



Insurer:
Lombard Insurance Company Limited
(Reg. No. 1990/001253/06) FSP no. 1596

Risk and Underwriting Managers:
Turnberry Management Risk Solutions (Pty) Ltd
(Reg no : 2007/026488/07) FSP no. 36571

Telephone: 0861 000 509
 Fax: 0861 000 508
 Physical Address: 4 Osborne Lane, Bedfordview, 2007
 Postal Address: Private Bag X2, Gardenview, 2047

Broker Name:

Broker Code:

Commencement Date:

FOR OFFICE USE ONLY	
Application No.	Client No.
Policy No.	Debtor No.

Please complete and return by fax to: 0861 000 508 | Email to: newbusiness@turnberry.co.za | Mail to: Private Bag X2, Gardenview, 2047

DETAILS OF PRINCIPLE INSURED PERSON

Title:	<input type="text"/>	Gender:	<input type="radio"/> Male	<input type="radio"/> Female
ID Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	
Initials:	<input type="text"/>	First Name:	<input type="text"/>	
Surname:	<input type="text"/>			
Residential or Physical Addresses:	<input type="text"/>			
	<input type="text"/>			Code: <input type="text"/>
Postal Addresses:	<input type="text"/>			
	<input type="text"/>			Code: <input type="text"/>
WorkTel No.	<input type="text"/>	Cellular Tel No.	<input type="text"/>	
Fax No.	<input type="text"/>	Home Tel No.	<input type="text"/>	
Email:	<input type="text"/>			

A. DEPENDANT DETAILS

Name of Dependant		Identity Number (Date of Birth if no ID No)	Gender M/F	Relationship to Policyholder
Surname	First Name			

B. MEDICAL AID DETAILS

Medical Scheme	Option	Medical Aid Number	Date Membership Commenced

C. FAMILY DOCTOR DETAILS

Name of General Practitioner/Family Doctor	Tel No.

D.

MEDICAL EXPENSE SHORTFALL PRODUCTS

THE PRODUCTS OFFERED IN THIS APPLICATION FORM ARE NOT A MEDICAL SCHEME AND THE COVER IS NOT EQUIVALENT TO THAT OF A MEDICAL SCHEME. THESE PRODUCTS ARE NOT A SUBSTITUTE FOR A MEDICAL SCHEME MEMBERSHIP.

Please tick your chosen option

PREMIER	PREMIER provides the Insured persons with the following cover: Overall Annual Limit: R150 000 per person per annum	
	Medical Expense Shortfall Cover: Co-payment Cover:	Increases the medical aid rate up to 500% for in-hospital treatment. Subject to the Overall Annual Limit. R50 000 per in-hospital admission per insured, including out-patient costs as per policy document. Subject to the Overall Annual Limit.
<input type="radio"/> R310/month under 65 yrs	Non-DSP Hospital Penalty Cover: Sub-limit Cover:	R8 500 per admission. Limited to 1 claim per family per annum and the Overall Annual Limit. R20 000 per in-hospital admission per insured, including out-patient costs as per the policy document. Subject to the Overall Annual Limit.
	Biological Cancer Drug Cover:	Pays the co-payment and/or sub-limit imposed by the Medical Scheme for defined biological cancer drugs Subject to the Overall Annual Limit.
<input type="radio"/> R434/month for 65yrs+	Traditional Cancer Treatment:	Pays for treatment in a private facility, including sub-limits, deductibles or co-payments related to cancer treatment. Subject to the Overall Annual Limit.
	Cancer Diagnosis Benefit:	Once off payment of R20 000 for first diagnosis of cancer, provided that the member is on an approved oncology treatment plan
<input type="radio"/> R252/month under 65yrs	Medical Scheme Contribution Waiver:	Pays a benefit of R5 000 per month for 6 months in the event of the accidental death or Permanent and Total Disability due to accidental injuries, of the medical scheme contribution payer
	Casualty Benefit: Personal Accident Benefit:	Emergency Casualty benefit for accidental injury. Limited to R7 500 per event. Subject to the Overall Annual Limit Pays a benefit of R20 000 per insured in the event of accidental death or Permanent and Total Disability resulting from injuries sustained as a result of an accident
<input type="radio"/> R352/month for 65yrs+	ENHANCE provides the Insured persons with the following cover: Overall Annual Limit: R150 000 per person per annum	
	Medical Expense Shortfall Cover: Co-payment Cover:	Increases the medical aid rate up to 500% for in-hospital treatment. Subject to the Overall Annual Limit. R50 000 per in-hospital admission per insured, including out-patient costs as per policy document. Subject to the Overall Annual Limit.
<input type="radio"/> R233/month under 65yrs	Sub-limit Cover:	R20 000 per in-hospital admission per insured, including out-patient costs as per the policy document. Subject to the Overall Annual Limit.
	Cancer Diagnosis Benefit:	Once off payment of R20 000 for first diagnosis of cancer, provided that the member is on an approved oncology treatment plan
<input type="radio"/> R326/month for 65yrs+	Casualty Benefit: Personal Accident Benefit:	Emergency Casualty benefit for accidental injury. Limited to R7 500 per event. Subject to the Overall Annual Limit Pays a benefit of R20 000 per insured in the event of accidental death or Permanent and Total Disability resulting from injuries sustained as a result of an accident
	OPTIMAL provides the Insured persons with the following cover: Overall Annual Limit: R150 000 per person per annum	
<input type="radio"/> R178/month under 65yrs	Medical Expense Shortfall Cover: Co-payment Cover:	Increases the medical aid rate up to 500% for in-hospital treatment. Subject to the Overall Annual Limit R20 000 per in-hospital admission per insured, including out-patient costs as per policy document. Subject to the Overall Annual Limit
	Sub-limit cover for Internal Prosthesis:	R10 000 per in-hospital admission per insured, for internal prosthesis. Limited to R50 000 per family per annum and the Overall Annual Limit
<input type="radio"/> R249/month for 65yrs+	Traditional Cancer Treatment:	Pays the co-payments related to cancer treatment, limited to 20% per admission. Subject to the Overall Annual Limit with a R200 000 excess.
	Biological Cancer Drugs:	Pays the co-payment and/or sub-limit imposed by the Medical Scheme for defined biological cancer drugs. Subject to the Overall Annual Limit with a R200 000 excess
<input type="radio"/> R167/month under 65yrs	Casualty Benefit:	Emergency Casualty benefit for accidental injury. Limited to R6 000 per event. Subject to the Overall Annual Limit
	SYNERGY provides the Insured persons with the following cover: Overall Annual Limit: R150 000 per person per annum	
<input type="radio"/> R233/month for 65yrs+	Medical Expense Shortfall Cover: Co-payment Cover:	Increases the medical aid rate up to 500% for in-hospital treatment. Subject to the Overall Annual Limit R20 000 per in-hospital admission per insured, including out-patient costs as per the policy document. Subject to the Overall Annual Limit
	Sub-limit Cover for Internal Prosthesis:	R10 000 per in-hospital admission per insured, for internal prosthesis. Limited to R50 000 and subject to the Overall Annual Limit
VITAL provides the Insured persons with the following cover: Overall Annual Limit: R150 000 per person per annum		
<input type="radio"/> R167/month under 65yrs	Medical Expense Shortfall Cover: Casualty Benefit:	Increases the medical aid rate up to 500% for in-hospital treatment. Subject to the Overall Annual Limit Emergency Casualty benefit for accidental injury. Limited to R6 000 per event. Subject to the Overall Annual Limit
	<input type="radio"/> R233/month for 65yrs+	

E.

ADDED-VAULE - INTERNATIONAL TRAVEL INSURANCE

If you purchase any one of the products listed on page 2 of this application form, you qualify for international travel insurance for travel outside the borders of South Africa. Cover is provided by TIC, ensures end to end emergency service by air, land or sea, anywhere in the world, 24 hours a day. The maximum length of a trip is limited to 90 days. Medical expenses are covered up to an amount of R5 000 000. Notification of travel must be given to Turnberry on 0861 000 509 at least 48 hours prior to departure, during the hours 08h00 to 16h00 Monday to Friday (excluding public holidays). Maximum age is 80 years next birthday.

F. COVER FOR EXTENDED FAMILY MEMBERS

The applicable definition of a "Family" means the Principal insured person, Eligible spouse (listed under Section A) and Eligible children (listed under Section A), who have not attained the age of 26 years unless mentally or physically disabled and unable to earn any form of income. Any dependants falling under this definition are included at no additional cost.

If you have an extended family member (listed under Section A) registered on your medical aid and they do not qualify in terms of our definition of a "Family", per the definition above, you may add them onto your policy. The cost per additional extended family member is detailed below. To calculate the additional cost for extended family member/s that wish to cover, multiply the number of people by the rate for the applicable age category.

Product	Ages 26-64 (incl)		Ages 65-79 (incl)		Ages 80+		Total
	Rate	Number	Rate	Number	Rate	Number	
PREMIER	R86		R264		R343		
ENHANCE	R65		R198		R257		
OPTIMAL	R75		R211		R274		
SYNERGY	R72		R196		R255		
VITAL	R36		R105		R137		

G. WAITING PERIODS

PLEASE NOTE, a 3-month waiting period shall apply, with exception of benefits providing cover up to 500% if cover commences in line with your Medical Aid commencement. There is a 9-month waiting period on all pregnancy/childbirth benefits and a 12-month waiting period on: hysterectomy (except where malignancy can be proven), hysteroscopies and endometrial ablations; joint replacements and spinal investigations, treatment or surgery (except in the event of an accident); tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth and treatment or surgery for a hernia (except as a result of emergency surgery), treatment and surgery for cataracts, gastroscopies, colonoscopies and pre-diagnosed cancer . All rates are quoted per family.

H. DECLARATION OF HEALTH

1. Are you or any dependants under the above policies aware of any reason why hospitalisation and/or medical treatment may be required in the next 12 months from the date of application? (If yes, provide details below.) YES NO

Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Symptoms	Date of last Treatment

2. Have you or any dependants under the above policies been diagnosed, treated, hospitalised and/or sought medical advice for any condition within the last 12 months, from date of application? (If yes, provide details below.) YES NO

Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Symptoms	Date of last Treatment

3. Have you or any dependants under the above policies ever been diagnosed with and/or treated for cancer? (If yes, provide details below.) YES NO

Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Treatment	Date of last Treatment

SHOULD THE INFORMATION PROVIDED ABOVE BE INSUFFICIENT TO ASSESS THE RISK, ADDITIONAL MEDICAL INFORMATION WILL BE REQUESTED.
SHOULD THE SPACE PROVIDED ABOVE BE INSUFFICIENT PLEASE ATTACH A SUPPORTING SCHEDULE.

I. BROKER FEES

R20 R40 R60

This fee (Broker Fee) is an optional fee payable or owing by you, the policyholder, to your broker, for advisory services, including, financial or risk planning and up-front and ongoing advice, which services have or will be provided to you by your broker. Turnberry will collect this fee, together with your premium, and pay the entire amount to your broker. If you are unhappy with the advisory services provided by your broker, you are entitled to cancel the payment of the Broker Fee at any time by contacting your broker.

While this notice has been prepared by Turnberry in good faith, no representation, warranty, assurance or undertaking (express or implied) is or will be made, and no responsibility or liability is or will be accepted by Turnberry or its officers, employees or agents in relation to the adequacy, accuracy, completeness or reasonableness of the advisory services provided by your broker. All and any such responsibility and liability is expressly disclaimed.

Signature: _____ Date:

J. BANK DETAILS FOR DEDUCTIONS OF MONTHLY PREMIUM BY DEBIT ORDER

Account Holder's Name	
Name of Bank	
Branch Name and Town	
Branch Code	
Account Number	

Type of account: Cheque Savings Transmission
 Date account to be debited: 1st 7th 15th 25th

Please note, should the collection date selected fall on a weekend or public holiday, a debit will be processed against your account on the first working day following the weekend or public holiday

