



Please complete and return to: **e** info@zestlife.co.za
f 021 001 0248
 Postnet Suite 87
 Private Bag X1005
 Claremont, 7735

PRODUCT SELECTION (Please tick the relevant boxes)

Universal Gap Cover

Individuals

Younger than 55 years old - R295 pm

55 - 64 years old - R369 pm

65 years and older - R420 pm

Families

Whole family <65 years old - R369 pm

One or more family members > 65 - R420 pm

Essential Gap Cover

Individuals

Younger than 55 years old - R216 pm

55 - 64 years old - R270 pm

65 years and older - R308 pm

Families

Whole family <65 years old - R270 pm

One or more family members > 65 - R308 pm

Optional Benefits

Individuals and Families

Cancer R75 000 - R55 pm

Cancer R175 000 - R102 pm

Dentistry - R238 pm

Medical Premium Waiver

Individuals and Families

24 months - R155 pm

60 month - R269 pm

Important Information

Cover for Extended Cancer and Dentistry will end on the day the insured person reaches their 65th birthday; the Extended Cancer and Dentistry benefits are subject to a 6-month general waiting period; and, one debit order will be collected for your Gap Cover plus Optional Benefits selected.

A single member younger than 55 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.

- if you or your dependants are younger than 65 at the start of the policy, you will be in the lower premium band but when you or your dependants reach the age of 65, you will move into the higher premium band as from the renewal date of the policy which is the 1st of January following your or your dependant's 65th birthday.
- if you are a single member younger than 55 at the start of the policy, you will be in the lower premium band but when you reach the age of 55, you will move into the higher premium band as from the renewal date of the policy which is the 1st of January following your 55th birthday.

PRINCIPAL INSURED DETAILS

Title First name/s

Last name

Date of birth Gender ID number

Postal address

Postal code

Telephone number (w) Cellphone number

Email address

Household income per annum (please tick relevant range) [less than R60 000] [between R60 000 and R480 000] [more than R480 000]

Medical scheme Option/Plan

Total number of people on your medical scheme

HEALTH QUESTIONS AND PRE-EXISTING CONDITION EXCLUSION

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 part 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.

Are you aware of any medical procedure that you may undergo in the next 12 months that could lead to a claim under the policy? Y N

If 'Yes' then please state the medical procedure

(Note: The following question only has to be completed if the Cancer Extender option has been selected. If the answer to the question below is 'Yes', then you will unfortunately not qualify for the cover.)

Have you or any of your dependants on your medical scheme ever had any form of cancer, cancerous growths, tumours, lumps or malignant moles? Y N

(Note: The following question only has to be completed if the Medical Premium Waiver option has been selected.)

Have you ever tested positive or been treated for HIV/Aids? Y N

DEBIT ORDER DETAILS

Full name of account holder	<input type="text"/>																										
Bank name	<input type="text"/>																		Branch code	<input type="text"/>							
Account number	<input type="text"/>												Account type	<input type="text"/>													
Debit order collection date	<input type="text"/> <input type="text"/>		of every month			Date of first debit order collection												<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"/>	

I hereby authorise Zestlife to issue payment instructions to its bank to collect the monthly premium due by debit order from my bank account on condition that the sum of such payment instruction will never exceed 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 personally. The debit order will be collected every month on the debit order collection date selected above.

In the event that this collection day falls on a Sunday or recognised South African public holiday, the collection day will automatically be the previous ordinary business day. I acknowledge that this 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 shall not be entitled 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 authority may be cancelled by giving Zestlife notice of not less than 30 days and such cancellation will not necessarily cancel my policy. The word 'Zestlife' followed by a unique reference number will be reflected on my bank statement.

Signature of account holder	<input type="text"/>																		Signed at	<input type="text"/>																
																								Date	<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"/> <input type="text"/>	

NEEDS ANALYSIS

The Liberty Gap Cover product meets my needs as my medical scheme does not cover the total medical practitioner costs when I am hospitalised. The product was recommended as a solution because it will cover the difference between the medical practitioner's charges (limited to 5 times the medical scheme tariff) for treatments I receive in hospital and for listed out-of-hospital procedures, less the higher of the amount payable or paid by my medical scheme, or 1 times the medical scheme tariff. In the case of the Liberty Essential Gap Cover option, the amount of the benefit will be limited to double the amount paid by my medical scheme and I understand that I will experience a shortfall if a medical practitioner charges more than three times what is actually paid by my medical scheme.

The Cancer Extender (if selected) 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 Cancer Extender cover 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.

