



# CONTINUATION OF COVER IN PERSONAL CAPACITY 2025

**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

Broker Name:   
Broker Code:

FOR OFFICE USE ONLY	Application No.	<input type="text"/>	Client No.	<input type="text"/>
	Policy No.	<input type="text"/>	Debtor No.	<input type="text"/>

Tel: 011 677 9891 | Fax: 086 676 0777 | Email: newbusiness@turnberry.co.za | Address: 4 Osborne Lane, Bedfordview, 2007

## A. DETAILS OF PRINCIPAL INSURED PERSON

Title:  First Name:  Surname:

ID Number:  Cellphone No.

Date Employed:

Residential Address:

Postal Address:  Code:

Email:  Medical Scheme:

Medical Scheme No:  Option:  Date Membership Commenced:

In the event of the death of the Principal Insured person in respect of the Critical Illness Benefit or Personal Accident Benefit

Beneficiary Name:  Beneficiary ID:  Relationship:

## B. DEPENDANT DETAILS

Spouse/Partner and children up to the age of 26 years who are registered on the Principal Insured person or Spouse/Partner's Medical Scheme may be added to the Policy at no additional cost

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

## C. EXTENDED FAMILY COVER

Other Dependants/Extended Family registered on the Principal Insured person or Spouse/Partner's Medical Scheme may be added to the Policy for an additional premium, as detailed below

Product	Ages 26 - 64 (incl)		Ages 65 - 79 (incl)		Ages 80+	
	Rate	Number	Rate	Number	Rate	Number
PREMIER	R174		R562		R716	
OPTIMAL	R163		R459		R587	
SYNERGY	R162		R454		R580	
LAUNCH	R 40		R 69		R105	
MED-EXTEND	R150		R566		R722	

## D. CONFIRMING UPDATE

Confirming update  
Signature: \_\_\_\_\_ Date:

**IT IS IMPORTANT TO NOTE THAT THE CONTINUATION OF COVER OPTION WILL ONLY BE AVAILABLE TO MEMBERS UNDER THE AGE OF 65 YEARS AND WILL NOT APPLY TO MEMBERS RETIRING. THIS ALSO ONLY APPLIES TO MEMBERS WHO HAVE BEEN EMPLOYED AT THEIR COMPANY FOR A PERIOD OF 12 MONTHS OR LONGER.**

Please note, should you change your collection date from 1st or 7th to the 15th or 25th, the collection will be for the next month and could result in a double deduction.

**E. BANK DETAILS FOR DEDUCTIONS OF MONTHLY PREMIUM BY DEBIT ORDER**

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

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. Please note that your debit order reference will be TMS HEALTH INS D followed by your debtor number.*

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 aforementioned 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 and 4) that this authority may be ceded or assigned to a third party, if this Policy is also ceded or assigned to the third party. This authority shall continue in full force and effect until cancelled, by me, giving 31 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: