

OPTION SELECTION FORM

Please complete this form in black ink and CAPITAL letters

Option changes will be effective 1 January 2026

PRINCIPAL INSURED DETAILS

Group Name:	<input type="text"/>	(If you belong to a Company please complete company name).
Policy Number:	<input type="text"/>	
Name and Surname:	<input type="text"/>	
ID number / Passport:	<input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>
Date of birth	<input type="text"/>	Email Address: <input type="text"/>
Home no.:	<input type="text"/>	Work no.: <input type="text"/>
Fax no.:	<input type="text"/>	Cell no.: <input type="text"/>
Postal Address:	<input type="text"/>	
	<input type="text"/>	Code: <input type="text"/>
Residential Address:	<input type="text"/>	
	<input type="text"/>	Code: <input type="text"/>

OPTION FOR 2026

PRIMARY STANDARD <input type="checkbox"/>	COMPREHENSIVE STANDARD <input type="checkbox"/>	PRIMARY STANDARD & HOSPITAL PLAN <input type="checkbox"/>
HOSPITAL PLAN <input type="checkbox"/>	COMPREHENSIVE PLUS <input type="checkbox"/>	
GOLDEN HOUR <input type="checkbox"/>	COMPREHENSIVE ADVANCED <input type="checkbox"/>	

Submission of Option Change Forms Group Members

If you are a member of GENRIC Health as part of a Company/Group, please consult with your Company's appointed Broker or your HR Department, as not all Benefit Options may be offered based on Company Policy. All applications are to be submitted via your HR Department.

Individual Members

Please return fully completed form to:

Email: Health_applications@genric.co.za
Whatsapp: You can Whatsapp a picture of the form to 076 046 4307

Forms must be submitted by no later than 6 December

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 GENRIC Health. 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 proposal form may lead to GENRIC not meeting the claims, should the omitted fact have been of such importance that the risk may not have been in the first instance, in terms of the policy. This may lead to the cancellation of this policy or rejection of claims without refund of premiums.
- That I understand that this is an Accident and Health policy with stated benefits in terms of the Short-term insurance Act of 1998 and not 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 GENRIC Health contacting my current medical practitioner to verify any medical details as provided in my application form. I further consent to such information being disclosed to GENRIC Health for purpose of verifying the disclose as provided on my application form.
- That I will advise GENRIC Health of any changes to my health state between the point of application and actual inception of my policy.
- As part of our claims validation process we use the services of a contracted third party in order to authenticate relevant beneficiaries and other relevant information to validate the claim.
- We reserve the right to call for additional information of a clinical nature. In the event that GENRIC Health requests a PMA (Post Medical Assessment) from your doctor as part of the claims assessing and authentication process.
- I authorise GENRIC Health to negotiate with service providers on my behalf

Declaration and informed Consent in terms of the Protection of Personal Information Act No. 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 Policy Holder: Date: