

**NetcarePlus GapCare**  
Individual Quotation & Application Form  
CSIR Staff

**About us**

Netcare Plus Solutions (Pty) Ltd (NetcarePlus) is an authorised Financial Services Provider that you are applying to, to activate your cover and The Hollard Insurance Company Limited (Hollard) is the Underwriter for your policy, registration number 1952/003004/06. Hollard is a Licensed Non-Life Insurer and an authorised Financial Services Provider.

For details regarding this product please refer to the NetcarePlus GapCare product guide. A full list of policy conditions and exclusions is contained in your policy wording document.

**What will happen after you submit your application to the medical broker, iMbewu Financial Services on csir@imbewufs.co.za?**

- We will contact you if any details are missing or if we need more information.
- We will send you a welcome letter, SMS or an email to let you know when your application is activated.
- To follow up on your application, please contact iMbewu Financial Services on csir@imbewufs.co.za

**Existing Gap Cover**

Have you or your dependants been on a gap cover policy in the last 90 days?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please submit a copy of the policy schedule with the application form that reflects the start and end date of the policy, or a letter from the insurer confirming the same.

**1. Employer details**

Name of Employer	CSIR
Date employed	
Product option	GapCare500+
Premium for 2024 (incl. Vat)	R205 per month per family (includes 20% commission)

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**2. Policyholder (main member) details**

Full name & surname	
Identity number	
Cellphone number	
Email address	
Postal address	
Medical Aid name & option	

**3. Adult dependant details:** (To be completed for all adult dependants you wish to cover under the policy)

First name	Surname	Initials	Date of birth / ID#	Gender
			DD/MM/YYYY	
			DD/MM/YYYY	
			DD/MM/YYYY	
			DD/MM/YYYY	

**4. Child dependant details:** (To be completed for all child dependants you wish to cover under the policy)

First name	Surname	Initials	Date of birth / ID#	Gender
			DD/MM/YYYY	
			DD/MM/YYYY	
			DD/MM/YYYY	
			DD/MM/YYYY	

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## 5. Important information

- This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.
- The acceptance of this application is subject to the terms and conditions as set out in the policy document.
- All premiums are revised on 01 January of each year, irrespective of the policy inception date, subject to one calendar months' notice.
- All fees quoted are inclusive of Vat.
- A commission up to a maximum of 20% (excluding vat) of the total premium will be paid to your appointed broker (intermediary).
- All future communication will be emailed to the policyholder or nominated person and will be taken as communicated to the policyholder. It is very important to let us know if any of your contact details change.
- For any queries please contact the NetcarePlus service centre on 0860 101 151.
- The policyholder and all insured persons must belong to the same medical scheme membership.

- **Benefit description:**

The purpose of the NetcarePlus GapCare product is to insure the shortfalls in cover provided by Medical Schemes for their members. These shortfalls are incurred because:

- Members who do not use contracted healthcare providers are covered up to their Medical Scheme's tariff which is usually lower than the rate that is charged by most healthcare providers.
- Members who do not use the hospital networks prescribed by their Medical Scheme are charged a co-payment when admitted into hospital.
- Medical Schemes charge a co-payment for certain planned procedures.
- There are sub-limitations imposed for certain benefits.

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76 Maude Street, Corner West Street, Sandton, South Africa, Tel: +27 (0)11 301 0000

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- **Waiting periods:**

The following waiting periods will be applicable to first time gap cover customers.

Type of Waiting Period	Waiting Period	Specific Rule(s)
General Waiting Period	3 months from the start date of the policy	There will be no cover during this period unless the insured person's claims is due to an accident or trauma event.
Pre-existing medical conditions	12 months from the start date of the policy	There will be no cover during this period for investigations medical procedures, surgeries or treatment related to any illness or medical condition that was diagnosed or that the insured person received advice or treatment for within 12 months before the policy's start date.
Maternity	12 months from the start date of the policy	There will be no cover for pregnancy and child birth related claims during this period.
Elective procedures	12 months from the start date of the policy	There will be no cover for elective procedures during this period, unless a medical specialist deems it medically necessary for the patient to have the procedure done immediately.

- The waiting periods will be waived if the insured person was covered under a medical expense shortfall policy with similar benefits to this policy for 12 months or longer. The start date of this policy must be within 90 days of the end date of the previous policy.
- If, immediately before the start date of this policy, an insured person was covered under a medical expense shortfall policy with similar benefits to this policy for less than 12 months, the waiting periods will be reduced by the number of months that the insured was covered under the previous policy.
- The pre-existing condition waiting period will apply for a period of 12 months for any benefit not provided under the insured's previous medical expense shortfall policy.
- If an insured opts to upgrade their plan type, the above waiting periods will be applied for any additional benefits that are obtained.
- All claims that are not related to an accident or trauma event during the insured's waiting period will be investigated to ensure that the claim is not related to a pre-existing condition that was diagnosed or that the insured person received advice or treatment for in the 12 months prior to the policy's start date.

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- **Permissions:**

By accepting the terms & conditions, you give NetcarePlus permission to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about their insurance, claims and premium payments. We do this to provide you with insurance, prevent fraud, assess claims, and conduct surveys. We will treat the personal information with caution, and we have put reasonable security measures in place to protect it.

