APPLICATION TO CONTINUE ON MEDGAP FOR BONITAS GROUP SCHEME 2024

Contact us
Tel: 012 001 2500, Email: info@medgaponline.co.za

Eligibility for continuation:

In order for cover to continue from Admed or MedGap to the MedGap for Bonitas Group Scheme without waiting periods being applied the following conditions must be met:

1. There must not be a break in cover of more than 90 days between the Admed/MedGap cover termination date and the MedGap for Bonitas cover continuation date. If there is a break in cover of more than 90 days, waiting periods may be applied to you and your dependants' cover;
2. Application for continuation must be received before the cover termination date;
3. If you wish to also change your cover option on your continuation date, please complete and submit an option change form. An option change form is available from MedGap on Tel: 0860 102 936 or Email: info@medgaponline.co.za;
4. To update dependant details, please complete and submit a policy amendment form. An policy amendment form is available from MedGap on Tel: 0860 102 936 or Email: info@medgaponline.co.za;

YOUR PERSONAL DETAILS

Title		Surname	
First names			
Employer		Member no.	
Identity no.		Date of birth	d d m m y y y y
Cover termination date	d d m m y y y y	Cover continuation date	d d m m y y y y

YOUR CONTACT DETAILS

Mobile no.		Alternative no.	
Email address			
Medical aid name		Plan option	
Medical aid No.		Date joined	d d m m y y y y

YOUR MONTHLY MEDGAP FOR BONITAS 2023 PREMIUM

MedGap Supreme – R359 ☐ (under 65 family)
MedGap Primary - R280 ☐ (under 65 family)
Millennial Supreme – R241 ☐ (under 30 single)
Millennial Primary - R184 ☐ (under30 single)

YOUR BANKING DETAILS

Your premium is payable monthly in advance on the first day of each month. This means that if you are moving from an arrears-paying policy, you may have to pay your last premium with your group policy and your first premium on your new individual policy at the same time

Account holder name		Bank name	
Branch name		Branch code	
Account number			
Debit Order Date	1st	7th	10th	15th	20th	25th

Type of account: Cheque ☐ Savings ☐ Transmission ☐

By initialling this box you: ☐

1. Authorise Guardrisk to debit your account with the monthly premium due in respect of this policy.
2. Acknowledge that this authorisation will remain in force and effect until cancelled by you, in writing with one calendar month's notice.

3. Understand and accept that should your premium be adjusted annually on renewal and in the case of benefit restructuring necessitated by changing legislation, with one month's notice and subject to your right of cancellation of cover, the aforementioned authorisation will extend to the adjusted premium.
4. Undertake to inform Guardrisk of any change in your banking details and you authorise Guardrisk to verify such banking details with your bank.
5. Confirm that Guardrisk shall not be held liable for incorrect claim payments made as a result of your failure to inform Guardrisk of your change in banking details
6. Accept that Guardrisk may debit your account on a date other than that specified.
7. Notwithstanding the fact that you grant Guardrisk permission to collect premiums, you acknowledge that it is your responsibility to ensure that premiums are collected for cover to remain in force.

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Signature of bank account holder

Date signed:

d	d	m	m	y	y	y	y

YOUR DECLARATION AND CONSENT

Please initial each of the following sentences below to confirm that you are in agreement with the statement:

1. I hereby apply for continuation of my Admed/MedGap cover on the MedGap for Bonitas Group Scheme and I agree to abide by its rules. ☐
2. I declare my understanding that this insurance product is not a substitute for medical scheme cover and that it does not replace my, or my dependants' medical scheme cover. ☐
3. I understand that this product does not insure against every shortfall in medical scheme cover and that I am aware of the circumstances in which my and my dependants' cover will and will not pay. ☐
4. I further declare my understanding that my and my dependants' eligibility for cover is dependant on my, and my dependants remaining active members of a registered medical scheme and I undertake to advise Guardrisk if I terminate my, or my dependants' medical scheme membership at any time. ☐
5. I authorise the disclosure of relevant medical information by my medical scheme to Guardrisk to assist in the processing of claims under this policy. This information could include my (or one of my dependants') diagnosis, treatment and medical history. I further confirm that my dependants and/or beneficiaries have also provided the necessary authority for their medical scheme to disclose their relevant medical information to Guardrisk to assist in the processing of claims under this policy. ☐
6. I authorise Guardrisk to obtain from any person, medical practitioner or institution, any information that Guardrisk requires for purposes of claims arising from this policy. I authorise such person(s) to give the said information to Guardrisk, and to share with other insurers and medical schemes any information in this application or in any related policy or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as Guardrisk or the operators of such database may decide from time to time. I acknowledge that I cannot cancel this authorisation and that it will endure after my death. ☐
7. I authorise Guardrisk to collect, process and store my and my dependants' personal information for the purpose of administering cover under this policy. I further confirm that my dependants and/or beneficiaries have also provided me with the authority to disclose their personal information to Guardrisk. ☐
8. I confirm that I am aware of my right to request a copy of my and my dependants' personal information that Guardrisk holds, that I have the right to request that such personal information is updated, corrected or deleted by Guardrisk and that I have the right to object to the processing of my personal information by lodging a complaint with the Information Regulator. ☐
9. I authorise Guardrisk to negotiate discounts on my behalf with medical service providers in order to maintain a good risk profile for my cover. If successful, I acknowledge that payment will be made directly to the service provider's bank account and no further payment will be due to me. ☐
10. I undertake to notify Guardrisk of any change in my personal details within a reasonable time period and I indemnify Guardrisk against any liability for any loss that may result from my failure to notify Guardrisk of such change in a timeous manner. ☐

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Signature of Applicant

Date signed:

d	d	m	m	y	y	y	y