The Dentistry Extender (if selected) meets my needs as it covers certain dental procedures that may not be covered by my medical scheme. I understand the events that are covered by this benefit, the waiting periods that apply to each event, as well as the pre-existing conditions and exclusions that apply. Cover for this benefit ends on the day the insured person reaches age 65.

The Liberty Medical Premium Waiver policy meets my needs as it will continue to pay the medical scheme contributions for me and/or my medical scheme dependant/s in the event of my death or disability. The Liberty Medical Premium Waiver product was recommended as a solution because it will cover the medical scheme contributions for me and/or my medical scheme dependant/s for the benefit payment period selected.

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 and Premium Waiver product supplier. I declare that a full needs analysis was done and that the monthly premium is affordable taking into account my other financial commitments.

REPLACEMENT POLICY

Will any of the following applications replace an existing policy?

Gap Cover	<input type="text"/>	<input type="text"/>	Name of current insurer	<input type="text"/>																									
Medical Premium Waiver	<input type="text"/>	<input type="text"/>	Name of current insurer	<input type="text"/>																									

If yes, the intermediary will contact you to complete a replacement policy advice record that will provide you with comprehensive information about the consequences of the replacement as the replacement could potentially be prejudicial. A copy of the current policy contract must be provided.

DECLARATIONS BY APPLICANT

I, the undersigned, hereby declare:

- That to the best of my knowledge and belief, the information provided in connection with this application whether in my own handwriting or not, is true and I have not withheld any material facts which are known to me. NB: A material fact is likely to influence the assessment of this application by Guardrisk. (If you are in any doubt as to whether a fact is material or not, you should disclose it.)
- That I understand that any relevant material fact omitted in this proposal form may lead to Guardrisk not meeting claims, should the omitted fact have been of such importance that the risk may not have been accepted in the first instance, in terms of the policy. This may lead to cancellation of this policy or rejecting claims, without refund of premiums if applicable.
- I confirm that I am currently a member or dependant of a SA registered medical scheme and that I understand that it is a prerequisite to remain a member or dependant of a SA registered medical scheme to qualify for Gap and/or Premium Waiver cover.
- I understand that Guardrisk is committed to transparency and confidentiality relating to my personal information. In order to provide your services and products to me, you are required 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 am entitled at any time to request 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, in the public interest and a view to limiting premiums. I hereby waive any rights to privacy in any claims information supplied by me or on my behalf in respect of any insurance claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I also waive any rights of privacy and consent to the disclosure of any information relevant to claims concerning me or any person I represent. I also acknowledge that information provided by me may be verified against other legitimate sources or databases.
- We confirm that by signing this application form you have agreed that we will hold and use your details that you have given us for purposes of providing you with excellent service as a policyholder and that we will also hold your information so that we are able to look after your needs by providing you with appropriate insurance products in the future.

Signature of policyholder	<input type="text"/>																		Signed at	<input type="text"/>																
																								Date	<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"/> <input type="text"/>	

Liberty Gap Cover is underwritten by Guardrisk Insurance Company Limited (FSP number 75). Liberty Medical Premium Waiver is underwritten by Guardrisk Life Limited (FSP number 76) (collectively referred to as "Guardrisk"). Both products are administered by Zest Life Investments (Pty) Ltd, an authorised Financial Services Provider (FSP number 37485).

FINANCIAL ADVISER / INTERMEDIARY DETAILS

Full name of Adviser	<input type="text"/>																									
Brokerage name (if applicable)	<input type="text"/>																									
Zestlife Adviser code	<input type="text"/>						Business telephone number	<input type="text"/>																		
Email address	<input type="text"/>																									

Record of Advice Form 2017

Liberty Gap Cover



LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Please complete and return to: e info@zestlife.co.za
 f 021 001 0248
 Postnet Suite 87
 Private Bag X1005
 Claremont, 7735

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

CLIENT DETAILS

Analysis date - -

Produced for

ID number

PRODUCT SELECTION (Please tick the relevant boxes)

Universal Gap Cover	Essential Gap Cover	Optional Benefits	Medical Premium Waiver
Individuals	Individuals	Individuals and Families	Individuals and Families
Younger than 55 years old - R295 pm <input type="checkbox"/>	Younger than 55 years old - R216 pm <input type="checkbox"/>	Cancer R75 000 - R55 pm <input type="checkbox"/>	24 months - R155 pm <input type="checkbox"/>
55 - 64 years old - R369 pm <input type="checkbox"/>	55 - 64 years old - R270 pm <input type="checkbox"/>	Cancer R175 000 - R102 pm <input type="checkbox"/>	60 month - R269 pm <input type="checkbox"/>
65 years and older - R420 pm <input type="checkbox"/>	65 years and older - R308 pm <input type="checkbox"/>	Dentistry - R238 pm <input type="checkbox"/>	<input type="checkbox"/>
Families	Families		
Whole family <65 years old - R369 pm <input type="checkbox"/>	Whole family <65 years old - R270 pm <input type="checkbox"/>		
One or more family members > 65 - R420 pm <input type="checkbox"/>	One or more family members > 65 - R308 pm <input type="checkbox"/>		

Premiums (please tick each box to confirm acknowledgement)

The policy is 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.

A single member younger than 55 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.

- if you or your dependants are younger than 65 at the start of the policy, you will be in the lower premium band but when you or your dependants reach the age of 65, you will move into the higher premium band as from the renewal date of the policy which is the 1st of January following your or your dependants' 65th birthday.
- if you are a single member younger than 55 at the start of the policy, you will be in the lower premium band but when you reach the age of 55, you will move into the higher premium band as from the renewal date of the policy which is the 1st of January following your 55th birthday.

How does the option selected fit within your client's needs? Explain your client's choice.

WAITING PERIODS AND PRE-EXISTING CONDITIONS (Please tick each box to confirm acknowledgement)

a. **General Waiting Periods**
 No 3-month general waiting period applies. This means that valid claims for procedures that are not defined as pre-existing will be covered from the outset.

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 part 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 Liberty Gap Cover product meets my needs as my medical scheme does not cover the total medical practitioner costs when I am hospitalised. The product was recommended as a solution because it will cover the difference between the medical practitioner's charges (limited to 5 times the medical scheme tariff) for treatments I receive in hospital and for listed out-of-hospital procedures, less the higher of the amount payable or paid by my medical scheme, or 1 times the medical scheme tariff. In the case of the Liberty Essential Gap Cover option, the amount of the Liberty Gap Cover benefit will be limited to double the amount paid or payable by my medical scheme and I understand that I will experience a shortfall if a medical practitioner charges more than three times what is actually paid by my medical scheme.

The Cancer Extender (if selected) 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 Cancer Extender cover 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 reasonable have been recommended.

The Dentistry Extender (if selected) meets my needs as it covers certain dental procedures that may not be covered by my medical scheme. I understand the events that are covered by this benefit, the waiting periods that apply to each event, as well as the pre-existing conditions and exclusions that apply. Cover for this benefit ends on the day the insured person reaches age 65.

The Liberty Medical Premium Waiver policy meets my needs as it will continue to pay the medical scheme contributions for me and/or my medical scheme dependant/s in the event of my death or disability. The Liberty Medical Premium Waiver product was recommended as a solution because it will cover the medical scheme contributions for me and/or my medical scheme dependant/s for the benefit payment period selected.

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 and Premium Waiver product supplier. I declare that the monthly premium is affordable taking into account my other financial commitments.

EXCLUSIONS

General Exclusions

- Nuclear weapons or nuclear or ionizing radiation.
- Suicide, attempted suicide or intentional self-injury.
- The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered Medical Practitioner (other than the insured person) or any illness caused by the use of alcohol.
- Illegal behaviour, or as a result of breaking the law of the Republic of South Africa.
- 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.
- Aviation except on a commercial flight as a fare-paying passenger.
- Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle vessel, craft or aircraft).

Specific Exclusions

No benefits are payable for:

- | | | |
|---|---------------------------------------|---|
| • Cosmetic surgery | • Procedures or treatment for obesity | • Hospital charges |
| • Claims not covered by the medical scheme | • Medication and other materials | • External prosthesis |
| • Cancer treatment outside of the borders of South Africa | • Emergency medical transportation | • Day-to-day medical practitioner costs |
| • Depression and mental illness or mental stress-related conditions | • Private and home nursing | • Routine physical examinations or procedures where there is no existing medical condition. |
| • Dental implants | • Elective circumcision | |

QUALIFYING CRITERIA

The policyholder must belong to a registered South African medical scheme.

This membership must be active at all times, for this policy to be viable.

SUPERVISION AND COMMISSION (FINANCIAL ADVISERS ONLY) *(Please tick each box to confirm acknowledgement)*

I informed the client that I am selling the product under supervision, if applicable.

I informed the client that I earn a statutory commission of 20% of the gross premium.

Client's signature

Date - -

Financial Adviser's signature

Date - -