



LIBERTY
In it with you

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

Application Form 2021

Liberty Gap Cover and Liberty Medical Premium Waiver

Underwritten by Guardrisk Insurance Company Limited

SECTION A: PRODUCT SELECTION

The premiums listed below are for 2021.

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.

Universal Gap Cover

Individuals

- Younger than 55 years old - R426 pm
- 55 - 64 years old - R539 pm
- 65 years and older - R619 pm

Families

- Whole family < 65 years old - R539 pm
- One or more family members > 65 - R619 pm

Essential Gap Cover

Individuals

- Younger than 55 years old - R317 pm
- 55 - 64 years old - R398 pm
- 65 years and older - R454 pm

Families

- Whole family < 65 years old - R398 pm
- 65 years and older - R454 pm

Optional Benefits

Individuals

- Cancer R100 000 - R92 pm
- Cancer R200 000 - R150 pm

Medical Premium Waiver

Individuals and Families

- 24 months - R203 pm
- 60 months - R357 pm

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

D	D	M	M	Y	Y	Y	Y
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Important Information

Cover for extended cancer benefits will end when the insured person reaches the age of 65.

To qualify for the additional Medical Premium Waiver cover, you must be under age 60 years. Cover ceases at age 70 years.

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.

One debit order will be collected for your Gap Cover and any optional benefits and a separate debit order for Medical Premium Waiver.

A policyholder 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.

If you miss a premium payment you have 31 days to pay the outstanding premium.

If the outstanding premium is not paid within 31 days, we will cancel your policy and your cover will end as at midnight on the day before your outstanding premium was due.

Older people are likely to claim more benefits than younger people and therefore premium amounts are age banded and differentiated based on age.

Policy premiums are not tax deductible in the same way that your medical aid contributions are. No IT3 tax certificates can therefore be issued for this purpose.

SECTION B: PRINCIPAL INSURED DETAILS

Title	<input type="text"/>	First name(s)	<input type="text"/>
Last name	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	<input type="text"/>
Postal address	<input type="text"/>		
Telephone number (w)	<input type="text"/>	Cellphone number	<input type="text"/>
Email address	<input type="text"/>		
Medical scheme	<input type="text"/>	Medical scheme plan	<input type="text"/>
Total number of people on your medical scheme	<input type="text"/>		

SECTION C: HEALTH QUESTIONS

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 ever had any form of cancer, cancerous growths, tumours, lumps or malignant moles? Y N

Please complete the question below if you are applying for Medical Premium Waiver. If your answer is 'Yes' you will unfortunately not qualify for Medical Premium Waiver.

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

Y	N
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Please ensure that your answers to the questions above are accurate. Should any of your answers be untruthful or inaccurate, it may lead to the declinature of future claims that may arise.

SECTION D: DEBIT ORDER AUTHORISATION

I 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 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 30 days and the cancellation will not necessarily cancel my policy. 'Zestlife' followed by a unique reference number will be reflected on my bank statement as the payment reference.

Premiums are payable monthly and if the premium is not received for two consecutive months, the policy shall be cancelled.

Full first names of account holder	<input style="width: 100%; height: 20px;" type="text"/>												
Surname of account holder	<input style="width: 100%; height: 20px;" type="text"/>												
Identity number of account holder	<input style="width: 100%; height: 20px;" type="text"/>												
Bank name	<input style="width: 100%; height: 20px;" type="text"/>												
Branch name	<input style="width: 100%; height: 20px;" type="text"/>												
Branch code	<input style="width: 100%; height: 20px;" type="text"/>												
Account number	<input style="width: 100%; height: 20px;" type="text"/>					Account type	<input style="width: 100%; height: 20px;" type="text"/>						
Debit order collection date	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	of every month										
Signature of account holder						Signed at	<input style="width: 100%; height: 20px;" type="text"/>						
						Date	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

SECTION E: 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 Essential Gap Cover option, the medical practitioner's charges will be limited to 3 times the medical scheme tariff. 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 Extended Cancer Cover (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 Extended Cancer 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 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 style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Name of current insurer	<input style="width: 100%; height: 20px;" type="text"/>									
Medical Premium Waiver	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Name of current insurer	<input style="width: 100%; height: 20px;" type="text"/>									

If yes, please attach your membership certificate from your previous Gap provider stating the original cover start date, cover cancellation date and Gap option.

SECTION F: DISCLOSURES

1. 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").
2. Guardrisk can be contacted at: Gap Cover Call Centre Tel: 0860 102 936, Fax: 011 263 1419, Email: admed@guardrisk.co.za.
3. Both products are administered by Zest Life Investments (Pty) Ltd, which is an authorised financial services provider (FSP number 37485).
4. Zestlife does not have any circumstances that could give rise to an actual or potential conflict of interest in dealing with the policyholder.
5. Zestlife has Professional Indemnity Insurance cover in place.
6. You can lodge a complaint with Chris McCallum at Zestlife, at email: chrism@zestlife.co.za, telephone 021 180 4203.
7. Zestlife's complaints procedure is available on www.zestlife.co.za and can also be made available upon request.
8. If you are dissatisfied with the feedback received from your Intermediary and/or Liberty, or your complaint remains unresolved, feel free to contact the Guardrisk Complaints Department at email: complaints@guardrisk.co.za, telephone 0860 333 361.
9. Intermediaries earn statutory commission on premiums namely 20% on Liberty Gap Cover, 15% in the case of Liberty Gap Cover for 65 years and older, 20% on Liberty Gap Cover optional benefits and 10% on Liberty Medical Premium Waiver.
10. Zestlife earns 9% for performing binder functions.
11. 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.
12. Gap Cover is not 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.
13. 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 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 to ensure 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

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 for this condition.

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.

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

POLICY EXCLUSIONS**General exclusions**

No benefits will be paid for claims arising from:

- 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).
- Any illness or injury 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 accident except on a commercial flight as a fare-paying passenger.
- Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

Specific Exclusions

No benefits are payable for:

- Cosmetic surgery unless required due to illness or injury.
- Penalty co-payments imposed by medical schemes for not following the rules of the scheme. Examples of these penalties are amounts due as a result of not obtaining pre-authorisation from the medical schemes for a procedure, or as a result of consulting a specialist without first obtaining a referral from a General Practitioner (GP), or not going for an assessment through your medical scheme's programme as required (prior to undergoing surgery) such as your scheme's back and neck programme before having spinal surgery.
- Pre- and post-hospitalisation doctor and specialist charges.
- Treatment for obesity or treatment that is required as a result of obesity.
- Elective or routine procedures and physical examinations including tests, annual check-ups, ECGs and contraception-related treatments.
- Treatment for depression, mental or stress-related conditions.
- Claims not covered by the medical scheme.
- Private and home nursing.
- Hospital charges.
- Medication and other materials.
- External prosthesis.
- Cancer treatment or planned procedures received outside the Republic of South Africa.
- When travelling abroad, treatment for accident and illness is not covered after 60 consecutive days outside the Republic of South Africa.
- Day-to-day medical practitioner costs.
- Breast and dental implants.
- Emergency medical transportation.
- Out-of-hospital dental procedures.
- Exploratory procedures or procedures that are paid for by your medical scheme on exception or ex-gratia basis.
- Diagnosis and/or treatment for sleeping disorders.
- Treatment costs for services rendered by allied health care professionals such as dietitians, podiatrists, audiologists, chiropractors, acupuncturists, speech therapists, biokineticists, occupational therapists, scientists and technologists.

Lump Sum 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.

SECTION G: HOW IS YOUR PERSONAL INFORMATION PROCESSED

We need to collect and process some of your personal information in terms of various laws and to provide products and services to you.

We process and share this information internally and externally only as required in order to: continually assess risks; service your product; consider claims; provide services and products to you; meet our responsibilities to you; follow your instructions; inform you of new services and products; make sure our business suits your needs; monitor and analyse your conduct for quality control, fraud, compliance and other risk-related purposes; for security, administrative and legal purposes; carry out statistical, research and other analyses to identify potential market trends and develop new products and services; and comply with applicable regulations. This Personal Information may also be used for any other product proposal.

Zestlife may conduct any necessary medical and blood testing or examination, if relevant to the Policy.

We have a duty to take all reasonable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To do this, we will always try to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third-party data sources.

To further process information through the Financial Services Exchange (Pty) Ltd, trading as Astute, and through such registers and databases maintained by or on behalf of the Association for Savings and Investment SA, Credit Bureaus, as well as other insurers in order to save costs and combat fraud.

We undertake to:

Only process Personal Information as permitted by law.

Keep the Policyholder's Personal Information confidential, secure and only for as long as required or prescribed.

Please note:

You are entitled at any time to request access to, update or rectify your Personal Information that Zestlife processes.

You have the right to be notified when your Personal Information has been compromised.

Should you believe that we have utilised your personal information contrary to applicable law, you will first resolve any concerns with us. If you are not satisfied with such process, you have the right to lodge a complaint with the information regulator.

SECTION H: 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 application by 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 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 policy to remain a member or dependant of a medical scheme registered in South Africa to qualify for Liberty Gap and/or Liberty Medical Premium Waiver cover.
4. I understand that Guardrisk is 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 waive (give up) any rights to privacy of any claims information given by me or on my behalf or any claim made by me. I consent to this information being disclosed to any other insurance company or its agent. I also waive (give up) 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 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 and Liberty will hold and use the details that I have given them to enable them to give me excellent service. Zestlife and Liberty will also hold my information so that they are able to look after my needs by offering me appropriate insurance products in the future.

Signature of policyholder

Signed at

Date

D	D	M	M	Y	Y	Y	Y
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SECTION I: FINANCIAL ADVISER / INTERMEDIARY DETAILS

Full name of Adviser

Brokerage name (if applicable)

Liberty Adviser code

Business telephone number

Email address



LIBERTY
In it with you

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

Record of Advice Form 2021

Liberty Gap Cover

Underwritten by Guardrisk Insurance Company Limited

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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Client name and surname	<input type="text"/>
ID number	<input type="text"/>

PRODUCT SELECTION

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

Please explain how each product option selected meets 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 for the medical condition.

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 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 E: Needs analysis on the Application Form.

Policy exclusions

I confirm that I understand the Gap policy exclusions as set out in Section F: 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.

Client's signature

Date

Financial Adviser's signature

Date