

POLICY UPGRADE / REPLACEMENT FORM | 2018



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

PLEASE NOTE, a 3-month waiting period shall apply, with exception of benefits providing cover up to 600% if cover commences in line with your Medical Scheme 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 ; treatment and surgery for rotator cuff repairs; nasal and sinus surgery; knee surgery and pre-diagnosed cancer. All rates are quoted per family.

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

B. DECLARATION BY THE PRINCIPAL 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 ("due date") 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.

Have you been advised of and exercised your free choice to take out insurance with the Insurer and intermediary of your choice? YES NO

I confirm that the product benefits have been explained to me YES NO

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

Signature: _____ Date:

REPLACEMENT COMPARISON SCHEDULE | 2018

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	R241.10 per family per month. R196.71 per individual per month	Current <input type="radio"/>	
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Sub-limits: R2 500 per admission, per insured. Subject to OAL			
Co-Care Standard	R141.23 per family per month	Current <input type="radio"/>	
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> • Co-payments: R20 000 per admission, per insured. Subject to OAL			
Co-Care Plus	R186.62 per family per month	Current <input type="radio"/>	
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> • Co-payments: R20 000 per admission, per insured. Subject to OAL • Sub-limits: R10 000 per admission, per insured. Subject to OAL			

REPLACEMENT COMPARISON SCHEDULE | 2018

MEDICAL EXPENSE SHORTFALL PRODUCTS

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Please indicate your current policy and select a new policy		Please tick the relevant boxes below	
Optimal Standard	R192.67 per family per month	Current <input type="radio"/>	
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Cancer cover: Subject to OAL (R200 000 excess) • Biological Cancer Drugs: Subject to OAL (R200 000 excess)			
Vital 200	R138.21 per family per month	Current <input type="radio"/>	
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL			
Launch	R99.87 per family per month, R156.35 per family for 65yrs+	Current <input type="radio"/>	New
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> • Increases the Medical Aid rate up to 350% for in-hospital treatment and a R350 excess. Subject to OAL • Casualty Benefit: R3 000 per event and a R350 excess. Subject to OAL • Medical Scheme Contribution Waiver: Up to R5 500 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. • Gap Premium Waiver: Pays the premium for your Launch policy for 6 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer			Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>
Vital	R183.60 per family per month, R262.28 per family for 65yrs+	Current <input type="radio"/>	
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Accidental Casualty Benefit: R6 500 per event. Subject to OAL • Medical Scheme Contribution Waiver: Up to R5 500 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. • Gap Premium Waiver: Pays the premium for your Vital policy for 6 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer			
Synergy	R196.71 per family per month, R265.31 per family for 65yrs+	Current <input type="radio"/>	New
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> • Increases the Medical Aid rate up to 500%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to the Overall Annual Limit • Co-payments: R50 000 per admission, per insured. Subject to OAL • Non-DSP Hospital Penalty Cover: R5 000 per admission. Limited to 1 claim per family per annum, subject to OAL • Sub-limit Cover: R15 000 per admission. Limited to R50 000 per family per annum, subject to OAL • Accidental Casualty Benefit: R6 500 per event per insured. Subject to the Overall Annual Limit • Medical Scheme Contribution Waiver: Up to R5 500 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer • Gap Premium Waiver: Pays the premium for your Synergy policy for 6 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer			Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>
Optimal	R258.24 per family per month, R347.01 per family for 65yrs+	Current <input type="radio"/>	New
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Co-payments: R55 000 per admission, per insured. Subject to OAL • Sub-limit Cover: R15 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 • Accidental Casualty Benefit: R7 000 per event. Subject to OAL • Medical Scheme Contribution Waiver: Up to R5 500 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. • Gap Premium Waiver: Pays the premium for your Optimal policy for 6 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer			Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>
Enhance	R279.43 per family per month, R374.26 per family for 65yrs+	Current <input type="radio"/>	
BENEFITS <i>Overall Annual Limit (OAL): R150 000 per person per annum</i> • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Co-payments: R60 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: R8 000 per event. Subject to OAL • Medical Scheme Contribution Waiver: Up to R5 500 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. • Gap Premium Waiver: Pays the premium for your Enhance policy for 6 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer			

MEDICAL EXPENSE SHORTFALL PRODUCTS

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Please indicate your current policy and select a new policy		Please tick the relevant boxes below	
Premier	R339.95 per family per month, R462.01 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
BENEFITS Overall Annual Limit (OAL): R150 000 per person per annum • Increases the Medical Aid rate up to 600% for in-hospital treatment. Subject to OAL • Co-payments: R75 000 per admission, per insured. Subject to OAL • Non-DSP Hospital Penalty Cover: R9 000 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: R12 000 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: Up to R5 500 for 6 months, payable upon accidental death or permanent and total disability due to an accident of the Medical Scheme contribution payer • Gap premium Waiver: Pays the premium for your Premier policy for 6 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer • Personal Accident Benefit: R25 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

Vital Senior Care	R206.79 per family per month	Current <input type="radio"/>	
BENEFITS Overall Annual Limit (OAL): R150 000 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL			
Co-Care Senior	R196.71 per family per month	Current <input type="radio"/>	
BENEFITS Overall Annual Limit (OAL): R150 000 per person per annum • Co-payments: R10 000 per admission, per insured (no cover for MRI, CT and PET scans done out-of-hospital). Subject to OAL • Sub-limits: R10 000 per admission, per insured. Subject to OAL			
Senior	R282.45 per family per month	Current <input type="radio"/>	
BENEFITS Overall Annual Limit (OAL): R150 000 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Co-payments: R15 000 per admission, per insured (includes co-payment cover for MRI, CT and PET scans done out-of-hospital). Subject to OAL • Sub-limit Cover: R15 000 per admission per insured. Limited to R50 000 per family per annum and subject to the OAL			

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:

DECLARATION BY PRINCIPAL INSURED

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: