

# Employer Details Form

2026

Underwritten by Guardrisk Insurance Company Limited  
 A registered Non-life Insurer and Authorised Financial Services Provider  
 Company Registration No. 1992/001639/06, FSP No. 75

## 1: Your company details

Employer name (registered name)	<input type="text"/>												
Company registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
VAT registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Physical address	<input type="text"/>												
	<input type="text"/>									Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	<input type="text"/>												
	<input type="text"/>									Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.1 Your company's primary contact person

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>					
Surname	<input type="text"/>									
Office telephone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>									

### 1.2 Your company's secondary contact person

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>					
Surname	<input type="text"/>									
Office telephone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>									

## 2: The cover applicable to your employees

Cover basis	<input type="text" value="Compulsory"/>	<input type="text" value="Voluntary"/>
Employees have the following cover options	<input type="text" value="Supreme Gap"/>	<input type="text" value="Primary Gap"/>
Please indicate start date of cover for employees	<input type="text" value="0 1 M M Y Y Y Y"/>	

**Cover can only start on the first day of the calendar month following application. No requests for backdating of cover will be considered.**

## 3: Preferred billing method

**Please note that advance billing is compulsory for groups of less than 35 employees.**

Premiums are payable monthly in	<input type="text" value="Advance"/>	<input type="text" value="Arrears"/>	
Payment is to be made via	<input type="text" value="Employee debit order"/>	<input type="text" value="Employer EFT"/>	<input type="text" value="Employer Debit Order*"/>
	<i>Only available for voluntary groups</i>		

#### 4: Banking details for employer debit order deductions

Please attach proof of bank account.

Deduction date	1st	7th	10th	15th	20th	25th
Account holder name						
Account holder registration/ID number						
Name of bank						
Account number				Branch code		
Type of account	Cheque		Savings		Transmission	

#### 5: Financial adviser's details

Name and surname						
Brokerage					FSP No.	
Office telephone number				Cellphone number		
Email address						

#### 6: Permission to process and disclose personal information

You hereby warrant that you, as the employer, have obtained consent from your employees to collate, collect, process, store and disclose information in respect of their gap insurance cover with MedGap, underwritten by Guardrisk Insurance Company Limited. You further warrant that you will provide Guardrisk Insurance Company Limited with all information required

##### Authorised signatory

On behalf of the employer and employees, duly authorised

Name and surname						
Designation						

<b>Signature</b>		<b>Date</b>	D	D	M	M	Y	Y	Y	Y
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#### 4: Employer declaration

1. You undertake to pay monthly contributions for your employees by the payment due date (if payment is via EFT).
2. You confirm your understanding that Guardrisk may suspend or cancel the cover of your employees and their dependents if payment is not made by the payment due date.
3. You further confirm that during any period of suspension, Guardrisk will not be responsible for paying of any claims in respect of your employees.
4. You acknowledge that applicants for cover must be employed by you on the date that cover starts in order to be eligible for the premium applicable to your company.
5. You commit to notify Guardrisk timeously of any administrative changes such as new applicants, cancellation of cover, etc. and you confirm your awareness that Guardrisk will not backdate any changes in cover.
6. You agree that you are responsible for any losses that Guardrisk may suffer because you did not give us this information.
7. You confirm that it is your responsibility to ensure that you provide Guardrisk with updated employee personal and contact details and you undertake to make this information available to Guardrisk as-and-when requested. Employee details to be made available to Guardrisk include inter alia full names, identity number, postal and physical address, e-mail address and mobile number.
8. You commit to provide Guardrisk with a membership and premium reconciliation on a monthly basis in accordance with agreed timelines.

##### Authorised signatory

On behalf of the employer and employees, duly authorised

Name and surname						
Designation						

<b>Signature</b>		<b>Date</b>	D	D	M	M	Y	Y	Y	Y
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