

## Application Form - Individual

Please complete this form in black ink and CAPITAL letters

### PRINCIPAL INSURED DETAILS

Policy Inception Date: \_\_\_\_\_

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: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ Code: \_\_\_\_\_

### SPOUSE DETAILS

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.: \_\_\_\_\_

### DEPENDANTS

Cover is limited to:

- The Policyholder and maximum of 4 dependants in total.
- Only one adult dependant is permitted.
- The only other dependants allowed are child dependants.

Dependants are:

- Spouse and/or dependent children up to the age of 21 years.
- Students up to the age of 27 (please prove full time enrollment).
- Adopted/foster child (please attach documentary proof).
- An adult who is dependent on the policyholder and approved as eligible for membership of this policy.

Name And Surname: \_\_\_\_\_

ID Number \ Passport: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name And Surname: \_\_\_\_\_

ID Number \ Passport: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Sanlam Primary Care is administered by Wesmart Financial and Administration Solutions (Pty) Ltd, an authorised Financial Services Provider (FSP: 45769) and underwritten by GENRIC Insurance Company Limited (FSP: 43638), an authorised Financial Services Providers and licensed non-life insurer. Sanlam Primary Care is not a medical scheme. The cover is not the same as that of a medical scheme and is not intended to be a substitute for a medical scheme membership.

[Financial Planning](#)[Investments](#)[Insurance](#)[Retirement](#)[Wealth](#)

**Sanlam Health Solutions**  
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Sanlam Health Solutions Reg no 1959/001562/06  
Licensed Financial Services and Registered Credit Provider (NCRCP43)  
Refer to the Sanlam website for directors and company secretary details.

[www.sanlam.co.za](http://www.sanlam.co.za)

### DEPENDANTS continued

Name And Surname: \_\_\_\_\_

ID Number \ Passport: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name And Surname: \_\_\_\_\_

ID Number \ Passport: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

### STATISTICS

Race:  Indian/Asian  Black/Coloured  White  Other

Gender: Income  Male  Female

Bracket:  0 - 2 500  2 501 - 5 000  5 001 - 7 500  10 001 - 12 500  12 501 - 15 000  15 001+

### MEDICAL QUESTIONS

We believe in protecting your privacy and will not share, rent or sell any personal information or any statistical data received to third parties outside of Sanlam Primary Healthcare Solutions, except as described in this policy.

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

1. Have you been admitted to hospital in the last 4 months?  Yes  No
2. Are expecting a hospital admission or aware of any conditions or illness that would require treatment in the next 12 months?  Yes  No
3. Are you or any of your dependants currently pregnant?  Yes  No
4. Have you taken or are currently taking chronic medication in the past 24 months?  Yes  No
5. Is there any additional information not specifically mentioned in this questionnaire related to your health statement that can affect our decision on cover?  Yes  No

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

| Question No. | Applicant/Dependents | Full Details (including details of disorder, date diagnosed, nature, duration of treatment and details of consulting doctor) |
|--------------|----------------------|------------------------------------------------------------------------------------------------------------------------------|
|              |                      |                                                                                                                              |
|              |                      |                                                                                                                              |
|              |                      |                                                                                                                              |
|              |                      |                                                                                                                              |

### INTERMEDIARY DETAILS

Intermediary Group:  Intermediary Code:

Sales Person:  Sales Code:

Tel No.:  Cell No.:

### OPTION SELECTION

PRIMARY STANDARD ADULT  ADULT DEPENDANT  CHILD  Premium per month

PRIMARY STANDARD + ACCIDENT ADULT  ADULT DEPENDANT  CHILD  TOTAL PREMIUM PAYABLE

ARE YOU A MEMBER OF FEDHEALTH SAVVY?  YES  NO

Signature of Policy Holder Date 

Spouse (If married in community of property) \_\_\_\_\_

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 Applicant: \_\_\_\_\_

**BROKER FEE AGREEMENT**

I (Full Name) \_\_\_\_\_ with ID number: \_\_\_\_\_

acknowledge that my broker / advisor is (Company Name) \_\_\_\_\_

with FSP number \_\_\_\_\_ is authorised to request Sanlam Primary Healthcare Solutions with FSP

number 00000, to collect an additional broker fee of R \_\_\_\_\_ with my monthly premium on this policy for the services listed below.

List of Services

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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 of Brokerage Date Signature of Client 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>.