I hereby request and authorise Turnberry Management Services (Pty) Ltd to draw against my bank account with the abovementioned bank (or any bank/branch to which I may transfer my account) the amount necessary for payment of the premiums (as well as any renewal or adjustment premiums and policy fees due) in respect of the afore- mentioned insurance benefits. All such withdrawals from my bank account by Turnberry shall be treated as though they had been signed by me personally. I agree to pay the bank charges in connection with this instruction and authorise Turnberry to increase the amount of each withdrawal so as to recover the costs thereof in accordance with the South African Clearing Bank's tariff in force at the time. I understand that: 1) the withdrawals hereby authorised will be processed by computer, and 2) details of each withdrawal will be reflected on my bank statement or on the accompanying voucher, and 3) the obligation to ensure that my monthly payments are received remains with me despite the granting to Turnberry of this authority. This authority shall continue in full force and effect until cancelled, by me, giving 30 days' written notice thereof sent to Turnberry by prepaid registered post. I understand that such cancellation may result in the cancellation of the policy and it will not relieve me of the liability in respect of any unpaid balance owing to Turnberry. In addition, I shall not be entitled to any refund of any amount which Turnberry has withdrawn regarded as receipt thereof by my bank.

Signature of Account Holder: _____ Date:

K. EMPLOYER AUTHORISATION FOR DEDUCTION OF MONTHLY PREMIUMS FROM SALARY

I, _____ I.D.No. hereby authorise my employer to deduct from my salary my portion, where applicable, of the monthly premium, future increases, arrears and any other amounts due by me to the insurer.

Signature of Employee: _____ Date:

L. DECLARATION BY THE PRINCIPLE INSURED PERSON

I have been informed of my rights in terms of the Policyholder Protection Rules to have the following information disclosed to me before entering into any insurance contract:

1) The Statutory Notice; 2) Intermediary's accreditation and mandate confirmation; 3) Mandatory disclosures. I hereby apply for the benefits stipulated in this document, subject to the terms and conditions of the policy contract and I agree that this application and declaration shall be the basis of the contract between me and Lombard Insurance Company Limited ("Insurer"). I hereby warrant that the answers and statements provided in the application form are true and correct in every particular and that I have withheld no information whatsoever, which is material to or is likely to affect the assessment of the risk under the proposed insurance. I undertake to advise Turnberry in writing if a change takes place in the health of the insured person/persons between the date of signing the application and the date of acceptance of the risk or the date of commencement of the policy whichever occurs last. I understand that any inaccurate and untrue statements or failure to notify Turnberry of a change in health prior to the acceptance and/or commencement of the policy may render my policy null and void and all premiums paid will be forfeited to the insurer. I acknowledge that no representation made to me by any agent or employee of the Insurer shall in any way bind the Insurer unless it is thereafter confirmed in writing by the Insurer. I hereby irrevocably authorise a) the Insurer to obtain from any person any information the Insurer needs to which this application relates; b) the person concerned to give the Insurer the information it requests under the authorisation in (a); the Insurer to share with other insurers and the ASISA any information to assess risks or claims. Any information may, under this authorisation, be obtained or given at any time, even after death. I agree that a photocopy or fax of this application form is as effective and valid as the original. If I have an email address for correspondence with Turnberry, I accept the risks of email correspondence and shall not hold Turnberry liable for any loss or damage arising through any unauthorised access to the email correspondence with or any interception of any communication between Turnberry and me.

I acknowledge that should any of my personal and/or banking details change it is my responsibility to ensure that Turnberry are notified of the changes.

I acknowledge that the premium is due monthly in advance on the first day of each calendar month and if not received by Turnberry by the 15th day of the following calendar month, then this policy shall be deemed to have been cancelled at midnight on the due date.

Freedom of choice: Have you been advised of and exercised your free choice to take out insurance with the Insurer and intermediary of your choice? YES NO
 Has any Insurer ever declined a proposal of yours or cancelled any policy or any section thereof? YES NO
 If "YES", please provide details
 Is this policy replacing a policy of the same or similar type? YES NO
 If "YES", have the product benefits and restrictions been adequately compared and explained to you? YES NO

Remarks: _____
 Signature: _____ Date:

M. DECLARATION BY BROKER FOR REPLACEMENT OF POLICY

I confirm I have fully discharged my duties as set out in section 8(d) of the General Code of Conduct
 Signature: _____ Date: