PPS GAP COVER

APPLICATION FORM 2027

RETURN ADDRESS AND ZESTLIFE CONTACT DETAILS:

Email: info@zestlife.co.za
Post: PostNet Suite #87, Private Bag X1005, Claremont, 7735
Tel: 021 180 4220 | 0860 009 378
Web: www.zestlife.co.za

Submit your completed application form to:
applications@profmed.co.za if you have been assisted by a Profmed New Business Executive; or info@zestlife.co.za if you have been assisted by your Financial Advisor.

SECTION A: PRODUCT SELECTION

PPS Gap Cover is underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP no. 75) and licensed non-life insurer.

The premiums listed below are for 2027. The premiums and benefits are renewed annually on 1 January. This also means that your premium may change on 1 January each year and not 12 months after your commencement date due to inflation.

PPS membership number | | | | | | | | | | |

PREMIUM TABLE – AIX

Cover for Individuals		Cover for Families		Optional Benefits	
☐ Younger than 35 years old	**R291 pm**	☐ Where all family members are younger than 65	**R674 pm**	☐ Cancer R136 000	**R130 pm**
☐ 35 - 54 Years old	**R520 pm**	☐ Where one or more family members are older than 65	**R846 pm**	☐ Cancer R272 000	**R216 pm**
☐ 55 – 64 Years old	**R674 pm**				
☐ 65 Years and older	**R846 pm**				

Policy start date (must be on the 1st day of a future month) | D | D | M | M | Y | Y | Y | Y |

IMPORTANT INFORMATION

- Cover for extended cancer benefits will end when the insured person reaches the age of 65.
- Gap Cover is annually renewable with premiums determined by the policyholder's age, or the eldest insured member in the case of family cover. When an insured person's age exceeds the Gap Cover age bracket under which they are covered, the policy will be moved to the next age and premium bracket from 1 January the year following.
- A policyholder on an individual policy should notify us if there is a change in their circumstances requiring cover for additional dependants, in which event the premium will be amended accordingly.
- Older people are likely to claim more benefits than younger people and therefore premium amounts are age banded and differentiated based on age.
- One debit order will be collected for your gap Cover and any optional benefits you choose.
- If you miss a premium, you have 31 days to pay the outstanding premium. If you pay by debit order and we are unable to collect your premium by the due date, we will try to deduct 2 times your monthly premium during the next monthly debit order run.
- If the outstanding premium is not paid within 31 days or we are again unable to collect your outstanding premium, we will cancel your policy and your cover will end as at midnight on the day before your outstanding premium was due.
- Policy premiums are not tax deductible in the same way that your medical scheme contributions are. No IT3 tax certificates can therefore be issued for this purpose.
- The policy agreement will be subject to South African law and all premiums and benefits will be in Rands from and to a South African bank account. If the law or the interpretation thereof changes, we may change the terms of the policy. We will notify you of any such changes.

SECTION B: INTERMEDIARY DETAILS

Brokerage name

Consultant full names and surname

Zestlife intermediary code

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SECTION C: PRINCIPAL INSURED DETAILS

Title | First names

Surname | Gender F M

Date of birth D D M M Y Y Y Y | ID/Passport number

Country that issued Passport

Postal/Physical Address

SUBURB | TOWN/CITY | Postal code

Cellphone number | Email address

Business telephone number | Medical scheme name

Medical scheme option name | Total number of people on your medical scheme

SECTION D: EXTENDED CANCER COVER

Please answer the question below if you are applying for the **Extended Cancer Cover**. If your answer is 'Yes' you will unfortunately not qualify for the Extended Cancer Cover.

Have you or any of your dependants on your medical scheme or your spouse and dependants on your spouses' medical scheme, ever had any form of cancer, cancerous growths, tumours, lumps of malignant moles? Yes ☐ No ☐

Please ensure that your answer to the question above is accurate. Should your answer be untruthful or inaccurate it may lead to the decline of future claims that may arise.

SECTION E: BANKING DETAILS FOR COLLECTION OF PREMIUMS AND CLAIM PAYMENTS

COLLECTION OF PREMIUMS - DEBIT ORDER AUTHORISATION

I authorise Zestlife to issue payment instructions to its bank to collect the monthly premium/s due for the product/s I applied for by debit order from my bank account on condition that the sum of such payment instruction will never be more than my obligation in terms of this application. I acknowledge that all payment instructions issued by Zestlife shall be treated by my bank as if the instructions have been issued by me. The debit order will be collected every month on the debit order collection date selected below.

If this collection day falls on a Sunday or recognised South African public holiday, the collection day will automatically be the following business day. I acknowledge that this debit order authority may be assigned to a third party only if the policy is transferred to another insurer or administrator. I understand that the payment instruction will be processed through a computerised system provided by the South African banks.

I will not have the right to any refund of amounts which Zestlife has collected while this debit order authority was in force, if such amounts were legally owed to Zestlife. This debit order authority may be cancelled by giving Zestlife notice of not less than 31 days and the cancellation will not necessarily cancel my policy. The name "Zestlife" followed by a unique reference number will be reflected on my bank statement as the payment reference. Zestlife must be notified should you wish to cancel the policy.

Full first names of bank account holder

Surname of bank account holder

ID/Passport number of account holder

Name of bank | Branch name | Branch code

Account number

Type of account CHEQUE | TRANSMISSION | SAVINGS

Monthly debit order deduction day D D

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CLAIMS PAYMENTS

☐ Tick this box if we may use the same bank account details provided for your premium payments for claim payments.

If not, please complete the bank details below and provide the bank details of the policyholder. The claim payments cannot be paid into a business bank account or to a third party. The claim proceeds may be paid directly to the relevant service provider at the discretion of Zestlife.

I authorise Zestlife to make payments to the account specified for claim payments.

I undertake to inform Zestlife of any changes in my banking details and authorise Zestlife to verify such banking details with the bank.

I confirm That Zestlife shall not be held liable for incorrect cliam payments made as a result of my failure to inform Zestlife of a change in my banking details.

Full first names of bank account holder

Surname of bank account holder

ID/Passport number of account holder

Name of bank | Branch name | Branch code

Account number

Type of account: CHEQUE | TRANSMISSION | SAVINGS

Signed at _____

Signature of account holder _____ Date D D M M Y Y Y Y

SECTION F: NEEDS ANALYSIS

The PPS Gap Cover product meets my needs as my medical scheme does not cover the total medical practitioner costs if I am hospitalised. The product was recommended as a solution because it will cover the difference between the total costs charged by medical practitioners and the amount payable or paid by my medical scheme up to an additional 500% (5 times) the medical scheme tariff. I understand that I will experience a shortfall if a medical practitioner charges more than what is actually paid by my medical scheme.

The Extended Cancer Cover (if chosen) meets my needs because I could experience medical scheme shortfalls on cancer treatment. The benefit is subject to a general six-month waiting period. Cover for this benefit ends on the day the insured person reaches age 65. A life insured is not covered if the claim is made within 12 months after the start of the Extended Cancer Cover policy in respect of a medical condition for which, in the 12 months preceding the start date of your policy, medical advice, diagnosis, care or treatment was received or would reasonably have been recommended. No claims submitted for cancer diagnosed within the first six months from the start of the Extended Cancer Cover will be payable.

I understand that there are other similar products on the market but the intermediary regards this gap Cover product as the most suitable product for me. Alternatively, the intermediary does not represent any other gap Cover product supplier. I confirm that a full needs analysis was done and that the monthly premium is affordable taking into account my other financial commitments.

REPLACEMENT POLICY

Will this application replace an existing policy?

Gap cover Yes ☐ No ☐ Name of current insurer

If Yes, please attach your membership certificate from your current gap provider stating the original cover start date, cover cancellation date and gap option.

Please note that you cannot be covered under more than one Medical Expense Shortfall Policy at the same time.

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SECTION G: DISCLOSURES

1. PPS Gap Cover is underwritten by Guardrisk Insurance Company Limited (FSP no. 75), a licensed non-life insurer.
2. Guardrisk can be contacted at 011 669 1000 or info@guardrisk.co.za.
3. Zestlife does not have any circumstances that could give rise to an actual or potential conflict of interest in dealing with the policyholder. Zestlife's Conflict of Interest Policy is available at www.zestlife.co.za.
4. Zestlife has Professional Indemnity Insurance cover in place.
5. You can lodge a complaint with the Complaints Department at Zestlife, at: complaints@zestlife.co.za, or on 021 180 4220.
6. Zestlife's complaints procedure and the contact details of the relevant Ombud are available at https://www.zestlife.co.za/legal-and accounting/ and can also be made available upon request.
7. If you are dissatisfied with the feedback received from your Intermediary and/or Zestlife, or your complaint remains unresolved, feel free to contact the Guardrisk Complaints Department at complaints@guardrisk.co.za, on 0860 333 361. Please refer to your policy wording and/or website for details on how to lodge a complaint with the National Financial Ombud Scheme, FAIS Ombudsman or the Financial Sector Conduct Authority.
8. Guardrisk is the compliance officer and can be contacted on 011 669 1000.
9. Intermediaries earn monthly statutory commission on premiums, namely 15% on gap cover.
10. If you change your mind about taking up the policy, you may let us know in writing within 31 days of the start date of the policy and we will cancel the policy and refund you your first (and only) premium paid.
11. Gap cover is not a medical scheme or a substitute for medical scheme cover. To qualify for gap cover, you must be a member of a South African medical scheme.
12. You will not be requested to waive any of your rights under the Code of Conduct.

Fraudulent claims

If any activity under the policy involves fraud, misrepresentation or false information, the policy may be cancelled. In this case, no claims will be paid out and no monthly premiums will be refunded.

Misrepresentation or misinformation

Benefits will only become due and payable once all claim requirements have been met and we are satisfied that the claim is valid.

A claim will be regarded as invalid due to misrepresentation or misinformation if:

- false information was provided when the policy was applied for;
- we become aware that material information was withheld from or not disclosed when the policy was applied for; or
- false information is supplied when the benefits are claimed.

In such cases, we reserve the right to place you in breach of contract and upon your failure to remedy such breach, we reserve the right to cancel the policy in its entirety. If we decide to cancel the policy, we may refund any premiums you have already paid less any expenses related to the cover you have enjoyed up until the cancellation of the policy.

Reviewing the adequacy of your policy

You will be responsible for ensuring that you regularly monitor your policy to ensure the cover remains adequate to meet your financial needs and that the cover remains appropriate.

PRE-EXISTING CONDITION EXCLUSIONS

1. You will not be entitled to claim a benefit for a period of 12 months from the start date of your policy in respect of a medical condition for which in the 12 months preceding the start date of your policy medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.
2. If you fall pregnant before the start date of your policy this will be regarded as a pre-existing condition and any pregnancy and birth related claims will be excluded for a period of 12 months from the start date of your policy.
3. If, immediately before the start date of this policy, you were insured under a medical expense shortfall policy with similar benefits to this policy, then the pre-existing condition waiting period will only be applied to the unexpired period of the pre-existing condition waiting period in the previous policy. The pre-existing condition waiting period will apply for a period of 12 months for any benefit not provided under your previous medical expense shortfall policy and for any insured person not covered under the previous policy.
4. The extended cancer benefits have a 6-month general waiting period.

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SECTION H: POLICY EXCLUSIONS

SPECIFIC EXCLUSIONS

No benefits are payable for:

1. Cosmetic surgery unless required due to illness or injury.
2. Penalty co-payments imposed by medical schemes for not following the rules of the scheme. An example of this type of penalty co-payment is the amount charged by medical schemes for not obtaining pre-authorisation prior to undergoing a medical procedure.
3. Treatment for obesity or treatment that is required as a result of obesity.
4. Elective or routine procedures and physical examinations, which are not required because of a specific medical condition that negatively impacts your health or is necessary due to poor health. This includes tests, annual check-ups, ECGs, scopes, ART (assisted reproduction therapy), elective circumcisions or any other procedure due to family history or illness or medical conditions, etc.
5. Treatment for depression, mental or stress-related conditions.
6. Claims not covered by the medical scheme.
7. Private and home nursing.
8. Hospital, hospice, step-down facility and Day Clinic costs.
9. Split billing charges. These are medical practitioner and medical service provider charges, charged separately to those submitted to medical scheme.
10. Medication and other materials including other prosthetic products such as crutches, limb guards or braces.
11. External prosthesis.
12. Cancer treatment or planned procedures received outside the Republic of South Africa.
13. Day-to-day medical practitioner costs.
14. Breast and dental implants.
15. Emergency medical transportation.
16. Out-of-hospital dental procedures.
17. Exploratory procedures or procedures that are paid for by your medical scheme on exception or ex-gratia basis.
18. Diagnosis and/or treatment for sleeping disorders.

GENERAL EXCLUSIONS

No benefits will be paid for claims arising from:

1. Nuclear weapons or nuclear or ionizing radiation.
2. Suicide, attempted suicide or intentional self-injury.
3. The taking of any recreational drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person).
4. Any illness or injury caused by the use of alcohol.
5. Illegal behaviour or as a result of breaking the law of the Republic of South Africa.
6. Participation in war, terrorist activity, invasion, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
7. All forms of aviation except commercial aviation where you are a fare paying passenger or a pilot or air crew on a commercial flight.
8. Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

ENHANCED CANCER BENEFIT EXCLUSIONS

All skin tumours (including, but not limited to, basal cell carcinoma and melanoma) and/or in situ carcinomas (cancers that are contained and have not spread to normal tissue) are excluded.

TRAVEL BENEFIT RESTRICTION

When travelling abroad, treatment for accident and illness is not covered after 90 consecutive days outside the Republic of South Africa.

SECTION I: PROCESSING AND PROTECTION OF PERSONAL INFORMATION

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date personal information and to maintain and update such information when necessary.

You accept that your personal information collected by us may be used for the following reasons:

- To establish and verify your identity in terms of the applicable laws;
- To enable us to fulfil our obligations in terms of this policy;
- To enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- Reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

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- Payment processing service providers, merchants, banks and other persons that assist with the processing of your payment instructions;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your personal information with;
- Credit bureaus;
- Our service providers, agents and sub-contractors that we have contracted with, to offer and provide products and services to any policyholder in respect of this policy; and
- Persons to whom we cede our rights or delegate our authority to, in terms of this policy.

