

## HEALTH DECLARATION FORM

Please complete this form in black ink and CAPITAL letters

Name and Surname:						
ID number / Passport:		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>
Date of birth:		Policy Number:				

I, the undersigned, hereby declare:

- That there has been no change in my state of health nor has any illness been suffered by me, or any of my dependents, from the date of my application and the signing of this statement.
- Agree that my cover is subject to the rules of the product with special reference to the policy wording.
- I acknowledge and understand the content of the above statement. I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

Signature of account holder:

Date:

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 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 my/our 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notice in writing, however I/we understand that I/we shall not be entitled to any refund of amounts which GENRIC has withdrawn while this authority was in force, if such amounts were legally owing to GENRIC.

## SPECIFIC HEALTH QUESTIONS

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

YES NO

		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 dependents currently pregnant?		
4	Have you taken or are currently taking chronic medication in the past 24 months?		

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

Question no.	Applicant/dependents	Disorder	Medication	Date Diagnosed

### IMPORTANT INFORMATION

- Please make sure FULL details are given for questions answered YES.
- Application forms could be underwritten and conditions may be excluded for longer than 10 months.
- 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
- Effective from 1 January 2023.

## 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  7th  15th  25th  31st  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 GENRIC. 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.

Signature of account holder:

Date:

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. 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. 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.

\*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. 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 account on

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

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, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

## BANKING DETAILS FOR REFUNDS

SHOULD YOU NOT COMPLETE THIS SECTION IT WILL RESULT IN US USING YOUR DEBIT ORDER DETAILS

Name of account holder:

Account no.:

Bank:  Standard Bank  ABSA  FNB  Nedbank  Other

Account type:  Cheque  Savings  Transmission  Other

Signature of account holder:

Date:

### 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 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 third 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 GENRIC, 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 de-identified and only used for statistical and research purposes.

I hereby voluntary 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://www.genric.co.za>.

Signature of policyholder:

Date: