

TURNBERRY DEPENDANT ADDITION FORM 2026

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

Policy No.

Please complete and return by fax to: 086 676 0777 | Email to: admin@turnberry.co.za
Please attach a copy of your medical aid certificate

Principal Insured Person:

ID Number:

Address:

Telephone Number:

Email Address:

A. 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. New dependants added are underwritten and subject to Waiting Periods.

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

B. 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. New dependants added are underwritten and subject to Waiting Periods.

Product	Ages 26 - 64 (incl)		Ages 65 - 79 (incl)		Ages 80+	
	Rate	Number	Rate	Number	Rate	Number
PREMIER	R189		R613		R781	
OPTIMAL	R178		R500		R639	
SYNERGY	R176		R495		R632	
LAUNCH	R44		R76		R115	
MED-EXTEND	R163		R616		R787	

C. DYNAMIC DEPENDANTS

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

DYNAMIC	DYNAMIC DEPENDANTS				
	0	1	2	3	4
Ages 0-29	R180	R330	R500	R600	R700
Ages 30-49	R330	R473	R605	R715	R825
Ages 50-64	R385	R495	R616	R759	R902
Ages 65+	R605	R770	R935	R1100	R1265

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 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 declaration of health and the date of acceptance of the risk 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 of the policy may render my policy null and void and all premiums paid 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 1st 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 acknowledge and accept that for the purposes of effectively administering my policy and dealing with all other matters related thereto, Turnberry Management Risk Solutions may process and share my and the persons I represent herein private information with Lombard Insurance Company Limited and any associated party, any third party service provider, and/or agent who will assist in the administration and performance of my policy.

Has any Insurer ever declined a proposal of yours or cancelled any policy or any section thereof?

YES ☐

NO ☐

If "YES", please provide details.

Remarks: _____

Signature: _____

Date: