

Individual APPLICATION FORM

(Note: Only For Underwriting Free Options)



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Please scan the completed form to applications@xelus.co.za or fax to 086 501 8521
OR hand it in to your HR/Salaries department if so required.

A. Details of Member, Dependants & Employer

First Name/s & Surname

ID Number (or Birth Date if ID is not available)

Member: _____ | _____
Spouse: _____ | _____
Child 1: _____ | _____
Child 2: _____ | _____
Child 3: _____ | _____

A2. Home/Postal Address: _____ | A3. Tel Number: () _____

A4. Cell Number: () _____ | A5. e-mail: _____

A6. Employer Name: _____ | A7. Branch/Pay-Point Name: _____

A8. Switchboard Number: () _____ | A.9 Contact Person: _____ | A.10 Employment Date: _____

B. Details of Insurance Cover Required

B1. Current medical scheme? _____ | Benefit option: _____ | Membership No: _____

B2. Insurance Product Details (please mark product with X): _____ | Commencement Date (month/year): _____ / _____

Fusion

B3. Are you aware of any in-hospital treatment that you or any of your dependants may need within the next 12 months?

If Yes, please provide details: _____

(Note: Answering this question will not affect your premium or your acceptance – it is required for risk management purposes only)

C. Declaration by Principal Member

The signatory below hereby makes the following declarations and confirms that he/she understands the terms and conditions:-

I, (full name) _____ with ID number _____ hereby declare that this application form, whether in my handwriting or not, is accurate and complete and forms the basis of the contract of insurance between the underwriter and myself. I hereby apply for the Xelus insurance product/s and agree to abide by its policy rules and/or those of its underwriter and any amendments thereto which may be made from time to time. I confirm that all the information provided herein is complete and true and that I have not concealed any relevant or pertinent information that may affect the evaluation of risk considered under this policy of cover. I understand that the provision of any false or misleading information could result in my application being rejected or my membership being cancelled or claims being rejected. Should this occur, I agree to refund all benefit payments that I have received in relation to this policy of insurance. In the event that my employer is selecting the cover under this policy I hereby provide authority for my employer to make such cover nomination on my behalf and furthermore indemnify Xelus and the Underwriter against liability for any loss that may result from an incorrect nomination of such cover by the employer. I hereby provide irrevocable authority for Xelus or its underwriter to obtain any of my or my beneficiaries' medical history from any medical service provider, medical scheme or insurance company for the purposes of assessing this application for insurance as well as the underwriting of any future risk or the assessment of any claim that relates to this insurance cover. Premiums due to Xelus are payable monthly. Premiums that are in arrears will result in my membership being suspended or possibly terminated. In the event that any policy benefit becomes payable subsequent to or as a result of my death, I hereby provide an irrevocable authority for such benefits to be paid directly to my surviving spouse or failing such circumstance to the nominated guardians or trustees responsible for the future care of my minor children or failing either of the preceding events to my estate. I hereby authorise Xelus to draw against the above bank account all amounts due to Xelus in terms of this insurance cover. Should the relevant premiums be adjusted by the underwriters, I hereby confirm that the adjusted amount may be drawn from the above account subject to the notice period outlined in the policy document. This request is to remain in force unless cancelled by one month's written notice. I hereby confirm that I am duly authorised to enter into this agreement and authorise the above debit order instruction on behalf of the employer.

Signed: _____ | Full name: _____

Date: _____

Xelus is an authorised financial services provider (FSP No: 36931)
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