

GROUP MEMBER 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>
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 polic,;

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 <input type="checkbox"/>	Female <input type="checkbox"/>
ID number \ Passport:		Relationship to applicant:	
Date of birth:		<i>Compulsory</i>	

Name and Surname:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
ID number \ Passport:		Relationship to applicant:	
Date of birth:		<i>Compulsory</i>	

Name and Surname:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
ID number \ Passport:		Relationship to applicant:	
Date of birth:		<i>Compulsory</i>	

Name and Surname:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
ID number \ Passport:		Relationship to applicant:	
Date of birth:		<i>Compulsory</i>	

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:	<input type="text"/>	Intermediary Code:	<input type="text"/>
Sales Person:	<input type="text"/>	Sales Code:	<input type="text"/>
Tel no.:	<input type="text"/>	Cell no.:	<input type="text"/>

OPTION SELECTION

PREMIUM APPLICABLE TO INSURED

GOLDEN HOUR	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>	Premium per month	<input type="text" value="R"/>
HOSPITAL PLAN	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>	TOTAL PREMIUM PAYABLE	<input type="text" value="R"/>
PRIMARY STANDARD	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>	*Intermediary Fee (Optional)	<input type="text" value="R"/>
COMPREHENSIVE STANDARD	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>	* The Intermediary fee will only be collected subject to us receiving a signed contract between the Intermediary and Policyholder.	
COMPREHENSIVE PLUS	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>		
COMPREHENSIVE ADVANCED	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>		
COMBINED: PRIMARY STANDARD & HOSPITAL PLAN	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>		

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:

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 ENRIC, 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 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:

EMPLOYER/GROUP DETAILS

Employer Group Name:
Employer Representative
Full Name: Mr Mrs Miss Dr Other
Surname:

Signature of authorised Employer Representative:

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