GENRIC Insurance Company

Physical Address: Irene Link Precinct, 7 Impala Avenue
Centurion, 0157
Postal Address: PO Box 1115, Bromhof, 2154
Tel: 086 144 4462
Web Address: www.genric.co.za

APPLICATION FORM

Please complete this form in black ink and CAPITAL letters

PRINCIPLE INSURED/ POLICYHOLDER DETAILS

Policy Inception:

Name and Surname:

ID number \ Passport: Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Date of birth: Email Address:

Contact details: Home no.: Work no.:

Fax no.: Cell no.:

Postal address:

Code:

Residential address:

Code:

DEPENDANTS

Cover is limited to the Policyholder and maximum of 4 Dependants in total.

Dependants are:

Either an Adult or Child who is dependent upon the Policyholder for access to the benefits available within this policy.

Adult: A person over the age of 21 (twenty-one), except for a full-time student over the age of 21 (twenty-one) who is dependent on the Policyholder and approved by Us as eligible for membership of this policy.

Child: A Child is a person under the age of 21 (twenty-one), who is considered to be the Immediate Family of the Policyholder eligible for membership in terms of this policy. Cover as a Child can be extended to the age of 27 (twenty-seven) if they are full-time students. Documented proof of full-time studies is required annually.

Immediate Family: The Immediate Family is a defined group of relations, whether over or under the age of 21 (twenty-one) and determines which members of a Policyholder's family may join this policy. The definition extends to those connected to the Policyholder in the following manner:

- By birth, adoption, stepchildren or grandchildren or any other child who has been placed in the custody of the Policyholder and in respect of whom the Policyholder is liable for care and support;
- Parents/stepparents, grandparents in respect of whom the Policyholder is liable for care and support;
- Siblings, including half-siblings in respect of whom the Policyholder is liable for care and support;
- A Spouse of a Policyholder as defined in this policy;
- Any other relative, who at the Insurers discretion, qualifies for membership under this policy;.

Spouse: A person who is a significant other, partner or non-marital partner of that the principal member:

- In a marriage or customary union recognised in terms of the laws of the Republic; or
- In a union recognised as a marriage in accordance with the tenets of any religion; or
- In a same sex or heterosexual union which the Underwriter is satisfied is intended to be permanent.

Please refer to the terms and conditions in the Policy Wording.

Name and Surname: Male ☐ Female ☐

ID number \ Passport: Relationship to applicant:

Date of birth: *Compulsory*

Name and Surname: Male ☐ Female ☐

ID number \ Passport: Relationship to applicant:

Date of birth: *Compulsory*

Name and Surname: Male ☐ Female ☐

ID number \ Passport: Relationship to applicant:

Date of birth: *Compulsory*

Name and Surname: Male ☐ Female ☐

ID number \ Passport: Relationship to applicant:

Date of birth: *Compulsory*

SPECIFIC HEALTH QUESTIONS

The following questions are related to the policyholder and or any beneficiaries or dependants on the policy.

		YES	NO
1	Have you been admitted to hospital in the last 4 months?		
2	Are 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 dependants currently pregnant?		
4	Have you taken or are currently taking chronic medication in the past 24 months?		
5	Is there any additional information not specifically mentioned in this questionnaire related to your health statement that can affect our decision on cover?		

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

Question no.	Applicant/dependants	Disorder	Medication	Date Diagnosed

INTERMEDIARY DETAILS

Intermediary Group:		Intermediary Code:	
Sales Person:		Sales Code:	
Tel no.:		Cell no.:	

OPTION SELECTION

PREMIUM APPLICABLE TO INSURED

GOLDEN HOUR	ADULT ☐	ADULT DEPENDANT ☐	CHILD ☐
HOSPITAL PLAN	ADULT ☐	ADULT DEPENDANT ☐	CHILD ☐
PRIMARY STANDARD	ADULT ☐	ADULT DEPENDANT ☐	CHILD ☐
COMPREHENSIVE STANDARD	ADULT ☐	ADULT DEPENDANT ☐	CHILD ☐
COMPREHENSIVE PLUS	ADULT ☐	ADULT DEPENDANT ☐	CHILD ☐
COMPREHENSIVE ADVANCED	ADULT ☐	ADULT DEPENDANT ☐	CHILD ☐
COMBINED: PRIMARY STANDARD & HOSPITAL PLAN	ADULT ☐	ADULT DEPENDANT ☐	CHILD ☐

Premium per month	R
TOTAL PREMIUM PAYABLE	R
*Intermediary Fee (Optional)	R

* The Intermediary fee will only be collected subject to us receiving a signed contract between the Intermediary and Policyholder.

