Cura Administrators be unable to confirm the identity of the beneficiary, payment will always be made into the policyholder's account.

Signed at on this day of 20

Signature of Policyholder /
Authorised Signature

