



(FSP no. 36571)

Underwritten by Santam Limited

Policy Number:

Scheme:

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

Please complete and return by fax to: 086 676 0777 | Email to: lizelle@turnberry.co.za

Dear Turnberry Policyholder,

Your Turnberry membership entitles you to Leisure Travel Insurance. This policy will insure you and your dependants, as listed under your Turnberry policy, against emergency medical expenses that may be incurred while traveling outside of South Africa. Cover is for trips of up to 90 days only with cover starting on the date of departure from RSA.

| FREE BENEFIT | TOP UP BENEFIT |
|---|---|
| <ul style="list-style-type: none"> R5,000,000 per person travelling for emergency medical expenses only – 90 days only No cover for pre-existing medical conditions (conditions that you have already been diagnosed with 6 months prior to travelling). Maximum age is 80 years next birthday | <ul style="list-style-type: none"> Only available to policyholders under the age of 69 Cost and Benefit details on page 2 of this document The cover is offered to extend your current travel benefits, not to extend the period of travel |

In order to activate this benefit, please complete the form below.

Please ensure that application forms are sent to our offices at least 48 hours (2 working days) before departure. A policy document confirming your emergency medical cover will be issued and sent to you.

| A. TRAVELLER DETAILS | | | | |
|----------------------|------------|---------|-------|-----------|
| | Full Names | Surname | Title | ID number |
| Traveller 1 | | | | |
| Traveller 2 | | | | |
| Traveller 3 | | | | |
| Traveller 4 | | | | |
| Traveller 5 | | | | |

| B. ITINERARY | | |
|-------------------------|--------------------|------------------|
| Departure Date from RSA | Return date to RSA | Main destination |
| | | |

| C. CONTACT DETAILS | | |
|--------------------|-------------|---------------------------------------|
| Telephone Number | Cell Number | E-mail Address to Send Certificate to |
| | | |

TOP-UP TRAVEL POLICY

- PRE-EXISTING CONDITIONS, LUGGAGE & FLIGHT COVER - 2016 (Only covers policyholders up to age of 69)
- The top-up travel cover only extends benefits; it does not extend the length of cover beyond the 90 days.
- Please note that no pre-existing conditions, luggage or flight cover are covered on the base Travel insurance product. Should you have a pre-existing condition and require cover for it, we have a Travel Insurance Top up available for you to purchase.

| PREMIUM | | |
|------------|-----------------|-----------------|
| 0-30 Days | R465 (excl USA) | R555 (incl USA) |
| 31-60 Days | R590 (excl USA) | R710 (incl USA) |
| 60-90 Days | R705 (excl USA) | R845 (incl USA) |

The above rates are per person travelling.

| TOP UP | COVER |
|--|-------------|
| Additional cover for medical and related expenses | R15 000 000 |
| Medical expenses relating to pre-existing medical conditions | R500 000 |
| Accidental death | R250 000 |
| Accidental permanent and total disablement | R1 000 000 |
| Journey cancellation | R15 000 |
| Journey curtailment | R15 000 |
| Missed connection | R15 000 |
| Replacement airfare | R15 000 |
| Travel delay | R1 000 |
| Personal liability | R2 000 000 |
| Luggage (single item limit of R2 500) | R10 000 |
| Luggage delay | R1 000 |

Top up cover available to policyholders under the age of 69 years.

Should you wish to apply for the top up travel policy please complete the sections below :

| D. TRAVELLERS WHO REQUIRE TOP-UP TRAVEL COVER | | |
|---|-------------------------|---------------------|
| Names | Pre-existing conditions | Status of condition |
| | | |
| | | |
| | | |
| | | |
| | | |

| E. PAYMENT DETAILS FOR TOP UP TRAVEL INSURANCE COVER | |
|---|----------------------------|
| <i>(not required if you only want to apply for the free travel benefit)</i> | |
| Method of payment: <input type="radio"/> Credit Card (enter details below) <input type="radio"/> EFT (a quote will be issued detailing payment options) | |
| Credit card number | |
| CVV number on back (3 or 4 digits) | |
| Expiry date | |
| Signature of Accountholder: _____ | Date: <input type="text"/> |