Please return the completed form to your Company Contact or directly to health_applications@genric .co.za.

Signature of Policyholder | Date:

NOMINATED BENEFICIARY (Related to Accidental Death Benefits)

Name and Surname:

ID number / Passport: | Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Date of birth : | Email Address:

Contact details Home no.: | Work no.:

Fax no.: | Cell no.:

Relationship to Policyholder:

GENRIC Insurance

DEBIT ORDER AUTHORITY (for direct paying Members. Not applicable if you are part of a Group/Company who pays on your behalf).

Name and Surname:									
ID number / Passport.:		Mr ☐	Mrs ☐	Miss ☐	Dr ☐	Other			
Date of birth:		Email Address:							
Contact details	Home no.:		Work no.:						
	Fax no.:		Cell no.:						
Postal address:									
		Code:							
Residential address:									
		Code:							

DEBIT ORDER DETAILS

Name of account holder:									
Account no.:									
Bank:	☐ Standard Bank	☐ ABSA	☐ FNB	☐ Nedbank	☐ Capitec		Other		
Account type:	☐ Cheque	☐ Savings	☐ Transmission		Other				
Debit order day:	☐ 1st	☐ 5th	☐ 7th						

I/We 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 GENRIC Insurance Company Limited (GENRIC). I/We 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 GENRIC 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 GENRIC 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 GENRIC.

All such withdrawals from my/our bank account by GENRIC 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/We 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/our account.

Premiums are payable on a monthly basis by debit order. If two or more debit orders are returned, GENRIC Health will not be held liable should the policy be automatically terminated, or should claims incurred during this period of suspension not be paid.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Payment instructions due in December may be debited against my/our account on ☐

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I/We also understand the details of each withdrawal will be printed on your Bank statement bearing a specific reference number which will reflect GENRIC and my policy number as confirmed in the policy documents.

This authority may be cancelled by me/us by giving GENRIC thirty days' notice in writing, however I/we understand that I/we shall not be entitled to any refund of amounts which GENRIC has withdrawn while this authority was in force, if such amounts were legally owing to GENRIC.

I/We agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We also understand that I/We cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to GENRIC.

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

*If the facility is in the name of a Company, Close Corporation, Trust or Association the full names of such entity and the capacity of the signatory must be reflected.

IMPORTANT INFORMATION

- Please make sure FULL details are given for questions answered YES.
- Any application submitted to GENRIC Insurance Company Limited, may at the discretion of the Insurer, and in terms of the prevailing Policy Wording, be underwritten. This means that Waiting Periods may be applied. Additional Dependants added after the policy inception will be underwritten unless specific concession is granted by the Insurer. A policy can be re-underwritten, declared null and void or terminated if any misrepresentation or non-disclosure is made regarding any detail that is material to this insurance. Any incorrect information may affect the validity of this contract.
- The onus lies on the insured to make sure that premiums are paid on a monthly basis. Reference on bank statements read: GH_Policy Number.
- 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. We will require the full name, surname and ID to note the beneficiary. At the time of a claim we will require the beneficiary's ID and proof of bank account. Should there be no beneficiary noted on the policy prior to the loss or should we be unable to confirm of the identity of the beneficiary, payment will always be made into the policyholders account.

GENRIC Insurance

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

We at GENRIC Insurance Company Limited (GENRIC) 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 deletionof 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 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 third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent actvity. Should you decide to cancel this insurance contract, you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical andreporting purposes only.

Should you decide not to accept the proposal, the information collected will be de-identified and only used for statistical and research purposes.
I hereby voluntarily consent to GENRIC processing my Personal Information.
I understand the purposes for which my Personal Information is required and for which it will be used.
I give GENRIC 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://genric.co.za*.

Signature of policyholder

Date:

BROKER FEE AGREEMENT

I (Full Name) with ID number

acknowledge that my broker/ advisor is (Company Name)

with FSP number is authorised to request GENRIC Insurance Company Limited with FSP number 43638 to collect

an additional broker fee of R with my monthly premium on this policy for the services listed below .

List of Services

I agree to the payment of these fees until such time as the policy is cancelled and/or I revoke the above authority.

I am aware that the fees are in addition to any premium payable and commission that the broker earns and are for the provision of the services above.

Signature

Signature

Brokerage

Client

Date

Date

GENRIC Insurance