



Benefits Summary

Underwritten by Guardrisk Insurance Company Limited



Gap Cover

Gap Cover benefit covers charges above the medical scheme tariff for associated services in-hospital, listed out-patient procedures, chemotherapy, or radiotherapy for the treatment of cancer, and kidney dialysis. Gap cover 100 ensures insured persons have up to 600% cover, and Gap cover 200 provides up to 200% cover.



Out-patient Specialist Consultation Benefit

A benefit equal to actual cost, limited to six (6) times the Medical Scheme Tariff, less the higher of the Medical Scheme Tariff or Medical Scheme Option Reimbursement Rate for out-patient Specialist consultations. Limited to 3 consultations per family per year and a maximum of R1,300 per consultation.



Major Medical Co-payment / Deductible Cover

Co-payment benefit covers co-payments or deductibles levied by the medical scheme for in-hospital admissions, listed out-patient procedures, and CT, MRI, and PET scans. Includes a once-off payment per family per year for the penalty imposed by a medical scheme for the use of a non-network hospital. Penalty Co-payment is limited to R15,000.



Sub-limitation Cover

Sub-limitation benefit covers charges above the defined in-hospital sub-limits imposed by the medical scheme.



Cancer Cover

The cancer benefit covers the shortfall - either the co-payment after the sub-limitation or the sub-limitation for traditional methods of cancer treatment, or sub-limitation for treatment of cancer with defined biological drugs, immunotherapy, hormone therapy, targeted therapy, photodynamic therapy, and/or stem cell transplants.



Casualty Ward Benefit

Casualty ward benefit covers the cost of a medical or a surgical procedure following an emergency incurred in a hospital casualty unit of a hospital where such costs were not met by the medical scheme.



LPE Advanced

Provides a benefit equal to the cost of in-hospitalisation and associated medical expenses (as defined) relating to one of the listed procedures less the cover provided by the medical scheme option: plus Gap Cover 100 benefit; plus Casualty ward benefit



Premium Waiver Benefit

Provides for a once-off payment equal to 6 months of the member's medical scheme contributions and Gap Cover premium.



Dread Disease (Severe Illness) Benefit

Provides a once off dread disease benefit, limited to the first diagnosis of cancer. * See dread disease exclusions.



Travel Benefit

Up to R 2million medical emergency travel benefit for trips not exceeding 90 days.

The travel benefit is administered by Hepstar Financial Services (Pty) Ltd (FSP No. 45097) and underwritten by Guardrisk Insurance Company Limited, a license Non-Life insurer (FSP No. 75).

All Gap Cover Benefits highlighted in orange are limited to R219,845 per insured person per year or any higher amount which may be published by the Regulator during the year.



Product Summary & Selection

Product	Listed benefits	Specific limitation per insured person per year	Overall limitation per insured person per year	Premium per family per month (incl. VAT)	Premium single rate per month (incl. VAT)	
Alpha	Gap Cover 100		R219,845 or any higher amount published by the Regulator	○	○	
	Out-patient specialist consultation benefit	Limited to 3 consults per family per year and a maximum of R1,300 per consultation.				
Phi	Gap Cover 200		R219,845 or any higher amount published by the Regulator	○	○	
	Out-patient specialist consultation benefit	Limited to 3 consults per family per year and a maximum of R1,300 per consultation.				
Sigma	Gap Cover 100 Co-Payment Cover		R219,845 or any higher amount published by the Regulator	○	○	
	Penalty co-payment	R15,000				
	Casualty benefit	R11,000				
	Out-patient specialist consultation benefit	Limited to 3 consults per family per year and a maximum of R1,300 per consultation.				
	Travel insurance					
Omega	Gap Cover 100 Co-Payment Cover		R219,845 or any higher amount published by the Regulator	○	○	
	Penalty co-payment	R15,000				
	Sub-Limit Cover Cancer Cover					
	Casualty benefit	R11,000				
	Out-patient specialist consultation benefit	Limited to 3 consults per family per year and a maximum of R1,300 per consultation.				
	Premium Waiver benefit	Limited to 6 months medical aid contributions and Gap Cover premium				
	Dread Disease benefit	Once off R50,000 on diagnosis				*See Dread Disease exclusions
	Travel insurance					

* Dread Disease Exclusions

- All tumours, which are histologically described as pre-malignant, as non-invasive or as Cancer in situ.
- All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
- Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.
- Any skin Cancer other than malignant melanoma.
- Cancerous cells that have not invaded the surrounding or underlying tissue.
- Early Cancer of the prostate gland or breast. (Stage1 described as T1a, N0, M0, G1)



Product Summary & Selection

Product	Listed benefits	Specific limitation per insured person per year	Overall limitation per insured person per year	Premium per family per month (incl. VAT)	Premium single rate per month (incl. VAT)
Echo	Gap Cover 100		R219,845 or any higher amount published by the Regulator	<input type="radio"/>	<input type="radio"/>
	Casualty benefit	R11,000			
	Out-patient specialist consultation benefit	Limited to 3 consults per family per year and a maximum of R1,300 per consultation.			
	Medical expenses related to 13 defined procedures	A R100,000 limitation applies to any one of the 13 defined procedures			
Nova	Gap Cover 100 Co-Payment Cover		R219,845 or any higher amount published by the Regulator	<input type="radio"/>	<input type="radio"/>
	Penalty co-payment	R15,000			
	Casualty benefit	R11,000			
	Out-patient specialist consultation benefit	Limited to 3 consults per family per year and a maximum of R1,300 per consultation.			

Inception date (date cover is to commence)

Age 21 to 30 (under 31) years	Qty	Alpha	Phi	Sigma	Omega	Echo	Nova
		R190,00	R130,00	R249,00	R303,00	R187,00	R215,00

TOTAL PREMIUM
(Product premium & additional adult dependant combined)

RESET

Premiums are reviewed annually, effective from 1 January. The Insurer reserves the right to alter the premium at any time by providing the Insured with 31 days' written notice, subject to the change being based on sound actuarial reasons.



Premium Payment

Payroll Details

Employer name:	Employee name:
Employee cost centre:	Employee surname:
Date employed: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Employee number:
Source of funds:	

Please note that if premiums are paid via payroll they will be collected monthly in arrears (unless otherwise specified) for the current month of cover.

Having applied for the policy detailed above, and on acceptance of my application by the Insurer, I hereby authorise my salaries/payroll division to deduct the above premium from my salary and remit to the Insurer on a monthly basis. Such authorisation shall remain in force and effect until cancelled by myself, in writing with thirty one (31) days notice or I leave the employ of my current employer. I further authorise the Insurer to increase the amount as per amendments of the policy and authorise my salaries/payroll division to effect payment on relevant increases. I understand and accept that the company reserves the right to adjust the premiums by giving thirty one (31) days written notice prior to the effective date of the change.

SIGNATURE OF ACCOUNT HOLDER

DATE



Use of Personal Information Declaration

I hereby consent to Ambledown processing my personal information, including but not limited to, the administrative functions listed below.

- Processing this application;
- Processing of future instructions submitted;
- Communications with me in relation to any matters in relation to my policy.

I consent to Ambledown disclosing and transferring my personal information to any contracted 3rd party for the purposes of collecting premiums, claim assessments and statutory reporting in connection with this contract.

I acknowledge I have the right to –

- object to the processing of my personal information on reasonable grounds unless legislation allows for such processing in the manner prescribed by the POPI Act;
- lodge a complaint with the Information Regulator;
- request from Ambledown details of any of my personal information Ambledown holds on my behalf and details of how my personal information has been processed.

Ambledown will use its best endeavors to ensure your personal information is reliable, however it remains your responsibility to advise Ambledown of any changes to your personal information in a timely manner. The information supplied to Ambledown must be complete, correct and up to date.

I understand why my personal information is required and the purpose it will be used and I, hereby, give Ambledown consent to process my personal information as provided above.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE



Participating Entities



- Insurer/underwriter - Guardrisk Insurance Company Limited (GICL), a licensed non-life Insurer, a Cell Captive Insurer and an authorised financial services provider, Reg. No. 1992/001639/06, FSP No. 75. Tel: 011 669 1000 / www.guardrisk.co.za.
- Vida Product Services (Pty) Ltd (Vida), a Cell Captive Owner and an authorised financial services provider, Reg. No. 2021/447551/07, FSP No. 52285.
- Ambledown Financial Services (Pty) Ltd (Ambledown), an Underwriting Manager Agency (UMA) and an authorised financial services provider, Reg. No. 2004/006271/07, FSP No. 110287.
- Your broker – Please refer to section labeled “Broker Details”.

Relationship between Vida and GICL

This Policy is subject to a cell captive relationship between GICL and Vida, as a result of a shareholder and subscription agreement concluded between GICL and Vida, whereby Vida is entitled to share in the profits and losses generated by the insurance business.

Therefore, this is an arrangement whereby GICL shares equity with Vida through a shareholding arrangement and provides Vida a vehicle through which to write insurance risks.



Declaration



I declare that I have not withheld any information and I accept that this application and declaration shall be the basis of the contract of insurance between me and the Insurer, which will become effective on the first day of the month for which premiums are received. I also acknowledge that should this application not be considered as part of a full financial needs analysis and I have instructed the broker not to proceed with a full financial needs analysis, this could have the effect that all my financial needs may not be properly addressed. I further confirm that the following notable conditions have been explained to me:

- No benefits will be payable during a general 3 month waiting period for all treatment received unless the treatment was required as a result of an accident (external violent physical means).
- No benefits will be payable for treatment during the first 12 months of the policy if treatment or advice was received 12 months prior to inception of the policy that related to the subsequent treatment.
- Not all your dependants on your medical scheme are automatically covered under this policy, only your eligible spouse and your eligible children are covered as per the policy definitions.
 - Only one spouse is allowed.
 - The maximum age for a child dependant is under 21. This age may be extended to under 26 in respect of an unmarried child who is a dependant on the Principal Insured Person's or the Principal Insured Person's Spouse's Medical Scheme. Alternatively, this age may be extended to under 31, at an additional cost, for children who are financially dependent on the Principal Insured Person and are a dependant on the Principal Insured Person's or the Principal Insured Person's Spouse's Medical Scheme.
 - No cover is provided for extended family members.

I confirm that although I have completed this application form, it does not constitute an insurance contract until a membership number is assigned, policy issued and premium is successfully paid.

I confirm that a key information disclosure document has been provided to me by my intermediary / broker that sets out key information. The key information document can also be viewed on: www.ambledown.co.za/compliance

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please return to your broker or alternatively:

Ambledown Financial Services (Pty) Ltd, PO Box 1862, Cramerview, 2060

Tel Number 0861 262533, Fax Number 011 463 1600, E-mail Address: admin@ambledown.co.za

Brokerage: _____

FSP number: _____

Tel number:

--	--	--	--	--	--	--	--	--	--

Email address: _____



Ambledown is an Authorised Financial Services Provider, No. 10287



Guardrisk Insurance Company Limited, a licensed Non-Life insurer and an authorised Financial Services provider (No.75)



Benefits of appointing Aon South Africa Healthcare as your intermediary

Aon Healthcare is committed to providing you with exceptional service at every interaction. We have a team of professional, fully accredited advisors to assist you with all your medical schemes, Gap cover and Primary care enquiries.

Our philosophy is to:



Guide:

our members in selecting the medical scheme, Gap cover insurance or Primary care options aligned to their needs.



Educate:

our members with ongoing training throughout the year, end of year medical schemes and Gap cover benefits and rate changes.



Protect:

the rights of members by applying the Medical Scheme Act and scheme rules when resolving disputes with the medical schemes on behalf of the members.

Catalogue of services and technological platform accessible to our members

- **Microsites:** Provides you with access to voice recorded Induction, Year-end renewal, Year-end launch highlight presentations, brochures, COVID-19 updates, various application forms.
- **Aon Resolution Centre:** Professional assistance with your Medical scheme, Gap cover or Primary care claim resolution, comparison or benefit explanation.
- **Year-end renewal communications:** Access to member letters providing updates on the following:
 - **Alert** - Provides high level summary of benefits and rates changes launched by medical scheme, Gap cover insurance as well as Primary care providers.
 - **Member letter** - Provides comprehensive information in relation to the benefits and rates changes implemented by Medical scheme, Gap cover or Primary care provider.
 - **Guidance letter** - Aon generates guidance letters for members that are under or over insured. The purpose of the guidance letter is to guide a member on selecting an appropriate option aligned to his/her needs.
- **Ad-Hoc Alerts:**
 - Ad-hoc updates pertaining to Medical schemes industry or providers specific updates.

Cost of appointing Aon

We are pleased to inform you that there is **no additional fee** charged by Aon when you appoint Aon Healthcare as your Healthcare intermediary. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme whether you have appointed Aon as broker or not. This monthly commission is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT). In terms of Primary Care Insurance products we earn maximum 3%. Gap Cover Insurance products, we earn commission on a sliding scale from 5% up to 20% depending on policy holder's monthly contributions.

Connect with us

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact. We partner with our client and seek solutions for their most important people and HR challenges. We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to www.aon.co.za

<http://www.facebook.com/Aonhealthcare>
Click "Like" on our page (Aon healthcare)

http://twitter.com/Aon_SouthAfrica
Click "follow" on our profile

Aon Employee Benefits – Healthcare

Aon South Africa Pty Ltd, an Authorised Financial Service Provider, FSP # 20555.

<http://www.aon.co.za/disclaimer>

On all services provided, Aon's Terms & Conditions of Business, as amended from time to time, are applicable and can be found at

<http://www.aon.co.za/terms-of-trade> or will be sent to you upon request.

[Privacy Notice](#)

Copyright© 2022. Aon SA (Pty) Ltd.
All rights reserved.

Disclaimer:

Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

POPIA

Protection of Personal Information Act 4 of 2013 (POPIA), Medical Schemes are requesting a signed Broker Appointment letter to make certain information available to Aon South Africa (Pty) Ltd.



Contact us on: **0860 100 404**, P.O.Box 78367, Sandton, 2146, www.aon.co.za

FSP number: 20555; CMS number: ORG895

Follow our [website link](#) for further information on Aon's processing of your personal information

Acknowledgement of appointment

I acknowledge and appoint Aon South Africa (Pty) Ltd as my financial advisor for all matters related to my Gap Cover Provider.

My ID: _____ and policy number: _____

Signed at (Town or City): _____ on yy/mm/dd: _____

I have been informed that there is no additional fee charged by Aon for providing you with healthcare intermediary services. Aon earns monthly commission which is already included in the monthly contribution you pay over to the Gap Cover Provider. Monthly commission is part of your total monthly contributions paid to the Gap Cover Provider. This monthly commission is limited to 20% of the monthly contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Short-term Insurance Act 53 of 1998, plus Value Added Tax (VAT).

Monthly premium band	Maximum Commission Level
Above R1 200	5 %
R601 to R1 200	10 %
R300 to R600	15 %
Less than R300	20 %

Permission to process my personal information as well as personal information of all dependents included on my membership application form and I consent to Aon South Africa (Pty) Ltd accessing information listed on the table below.

I give consent for the disclosure of information about me.

Policy no: _____ ID or passport no: _____

Gap Provider: _____ Aon Broker Code: _____

Title: _____ Initials: _____ Surname: _____

First name(s) (as per identity document): _____

The following information should be made available to my appointed Broker as is necessary:

Personal examples	Benefit examples	Financial examples	Medical examples
Policy number Date of birth ID number Postal and e-mail Address Physical address Contact details	Type of cover Waiting period details	Total monthly premiums	Claims statement from Medical Scheme and / or Gap Cover Insurance Claims statement from provider



By signing this letter of appointment , I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd (“Aon”) to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it’s reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Signed at (Town or City): _____ on yy/mm/dd: _____

Signature: _____