By accepting the terms & conditions, you give NetcarePlus permission to process the information you provide, and to market our products and services to you. We will treat their personal information with caution and we have put reasonable security measures in place to protect it. You are welcome to request access to any of your personal information that we hold.

By accepting the terms & conditions, you authorise NetcarePlus to obtain information we may need to fully assess any claim for the benefits under this policy and agree that any information you have given to us can be checked against other sources or databases.

By accepting the terms & conditions, you agree that NetcarePlus may share policy information and personal details of all insured persons with other insurance companies.

- **Disclosures:**

Please make sure that all the information that you provide us is true and correct. We base our decision to insure the insured persons on the information you give to us. If any information that you give to us is incomplete or incorrect, our decision will have been based on incomplete or incorrect information. If we had known the complete and correct information, we may not have agreed to cover the insured persons for the amount set out in the policy schedule. Incomplete information includes things that you have not told us but should have told us.

It is your responsibility to ensure that we receive all material information (i.e. any information that may affect our decision to cover an insured person). It is your responsibility that this information is complete and correct.

All dealings about this policy must be done honestly and in good faith. We will not accept any responsibility under this policy if you, any of the insured persons or any person acting for you is dishonest or misrepresents any information.

You will lose your right to claim if we are prejudiced or suffer a loss because of dishonest behaviour, misrepresentation, or criminal activity. We will cancel your policy from the policy start date or from the date of the actions listed above. If we cancel your policy from the policy start date, we may refund the total premiums paid less an administration fee. We will take legal steps to recover damages from you.

It is your responsibility to provide accurate information. Misrepresentation, incorrect information, or non-disclosure by you of any material facts or circumstances may impact negatively on any claims arising from your insurance contract.

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You must not sign any incomplete or blank documents. No person may request or insist that you do so.

Upon your request we will issue you with the appropriate insurance documents within a reasonable time.

## 6. Policyholder declaration

- I confirm that I am the policyholder of the application. I also confirm that I have read and understood this application form, and all other supporting documents to this application, including but not limited to, the policy and benefit terms and conditions.
- I hereby confirm that all fields were completed in my presence and I did not sign a blank or partially completed form. I have read all pages of this document.
- I declare that the statements and responses provided by me and all documentation that I have signed or will sign for this application is true and complete.
- I agree that this application and declaration, together with all relevant documents that have been or will be signed by me or any additional parties in terms of this application, shall form part of the contract between NetcarePlus and myself. If any information is withheld or incorrect, I understand that the benefits will be cancelled from the inception date of the policy and all premiums that have been paid to NetcarePlus will be forfeited.
- NetcarePlus will not be liable for any errors and omissions made by the applicant or their financial advisor, where applicable.
- NetcarePlus will not be held liable for any errors or omissions which may have occurred in the production or completion of this application.
- I agree that this application and declaration, together with all relevant documents that have been or will be signed by me or any additional parties in terms of this application, shall form part of the contract between NetcarePlus and myself. If any information is withheld or incorrect, I understand that the benefits will be cancelled from the inception date of the policy and all premiums that have been paid to NetcarePlus will be forfeited.
- I authorise NetcarePlus to obtain and or provide any information from or to any industry association or other association or regulators for any industry in which NetcarePlus operates.
- I understand that if the first premium is not paid, no cover will be provided and no claims will be payable under the policy for that period until the first premium is received in full by NetcarePlus.
- I understand that for my protection, this form should not be signed by me until all the details have been completed.
- Disclosure of personal information:
  - We care about the privacy, security and online safety of your personal information and we take responsibility to protect this information. By completing this form, you consent to the processing and disclosure of your personal information for the application of this policy. We will share your personal information with other insurers, industry bodies, credit agencies, service providers, any regulatory body, tax authority and to comply with Anti-Money laundering legislation. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. You are welcome to request access to any of your personal information that we hold.

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- FAIS - Client acknowledgement
  - The representative who sold this policy has explained to me the terms and conditions, benefits, and exclusions, as well as my monetary obligations and enabled me to make an informed decision.
  - All information contained in the quotation document has been properly and completely explained to me.
  - I am aware of all the information contained herein, and I was offered the opportunity to ask questions in respect of any information that I did not understand.
  - I authorise my employer to deduct this monthly premium from my salary and pay the premium to NetcarePlus on my behalf.
  - The representative has explained that I may call the NetcarePlus Call Centre on 0860 101 151 if I need further information on the policy.
  - By signing below, I declare that the terms and conditions, benefits, and exclusions, as well as my monetary obligations, have been explained to me and enabled me to make an informed decision.

I [full name] \_\_\_\_\_ accept this quotation for the  
NetcarePlus GapCare and my cover start date is 01/\_\_\_\_\_/2024.

\_\_\_\_\_  
Policyholder signature

\_\_\_\_\_  
Date

**Any queries? Please contact iMbewu on [csir@imbewufs.co.za](mailto:csir@imbewufs.co.za)**

**Submit the duly completed application form to iMbewu on [csir@imbewufs.co.za](mailto:csir@imbewufs.co.za)**