You acknowledge that any personal information supplied to us in terms of this policy is provided according to the applicable laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify us from any claims resulting from disclosures made with your consent.

You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should the Insurer not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

SECTION J: DECLARATIONS BY APPLICANT

I, the undersigned, hereby declare:

1. To the best of my knowledge and belief, the information given on this application form, whether in my own handwriting or not, is true I have not withheld any material facts which are known to me. A material fact is likely to influence the assessment of this applicationby Guardrisk. (If you are in any doubt as to whether a fact is material, you should disclose it.)

2. I understand that any relevant material fact e.g. the health question for Extended Cancer Cover (refer to Section D), not given on this application form may lead to Guardrisk not meeting claims, if the fact left out is of such importance that the risk, in terms of the policy, may not have been accepted. This may lead to cancellation of this policy or rejection of claims, without a refund of premiums if applicable.

3. I confirm that I am a member or dependant of a South African registered medical scheme. I understand that it is a condition of this policyto remain a member or dependant of a medical scheme registered in South Africa to qualify for gap cover.

4. I understand that Guardrisk and Zestlife are committed to the transparency and confidentiality of my personal information. To offer your services and products to me, you may need to share, collect and process my personal information. For this purpose, my personal information is collected and processed internally by your staff, representatives or sub-contractors, and you will make every effort to protect and secure my personal information. I understand that I have a right at any time to ask for access to the information you have collected, processed and shared. I also acknowledge that the sharing of claims information and underwriting (including credit information) by insurers is essential to enable the insurance industry to underwrite policies and assess risk fairly and reduce the incidence of fraudulent claims, with a view to limiting premiums. I consent to this information being disclosed to any other insurance company or its agent and consent to the disclosure of any information relevant to claims concerning me or any person I represent. I also acknowledge that information given by me may be checked against other legitimate sources or databases.

5. I confirm that by signing this application form I agree that Zestlife will hold and use the details that I have given them to enable them to give me excellent service. Zestlife will also hold my information so that they are able to look after my needs by offering me appropriate insurance products in the future via electronic communication.

Signed at _____

Signature _____ Date D D M M Y Y Y Y

You should not sign a blank or incomplete application form. Should you do this the information on this application form will be taken as having been provided by you.

PPS GAP COVER

RECORD OF ADVICE FORM 2027

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Tel: 021 180 4220 / 0860 009 378
Web: www.zestlife.co.za

Important: We request that you carefully read the following information and sign at the end of the document as an acknowledgement that you are aware of the various PPS Gap Cover options, their benefits, applicable waiting periods, exclusions and qualifying criteria.

CLIENT DETAILS

Analysis date | D | D | M | M | Y | Y | Y | Y | ID/Passport number | | | | | | | | | | | | | | |

Name and Surname

PRODUCT SELECTION

Refer to your product selection in Section A of the Application Form and then complete the following:

Please explain how the product option selected fits within your needs? Please explain your choice.

WAITING PERIODS AND PRE-EXISTING CONDITIONS

I confirm that the waiting periods below have been explained to me and that I understand them.

a. General Waiting Periods

No 3-month general waiting period applies.

b. 12-Month Pre-Existing Condition Waiting Period

You will not be entitled to claim a benefit for a period of 12 months from the start date of your policy, in respect of a medical condition for which, in the 12 months preceding the start date of your policy medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.

If you fall pregnant before the start date of your policy, this will be regarded as a pre-existing condition and any pregnancy- and birth related claims will be excluded for a period of 12 months from the start date of your policy.

If, immediately before the start date of this policy, you were insured under a medical expense shortfall policy with similar benefits to this policy, then the pre-existing condition waiting period will only be applied to the unexpired period of the pre-existing condition waiting period in the previous policy. The pre-existing condition waiting period will apply for a period of 12 months for any benefit not provided under your previous medical expense shortfall policy.

In the event where a single member upgraded their cover to cover a spouse and/or dependants, then the pre-existing condition waiting period will apply to these new lives covered by this policy from the start of their cover under this policy.

The extended cancer benefits have a 6-month general waiting period.

c. Needs Analysis

I confirm that my product selection meets my needs as set out in Section F: Needs Analysis on the Application Form.

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POLICY EXCLUSIONS

I confirm that I understand the gap policy exclusions as set out in Section G: Disclosures on the Application Form.

QUALIFYING CRITERIA

I understand that to qualify for policy benefits, I have to belong to a registered South African medical scheme. This membership must be active at all times for this policy to be viable.

Signature of client _____

Signature of financial advisor _____

Date | D | D | M | M | Y | Y | Y | Y |

Date | D | D | M | M | Y | Y | Y | Y |

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