

POLICY UPGRADE / REPLACEMENT FORM | 2017



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

Current Policy Number:

Current Policy Type:

Principle Insured Person:

Principal Insured ID Number:

Replacement Policy Type:

Replacement Policy Start Date:

A. NOTES

- Existing benefits on your current policy will be cancelled and treated as a continuation option in the new policy contract.
- In accordance with the policy terms and conditions of your new policy contract a 3-month waiting period shall apply, to any new benefits. There is a 9-month waiting period on pregnancy/childbirth for any new 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 for any new benefit.

Please complete and return by fax to: 086 649 0417 | Email to: admin@turnberry.co.za

B. MEDICAL QUESTIONS

Are you or any of your dependants under the above policies aware of any reason why hospitalisation and/or medical treatment may be required in the next twelve months from the date of the upgrade including admission for any diagnostic procedures e.g. Colonoscopies, Gastroscopies, MRI and CT scans or as a result of pregnancy?			YES <input type="radio"/>	NO <input type="radio"/>
Insured's name	Condition	Treatment	Date of last symptoms	

Should the space provided above be insufficient please attach a supporting schedule

C. 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 the Replacement Comparison Schedule form, 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 this application 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 this document and the date of acceptance of the risk. I understand that any inaccurate or untrue statements or failure to notify Turnberry of a change in health prior to the acceptance 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 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 last 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.
 I hereby acknowledge that the banking details used to collect my current Turnberry policy premiums, will be used to collect the new policy premiums; as indicated on the "Replacement Comparison Schedule" attached. I also hereby authorise Turnberry to continue deducting the said premiums in line with the terms and conditions of the original application form.

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? If "YES", please provide details YES NO

A full needs analysis has been done to facilitate this upgrade? YES NO

Remarks: _____

Signature: _____ Date:

REPLACEMENT COMPARISON SCHEDULE | 2017

MEDICAL EXPENSE SHORTFALL PRODUCTS

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.

Please indicate your current policy and select a new policy		Please tick the relevant boxes below	
Pro-Care Xtra	R212 per family per month. R172 per individual per month	Current <input type="radio"/>	
BENEFITS <ul style="list-style-type: none"> Increases the medical aid rate up to 500% for in-hospital treatment. Unlimited Sub-limits: R2 500 per admission, per insured. Unlimited 			
Elect-A-Care Standard	R128 per family per month	Current <input type="radio"/>	
BENEFITS <ul style="list-style-type: none"> Co-payments: R 20 000 per admission, per insured. Unlimited 			
Elect-A-Care Plus	R168 per family per month	Current <input type="radio"/>	
BENEFITS <ul style="list-style-type: none"> Co-payments: R20 000 per admission, per insured. Unlimited Sub-limits: R10 000 per admission, per insured. Unlimited 			
ProCancer-Care	R172 per family per month	Current <input type="radio"/>	
BENEFITS <ul style="list-style-type: none"> Increases the medical aid rate up to 500% for in-hospital treatment. Unlimited Cancer cover: R200 000 per diagnosis, per insured (R200 000 excess) Biological Cancer Drugs: R200 000 per diagnosis, per insured (R200 000 excess) 			
ProCare 200	R125 per family per month	Current <input type="radio"/>	
BENEFITS <ul style="list-style-type: none"> Increases the medical aid rate up to 500% for in-hospital treatment. Unlimited 			
Vital	R167 per family per month, R233 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> <ul style="list-style-type: none"> Increases the medical aid rate up to 500% for in-hospital treatment. Subject to OAL Accidental Casualty Benefit: R6 000 per event. Subject to OAL 			Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>
Synergy	R178 per family per month, R249 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> <ul style="list-style-type: none"> Increases the medical aid rate up to 500% for in-hospital treatment. Subject to OAL Co-payments: R20 000 per admission, per insured. Subject to OAL Sub-limit Cover for Internal Prosthesis: R10 000 per admission. Limited to R50 000 per family per annum, subject to the Overall Annual Limit (OAL) Accidental Casualty Benefit: R6 000 per event. Subject to OAL 			Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>
Optimal	R233 per family per month, R326 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> <ul style="list-style-type: none"> Increases the medical aid rate up to 500% for in-hospital treatment. Subject to OAL Co-payments: R20 000 per admission, per insured. Subject to OAL Sub-limit Cover for Internal Prosthesis: R10 000 per admission. Limited to R50 000 per family per annum, subject to OAL Cancer Cover: 20% co-payment cover (R200 000 excess). Subject to OAL Biological Cancer Drugs: Subject to OAL (R200 000 excess) Accidental Casualty Benefit: R6 000 per event. Subject to OAL 			Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>
Enhance	R252 per family per month, R352 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> <ul style="list-style-type: none"> Increases the medical aid rate up to 500% for in-hospital treatment. Subject to OAL Co-payments: R50 000 per admission, per insured. Subject to OAL Sub-limits: R20 000 per admission, per insured. Subject to OAL R20 000 payable on the first diagnosis of cancer provided that the insured is on an approved oncology treatment plan Personal Accident Benefit: R20 000 per insured payable upon death and permanent and total disability Accidental Casualty Benefit: R7 500 per event. Subject to OAL 			Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>
Premier	R310 per family per month, R434 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> <ul style="list-style-type: none"> Increases the medical aid rate up to 500% for in-hospital treatment. Subject to OAL Co-payments: R50 000 per admission, per insured. Subject to OAL Non-DSP Hospital Penalty Cover: R8 500 per admission. Limited to 1 claim per family per annum, subject to OAL Sub-limits: R20 000 per admission, per insured. Subject to OAL Cancer Cover: Subject to OAL (R200 000 excess) Biological Cancer Drugs: Subject to OAL Accidental Casualty Benefit: R7 500 per event. Subject to OAL R20 000 payable on the first diagnosis of cancer provided that the insured is on an approved oncology treatment plan Medical Scheme Contribution Waiver: R5 000 for 6 months, payable upon accidental death or permanent and total disability due to an accident of the medical scheme contribution payer Personal Accident Benefit: R20 000 per insured payable upon death or permanent and total disability 			Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>

SENIOR GAP COVER PRODUCTS

ProCare Senior	R185 per family per month	Current <input type="radio"/>	
BENEFITS • Increases the medical aid rate up to 500% for in-hospital treatment. Unlimited			
Elect-A-Care Senior	R174 per family per month	Current <input type="radio"/>	
BENEFITS • Co-payments: R10 000 per admission, per insured (no cover for MRI, CT and PET scans done out-of-hospital). Unlimited • Sub-limits: R10 000 per admission, per insured. Unlimited			
Senior	R255 per family per month	Current <input type="radio"/>	
BENEFITS • Increases the medical aid rate up to 500% for in-hospital treatment. Unlimited • Co-payments: R15 000 per admission, per insured (includes co-payment cover for MRI, CT and PET scans done out-of-hospital). Unlimited • Sub-limit Cover: R15 000 per admission per insured. Limited to R50 000 per family per annum			

DECLARATION BY POLICYHOLDER

Please note the product summaries above reflect the key points for comparison between the products. These points and any other applicable points should be discussed with your broker in conjunction with your Needs Analysis.

I confirm that the representative has fully explained the consequences of the replacement of the policy(ies) mentioned in this Replacement Policy Advice Record and I understand the consequences of such replacement(s).

Signature: _____ Date:

DECLARATION BY FSP REPRESENTATIVE

I confirm that I have taken all reasonable steps to confirm that the information in this Replacement Policy Advice Record (RPAR) is true and correct. I confirm that in pursuance of my advice to the policyholder to replace the policy(ies) mentioned in this RPAR, I have fully discharged my duties as set out in section 8(d) of the General Code of Conduct for authorised Financial Service Providers and their representatives (the Code) and have retained a record of such advice as required by section 3 of the said Code.

Signature of representative: _____ Date: