NetcarePlus GapCare
Application Form – 4D Healthcare Consulting Retail Clients

Thank you for giving us the opportunity to offer you NetcarePlus GapCare to protect you against medical scheme shortfalls. This is not a medical scheme, and the cover is not the same as that of a medical scheme. This insurance product is not a substitute for medical scheme membership.

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.

What will happen after you submit your application?
- 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 your broker (intermediary).

How to complete this application form
Please complete the form and sign the applicable sections as follows:

- Sections 1- 5, 7 & 9 to be completed by the policyholder.
- Sections 6 to be completed by the premium payer.
- Section 10 to be completed by the representative of the intermediary.
- The policyholder must initial each page.
- Once completed, please submit the form to your broker (intermediary).

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

Yes		No	

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.

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NETCARE plus

Hollard.

1. Policyholder (main member) details

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

2. Correspondence details: (You can nominate a person below to receive all future communication on your behalf)

Full name & surname	
Cellphone number	
Email address	
Postal address	
Relationship to policyholder	

3. Premium details for 2025 (All premiums are inclusive of Vat. Rate based on oldest person insured under this policy)

Family Rate:

Age	Product	Monthly premium	Commission included in premium	Tick selected option
0 - 59	GapCare	R295	Maximum of 20%	
	GapCare 300	R320	Maximum of 20%	
	GapCare 500	R335	Maximum of 20%	
60+	GapCare	R485	Maximum of 20%	
	GapCare 300	R505	Maximum of 20%	
	GapCare 500	R540	Maximum of 20%	

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4. Adult dependant details: (To be completed for all adult dependants you wish to cover under the policy, must belong to the same medical aid as policyholder. Spouse can be on own medical aid)

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

5. Child dependant details: (To be completed for all child dependants you wish to cover under the policy, must belong to the same medical aid as policyholder or policyholder's spouse)

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

6. Banking details for premium collection

Account holder's full name			
Account holder's ID number			
Relationship to policyholder (only complete if premium payer is not the policyholder).			
Cellphone number			
Email address			
Bank			
Branch code			
Account number			
Type of account			
Premium collection date (Place an "X" over preferred option)	1st	25th	Last day of month

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I authorise NetcarePlus to draw against this account all amounts due in terms of this policy. This authorisation is to remain in force until terminated by NetcarePlus or myself. I accept that NetcarePlus may debit my account on a date other than that specified. If there are insufficient funds in the nominated account to meet the premium payment due, NetcarePlus is entitled to track my account and present the instruction for payment as soon as sufficient funds are available. Bank statement reference: The transaction description on your bank statement for the deduction of your monthly premium will be "NetPlusPRM".

_____ _____

Premium payer signature Date

7. Banking details for claim reimbursements (Complete if different to the above banking details):

Account holder's full name	
Account holder's ID number	
Relationship to policyholder	
Cellphone number	
Email address	
Bank	
Branch code	
Account number	
Type of account	

8. 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 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.

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- **Debicheck Awareness:**
  - The premium payer may be asked by their bank to Debicheck their debit order. Debicheck is the new safe way of approving debit orders, electronically confirmed by the premium payer, with their bank. This will be on a once off basis at the start of the policy.
  - This means that the bank will now know all the details that have been agreed to regarding this debit order mandate and will not allow any debit order to be processed outside of this mandate.
  - Confirmation of Debicheck may be sent to the premium payer by SMS. Alternative authorisation for Debicheck can be given via online banking, by visiting the bank or via an ATM.

- **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.

This product can either be taken as an Individual policy covering the main member only, or as a Family policy covering the main member and their dependants who are insured on their medical scheme. All benefits, excluding the waiver of premium benefit, detailed in the sections that follow will be subject to the overall annual limit (OAL) per insured.

- **Product options**

There are three product options available:

	GapCare	**GapCare 300+**	**GapCare 500+**
Overall annual limit (OAL)	R205 000 per insured per annum	R205 000 per insured per annum	R205 000 per insured per annum
In-hospital specialist shortfalls	Additional 500% of the medical scheme tariff, subject to OAL	Additional 300% of the medical scheme tariff, subject to OAL	Additional 500% of the medical scheme tariff, subject to OAL

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Co-payments and deductibles	Subject to OAL	Subject to OAL	Subject to OAL
Cancer treatment	Additional 500% of the medical scheme tariff, subject to OAL	Additional 300% of the medical scheme tariff, subject to OAL	Additional 500% of the medical scheme tariff, subject to OAL
Out of network hospital co-payments	Subject to OAL • Unlimited hospital stays within the NetcarePlus Network • One hospital stay per annum up to R11,200 outside of the NetcarePlus network	Subject to OAL • Unlimited hospital stays within the NetcarePlus Network • One hospital stay per annum up to R11,200 outside of the NetcarePlus network	Subject to OAL • Unlimited hospital stays within the NetcarePlus Network • One hospital stay per annum up to R11,200 outside of the NetcarePlus network
Charges above sub-limits	Included up to a maximum of R35,000 per insured per annum, subject to OAL	Included up to a maximum of R35,000 per insured per annum, subject to OAL	Included up to a maximum of R35,000 per insured per annum, subject to OAL
Emergency medical treatment in an emergency department	Subject to OAL • R20,000 per policy per annum • Additional 500% of the medical scheme tariff	Subject to OAL • R20,000 per policy per annum • Additional 300% of the medical scheme tariff	Subject to OAL • R20,000 per policy per annum • Additional 500% of the medical scheme tariff
Maternity costs	Excluded	Subject to OAL • Sublimit of R25,000 per pregnancy for prenatal testing • Additional 300% of the medical	Subject to OAL • Sublimit of R25,000 per pregnancy for prenatal testing • Additional 500% of the medical

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		scheme tariff, subject to OAL	scheme tariff, subject to OAL
Out-of-hospital specialist shortfalls	Excluded	Additional 300% of the medical scheme tariff, subject to OAL	Additional 500% of the medical scheme tariff, subject to OAL
Day-to-day costs beyond medical scheme limits	Excluded	Included up to a maximum of R20,000 per insured per annum, subject to OAL	Included up to a maximum of R20,000 per insured per annum, subject to OAL
Trauma counselling	Subject to OAL, • R10,000 per insured per annum • Additional 500% of the medical scheme tariff, subject to OAL	Subject to OAL, • R10,000 per insured per annum • Additional 300% of the medical scheme tariff, subject to OAL	Subject to OAL, • R10,000 per insured per annum • Additional 500% of the medical scheme tariff, subject to OAL
Premium waiver	Up to R5,000 per policy per month, up to 6 months	Up to R5,000 per policy per month, up to 6 months	Up to R5,000 per policy per month, up to 6 months

- **Benefits Covered**

In-hospital specialist shortfalls

This benefit covers the difference between the amount charged by a specialist and the amount covered by the insured's medical scheme for:

- Medical procedures that are performed in hospital, at a day clinic or in-room at a specialist. Cover will only be applicable to medical procedures that are covered and approved by the insured's medical scheme.
- Consultations while the insured is admitted to hospital

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Co-payments and deductibles

The medical scheme may require an insured to make an upfront payment for certain scopes and scans performed in-hospital or in a day clinic. This benefit covers the co-payment or deductible that has been applied by the medical scheme.

The co-payment or deductible may be expressed as a fixed amount or as a percentage of the total procedure cost. Note that if the insured has funded this co-payment from their medical savings account, the patient will still be reimbursed.

The co-payments that are charged for the voluntary use of a hospital that falls outside of the scheme's hospital network will be covered under the **Out of network hospital co-payments**.

Cancer treatment

This benefit covers:

- The shortfalls for cancer related treatment when a patient uses a provider that falls outside of the scheme's network of providers.
- The co-payments imposed for specific cancer related treatment
- The co-payments imposed once the oncology benefit limit has been reached

Out of network hospital co-payments

There are certain medical scheme options which limit the network of hospitals that the insured may use. If the insured chooses to use a hospital that is outside the prescribed network, the scheme will charge the insured a co-payment. This benefit covers the co-payment that has been applied by the medical scheme.

Charges above sub-limits

The medical scheme may impose sub-limits for certain procedures or prosthesis or limit the number of days that a patient may be treated in a mental health institution, rehabilitation, step down or sub-acute facility. This benefit covers:

- The additional cost, incurred by the insured once the sub-limit has been reached for a procedure or prosthesis.
- The cost of an additional 5 days in a mental health institution, rehabilitation, step down or sub-acute facility.

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Emergency medical treatment in an emergency department

This benefit covers that the costs that are incurred in the Emergency Department of a hospital when an insured person requires emergency medical treatment:

- Covers the shortfall the between the amount charged by the treating doctor and the amount paid by the medical aid.
- Covers the shortfall due to sub-limits applied by the scheme or co-payments for any tests, scans or appliances that are deemed medically necessary by the treating doctor in diagnosing or treating the patient
- Covers the costs incurred in an Emergency Department, if the insured's savings account has run out or if the insured has depleted their day to day benefit sub-limit, when treating a patient for an emergency medical condition and includes:
    - Doctor's consultation fees
    - Facility fees
    - Basic radiology, specialised radiology and pathology
    - Medical appliances
    - Medication administered during the event

    Examples of medical emergencies include:

    - Injury to an accident or trauma event
    - Severe pain in the chest or abdomen
    - Choking
    - Sudden loss of consciousness
    - Suddenly not being able to walk, speak, or move a portion of your body
    - Shortness of breath or difficulty in breathing
    - Seizure
    - Allergic reaction
    - Persistent vomiting or diarrhea
    - Persistent fever in infants

Maternity costs

This benefit covers:

- **Private ward cover**

  The difference in cost between the general ward fee covered by the insured's medical scheme and the private ward fee for the insured's maternity stay, subject to the hospital's private ward availability.

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- **In and out-of-hospital shortfalls**
  - The difference between the amount charged by Gynaecologist or Obstetrician and the amount covered by the insured's medical scheme for prenatal visits.
  - The difference between the amount charged by the specialists and the amount covered by the insured's medical scheme during the insured's maternity stay in-hospital.

- The following maternal benefits will be covered on an outpatient basis once an insured's savings account has run out or if the insured has depleted their day to day benefit sub-limit:
  - Prenatal testing for high risk pregnancies, up to R25,000 per pregnancy, where the insured meets one or more of the following criteria:
    - The insured is 35 years or older
    - The insured suffers from a chronic condition
    - The insured had a previous pregnancy with an abnormal foetus, lost a previous pregnancy at a late stage or previously had a miscarriage
    - There is a foetal abnormality detected through a routine scan
    - Baby immunisations according to latest available government schedule of vaccinations

- The following costs will be covered if the insured chooses to give birth at a hospital within the NetcarePlus Network:
  - Maternity fee charged by the hospital which includes:
    - "Back to baby basics" book
    - One 4D ultrasound
    - Netcare baby gift bag
    - Mandatory hearing screening for newborns
    - First baby immunisations – BCG and Polio
    - First check-up visit two weeks after birth at the Mother & Baby Wellness Clinic
    - Assistance with birth registration for the baby
    - 24-hour crisis line offering advice from a registered nurse
    - Antenatal class at a hospital in the NetcarePlus Network

Out-of-hospital specialist shortfalls

This benefit covers the difference between the amount charged by a specialist and the amount covered by the insured's medical scheme for consults and medical treatment provided out of hospital.

There will be no cover if the medical aid has not paid the first portion of the claim, either from the patient's savings account or day to day benefits. Please refer to the important information section for the rules to consult with a specialist on outpatient basis.

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Day-to-day costs beyond medical scheme limits

The following benefits will be covered on an outpatient basis once an insured's savings account has run out or if the insured has depleted their day to day benefit sub-limit:

- The cost of specialist consultations that are deemed necessary by a General Practitioner
- Outpatient basic dentistry
  - Fillings and Extractions
- Outpatient specialised Dentistry
  - Root canals, pulp removal, and Specialised X-Rays
  - Reconstructive dentistry due to an accident, trauma event or oral cancer
- Specialised radiology or pathology that is deemed necessary by a patient's general practitioner or specialist for treatment and diagnosis purposes.

Please refer to the important information section for the rules to consult with a health professional on an outpatient basis. This benefit will not be available to insured persons who are on a hospital plan only.

Trauma counselling

This benefit covers the following costs due to a trauma event:

- The difference between the amount charged by a registered counsellor or psychologist, for counselling sessions, and amount covered by the insured's medical scheme. The scheme must have paid for the first portion of the claim either from the insured's savings account or from the insured benefits of the medical scheme.
- The cost of counselling sessions with a registered counsellor or psychologist once the insured's savings account has run out or if the insured has depleted their benefit sub-limit for trauma counselling.

A trauma is an event where the insured person is:

- A victim or a witness of a violent crime
- Involved in an accident
- Diagnosed with a life threatening illness or has a loved one diagnosed with a life threatening illness
- Mourning the death of a loved one

Premium waiver

This benefit covers the gap cover premiums and the medical scheme contributions if the main insured person dies or becomes totally and permanently disabled in the event of an accident. The benefit will be payable for 6 months up to a maximum of R5,000 per month and does not accumulate to the overall annual limit.

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- **Benefit limits**

The table below shows the overall annual limit per insured and sub-limits per benefit type.

Benefits	Cover levels	
	Minimum	Maximum
Overall Annual Limit	R0	R205,000 per insured person per annum
Out of network hospital co-payments	R0	One stay per insured person per annum up to R11,200 outside of the NetcarePlus Hospital Network, accumulates to the overall annual limit
Charges above sub-limits	R0	R35,000 per insured person per annum, accumulates to the overall annual limit Stay in a mental health institution, rehabilitation, step down or sub-acute facility will be limited to an additional 5 days per insured person per annum
Emergency medical treatment in an emergency department	R0	R20,000 per policy per annum, accumulates to the overall annual limit
Prenatal testing for high risk pregnancies	R0	R25,000 per pregnancy
Day-to-day costs beyond medical scheme limits	R0	R20,000 per insured person per annum, accumulates to the overall annual limit
Trauma counselling	R0	R10,000 per insured person per annum, accumulates to the overall annual limit
Premium waiver	R0	R5,000 per month for the medical scheme contribution for 6 months

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- **Role players:**

Role-player / Insured person	Product / Benefit(s)	Maximum Number of lives allowed	Specific Rule(s)
Policyholder	Policy	1	Must be the Main Insured Person. Must comply with the age limits. Must have insurable interest in all Insured Persons.
Main Insured Person	All benefits	1	Must be the Policyholder. Must comply with the age limits. Main Insured Person must be the Main Insured Person on all benefits. Must be insured on a medical scheme
Partner	All benefits	1	Must be the Main Insured Person's Partner. Must comply with the age limits. Partner must be the Partner for all benefits. Must be insured as a dependant on the Main Insured Person's medical scheme
Child dependants	All benefits	No maximum	Must comply with the age limits. Must be insured as a dependant on the Main Insured Person's medical scheme
Adult dependants	All benefits	No maximum	Must comply with the age limits. Must be insured as a dependant on the Main Insured Person's medical scheme

The policyholder and the main insured person must be the same person. The premium payer can be different to the policyholder, but must show proof of insurable interest to the insured persons.

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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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- **Age and term limits:**

Role-player / Insured person	Benefit(s)	Entry Age (Calculated as age last birthday)		Cease Age
		Minimum	Maximum	
Policyholder	Policy	18	n/a	n/a
Main Insured Person and Partner	All benefits	18	n/a	n/a
Child Dependants				
Children who are not full-time students	All benefits	0	20	22
Children who are full-time students	All benefits	0	24	25
Children who are deemed to be permanently disabled	All benefits	0	n/a	n/a
Adult dependants	All benefits	21	n/a	n/a

- **General exclusions:**

Claims or benefits will not be paid for or in the event of any of the following:

1. Any claim excluded or not first processed by your medical scheme.
2. Any claim where the benefit specific limits or overall annual limits per insured per year has been reached.
3. Events that occurred when you were not an insured person.
4. Events that occur during a policy waiting period unless it is for an accident or trauma event.
5. Events where you didn't obtain pre-authorisation from your medical aid, or where you didn't follow your medical aid's rules.

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6. Tariff codes other than procedure and consultation codes recognised by the medical scheme.
7. Any claim for healthcare services received outside the Republic of South Africa.
8. Any claim for healthcare services where the insured person has neglected to use the NetcarePlus network if required to do so.
9. Investigations, treatment or surgery for weight-loss or cosmetic surgery (surgery for breast reduction or reconstruction as a result of treatment for cancer is included).
10. Any claim which should be covered by the Medical Scheme such as Prescribed Minimum Benefits, ward fees, theatre fees, medicines, appliances and other hospital expense
11. Any claim, service or benefit that does not form part of this Policy.
12. Suicide, attempted suicide or intentional self-injury.
13. Deliberate exposure to exceptional danger unless you attempt to save a human life.
14. The use of any drug or narcotic, legal or illegal, unless prescribed by and taken in according to the instructions of a Medical Practitioner other than yourself.
15. The failure of the insured person to follow any medical advice given by a Medical Practitioner.
16. Any incident, Illness, accidental harm or event directly or indirectly caused by the excessive consumption of alcohol or alcoholism.
17. Participation, or attempted participation, by any Insured in any of the following:
    a. Any defence force, police force, medical rescue service, firefighting service, correctional services facility or the disarming of explosives;
    b. Aviation activities where any medical expense is insured by another party (excludes fare-paying passengers in a licensed passenger carrying aircraft);
    c. Any form of race or speed test, other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft.
18. Any incident, Illness, accidental harm or event as a result of professional participation in any Sport.
19. Riots, wars, political acts, public disorder, or any acts, or attempted acts, of any of the following:
    a. Civil commotion, labour disturbances, riot, strike, lock-out or public disorder or any act to bring about any of the above;
    b. War, invasion, act of foreign enemy, hostilities, civil war;
    c. Mutiny, military rising or usurped power, martial law or state of siege, insurrection, rebellion or revolution;
    d. Any act directed to overthrow or influence any state or government or any provincial, local or tribal authority with force or by means of fear, terrorism or violence;
    e. Any act to further any political aim, objective or cause, or to bring about any social or economic change, or in protest against any state or government, or

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any provincial, local or tribal authority, or for the purpose of inspiring fear in the public

f. Terrorism.

- **Cover:**

On the policy schedule there is a start date next to each insured person's name. We call that the benefit start date. That is the date that cover starts.

When cover for the main insured person ends:

Cover for the main insured person ends when any of the following happens:

- you are no longer eligible; or
- total premiums are not paid; or
- you, the policyholder tells us to end this policy; or
- when you die (you, the main insured person); or
- you are no longer insured on a medical scheme; or
- when we cancel your policy by giving you 31 days' notice.

When cover for other insured persons ends:

Cover for an insured person (other than the main insured person) ends when any of the following happens:

- cover for the main insured person ends for any of the reasons explained above;
- the other insured person is no longer eligible
- the insured person dies; or
- the insured person is no longer listed on the policy schedule.

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Implications of a failure to pay a premium:
Cover ends when total premiums are not paid. Non-payment of premiums will result in an automatic lapse of the policy.

Premium grace periods:

- If NetcarePlus has not received their last monthly payment, the employer making the payment on behalf of the employees will be contacted to discuss the non-payment
- The main insured person will be notified if NetcarePlus has not received their last monthly payment and it could not be rectified by the employer.
- The client will be given a 25-day grace period (extra time) to pay their premium.
- All benefits will remain active during the grace period. In the event of a valid claim during the grace period, NetcarePlus will reduce the claim payable by any outstanding premiums.
- If we do not receive monthly premiums for two consecutive months on the payment date or within the grace period in those months, the policy will be cancelled from midnight of the last day of the month that we received a payment for.
- The payment grace period does not apply to the payment of the first premium at the start of the policy.

- **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.

- **Special arrangements do not become the rule:**

If we agree to change any deadlines or requirements in terms of this policy, it does not mean that we have agreed generally or in all cases to change the deadlines or requirements.

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- **Currency:**

Total premium and benefits payable under this policy must be paid in South African Rand only.

- **Law:**

We will govern and interpret the policy in accordance with South African law in the courts of the Republic of South Africa.

- **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 ofdishonest 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.

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.

- **Cooling off period:**

If you are not completely satisfied with this policy, its benefits or how this policy was acquired, you may cancel this policy within 31 days of receiving the policy documentation. We will then refund all premiums paid, provided that no benefit has been paid against this policy. You may not exercise this cooling off option if you have already claimed under the policy or if the event for

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which the policy insures you has already happened. If you wish to exercise this right, please contact us on 0860101151 or email: servicecentre@netcareplus.co.za

- **Claims:**

How to claim
NetcarePlus Service Centre: 0860 101 151
Email: gapclaims@netcareplus.co.za

The claimant or service provider must submit the claim within 180 days from the date of the treatment, procedure or hospital admission. The claimant may not claim after the expiry of 180 days after the insured event. We will confirm what evidence and other documents we need to process the claim.

The 180 days is so that we can manage financial/reserving for claims. Customers have 180 days to submit the claim from date of treatment, procedure or hospital admission, however if the claim is submitted post 6 months we will review the claim and it will not be taken as an automatic repudiation based on the 180 days.

- **Complaints:**

We hope that you never have a reason to complain, but if you do, we will do our best to work with you to resolve it. While you may contact the Ombudsman at any time or take legal action against us within 270 days of a claim's decision, we encourage you to contact NetcarePlus first, as detailed in the five-step process below.

Step 1: General policy and claim queries or complaints
Contact details for general queries or complaints.
Tel: 0860101151
Email: complaints@netcareplus.co.za

Step 2: Unresolved complaints – contact Hollard Complaints
You can submit your complaint in writing to mycomplaints@hollard.co.za or call 0800 60 10 16.

Step 3: Hollard Internal Adjudicator
If you are still unhappy after you have contacted the administrator or Hollard Complaints about your concern, you may email Hollard's Office of the Internal Adjudicator. The Internal Adjudicator will investigate your complaint objectively and independently.
Tel: 011 351 5652
Fax: 011 351 0801
Email: Lifeoia@hollard.co.za

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Step 4: Short-Term Insurance Ombud

If your concerns are not resolved to your satisfaction by Hollard, you may contact the Ombudsman for Short term Insurance. You can submit your complaint in writing to: Physical address:
1 Sturdee Avenue, 1st Floor, Block A, Rosebank, Johannesburg, 2196
Postal address: PO Box: 32334 Braamfontein, 2017
Tel: 011 726 8900
Fax: 011 726 5501
Email: info@osti.co.za

Step 5: FAIS Ombud

You can also contact the FAIS Ombudsman on: Physical address: Kasteel Park Office Park, Orange Building, Second Floor, 546 Jochemus Street, Erasmus Kloof, Pretoria, 0048.
Postal address: PO Box 74571, Lynnwood Ridge, 0040
Tel: 012 762 5000
Fax: 012 348 3447
Email address: info@faisombud.co.za

Thank you for reading the terms and conditions. Please note that this is not a full list of the terms and conditions applicable to your policy. A full list of policy conditions and exclusions is contained in your policy wording document. We look forward to having a long and mutually beneficial relationship with you.

Contact details of other parties to this policy:

Administrator Details

Administrator Name	Netcare Plus Solutions (Pty) Ltd
Registration Number	2015/086234/07
FSP License Number	51840
FSP License Categories	Category 1
Contact Number	0860 101 151
Complaints Contact	complaints@netcareplus.co.za 0860 101 151
Compliance Contact	compliance@netcareplus.co.za 0860 1011 51
Physical Address	76 Maude Street, Corner West Street, Sandton, Johannesburg, 2196
Remuneration	NetcarePlus receives a monthly binder fee equal to 8.5% of premium from Hollard
Shareholding and interest	NetcarePlus does not hold more than 10% of the Insurer's shares Netcare does not receive more than 30% of total remuneration from the insurer
Conflict of Interest Management Policy	A copy of the Netcare Conflict of Interest policy is available on request.

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Insurer Details

FSP Name	The Hollard Insurance Company Limited
Registration number	1952/003004/06
FSP License number	17698
FSP License categories	Category I
Financial products	Short term insurance
Professional indemnity insurance and fidelity insurance	Hollard has professional indemnity and fidelity insurance
Physical address	Hollard Villa Arcadia, 22 Oxford Road, Parktown, 2193
Postal address	Hollard Partner Solutions, PO Box 87428, Houghton, 2041
Telephone number	011 351 5000
Email address	hpsadmin@hollard.co.za
Compliance officer contact details	0860 666 675 or compliance@hollard.co.za

9. 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 on or before the first debit order date, 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.

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- 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.
- 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 authorised NetcarePlus to collect my premium monthly from the bank account details I specified during this process. The debit order reference will reflect on my policy schedule.
    - 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/_____/2025.

_____ _____

Policyholder signature Date

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10. Broker (Intermediary) contact details

FSP name	4D Healthcare Consulting (Pty) Ltd
FSP number	45367
Full name & surname of representative	
Identity number	
Cellphone number	
Email address	

I hereby declare that I have explained the benefits and obligations arising from this application to the applicant and that they fully understand the consequences of any incorrect information provided in this application. I hereby declare the completed application was signed with no blank spaces in the presence of the policyholder, by the policyholder. I confirm that I have identified the policyholder, life insureds & premium payer and verified their details for this contract.

_____ _____

Representative signature Date

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