



# POLICY UPGRADE/ REPLACEMENT FORM

**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

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

Current Policy No	
Current Policy Type	

Principle Insured Person:  Principal Insured ID Number:

Replacement Policy Type:  Replacement Policy Start Date:

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

## A. NOTES

PLEASE NOTE, a 3-month general waiting period applies to all benefits, with exception of benefits providing cover up to 600% should the commencement of the Policy be in line with the commencement date of the Medical Scheme. Accidents will be covered within the 3 month general waiting period. A 10-month waiting period on pregnancy/childbirth. A 12-month waiting period on/or investigations, treatment or surgery for: hysterectomy, hysteroscopies, endometriosis, ovarian cysts and fibroids (myomectomy), muscular-skeletal (except in the event of a motor vehicle collision), tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth, hernia, cataracts, gastroscopies, colonoscopies, nasal and sinus, cancer

## 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

## 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	
Vital Plus	R302 per family per month. R247 per individual per month	Current	<input type="checkbox"/>
<b>BENEFITS Overall Annual Limit (OAL): R164 000 per person per annum</b> • 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			<input type="checkbox"/>
Co-Care Standard	R174 per family per month	Current	<input type="checkbox"/>
<b>BENEFITS Overall Annual Limit (OAL): R164 000 per person per annum</b> • Co-payments: R20 000 per admission, per insured. Subject to OAL			<input type="checkbox"/>

# REPLACEMENT COMPARISON SCHEDULE

## 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	
Co-Care Plus	R228 per family per month	Current <input type="radio"/>	
<b>BENEFITS Overall Annual Limit (OAL): R164 000 per person per annum</b> • Co-payments: R20 000 per admission, per insured. Subject to OAL • Sub-limits: R10 000 per admission, per insured. Subject to OAL			
Optimal Standard	R237 per family per month	Current <input type="radio"/>	
<b>BENEFITS Overall Annual Limit (OAL): R164 000 per person per annum</b> • 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	R166 per family per month	Current <input type="radio"/>	
<b>BENEFITS Overall Annual Limit (OAL): R164 000 per person per annum</b> • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL			
Launch	R121 per family per month, R214 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
<b>BENEFITS Overall Annual Limit (OAL): R164 000 per person per annum</b> • Increases the Medical Aid rate up to 350% for in-hospital treatment and a R350 excess. Subject to OAL • Casualty Benefit: R4 500 per event and a R350 excess. Subject to OAL • Medical Scheme Contribution Waiver: Up to R6 000 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 12 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	R242 per family per month, R328 per family for 65yrs+	Current <input type="radio"/>	
<b>BENEFITS Overall Annual Limit (OAL): R164 000 per person per annum</b> • 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 R6 000 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 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer			
Synergy	R268 per family per month, R367 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
<b>BENEFITS Overall Annual Limit (OAL): R164 000 per person per annum</b> • Increases the Medical Aid rate up to 500%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to the Overall Annual Limit • Co-payments: Subject to OAL. • Co-payments for Scopes: R2 000 per admission per insured. Limited to 2 claims per insured and subject to OAL • Non-DSP Hospital Penalty Cover: R6 500 per admission. Limited to 1 claim per family per annum, subject to OAL • Sub-limit Cover: R20 000 per admission. Limited to R50 000 per family per annum, subject to OAL • Accidental Casualty Benefit: R8 000 per event per insured. Subject to the OAL • Casualty Benefit for Illness: R1 500 per event. Limited to 2 claims per family per annum. Subject to OAL • MRI and CT Scan Cover: R3 000 per event, limited to 1 claim per family per annum and subject to OAL • Trauma Care Cover: Trauma counselling R800 per event. Limited to R5 000 per family and OAL • Medical Scheme Contribution Waiver: Up to R6 000 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 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer • Personal Accident Benefit: R7 500 per insured payable upon death or permanent and total disability			Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>
Optimal	R314 per family per month, R451 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
<b>BENEFITS Overall Annual Limit (OAL): R164 000 per person per annum</b> • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Co-payments: Subject to OAL • NON-DSP Hospital Penalty: R8 500 per admission. Limited to 1 claim per family per annum. Subject to OAL • Co-payments for Scopes: R2 000 per admission per insured. Limited to 2 claims per insured per annum and subject to OAL • Sub-limit Cover: R20 000 per admission. Limited to R50 000 per family per annum, subject to OAL • Cancer Cover: 20% co-payment cover. Subject to OAL • Biological Cancer Drugs: Subject to formulary and OAL • Accidental Casualty Benefit: R8 500 per event. Subject to OAL • Casualty Benefit for Illness: R2 000 per event. Limited to 2 claims per family per annum. Subject to OAL • MRI and CT Scan Cover: R4 000 per event, limited to 2 claims per family per annum and subject to OAL • Trauma Care Cover: Trauma counselling R800 per event. Limited to R6 000 per family and OAL • Medical Scheme Contribution Waiver: Up to R6 000 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 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer • Personal Accident Benefit: R10 000 per insured payable upon death or permanent and total disability • Critical Illness Benefit R 7 500 per insured payable in the event of death due to a critical illness			Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>

# REPLACEMENT COMPARISON SCHEDULE

## 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	
Enhance	R357 per family per month, R506 per family for 65yrs+	Current <input type="radio"/>	
<b>BENEFITS</b> <i>Overall Annual Limit (OAL): R164 000 per person per annum</i> <ul style="list-style-type: none"> <li>Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL</li> <li>Co-payments: Subject to OAL</li> <li>Sub-limits: R20 000 per admission, per insured. Subject to OAL</li> <li>R20 000 payable on the first diagnosis of cancer provided that the insured is on an approved oncology treatment plan</li> <li>Personal Accident Benefit: R20 000 per insured payable upon death and permanent and total disability</li> <li>Accidental Casualty Benefit: R9 000 per event. Subject to OAL</li> <li>Medical Scheme Contribution Waiver: Up to R6 000 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.</li> <li>Gap Premium Waiver: Pays the premium for your Enhance Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer</li> </ul>			
Premier	R421 per family per month, R595 per family for 65yrs+	Current <input type="radio"/>	New <input type="radio"/>
<b>BENEFITS</b> <i>Overall Annual Limit (OAL): R164 000 per person per annum</i> <ul style="list-style-type: none"> <li>Increases the Medical Aid rate up to 600% for in-hospital treatment. Subject to OAL</li> <li>Co-payments: Subject to OAL</li> <li>Non-DSP Hospital Penalty Cover: R11 000 per admission. Limited to 2 claims per family per annum, subject to OAL</li> <li>Sub-limits: R30 000 per admission, per insured. Subject to OAL</li> <li>Trauma Recovery Cover: Sub-limit cover of R1 000 per admission and R10 000 per family</li> <li>Cancer Cover: Subject to OAL</li> <li>Biological Cancer Drugs: Subject to OAL</li> <li>Accidental Casualty Benefit: R13 500 per event. Subject to OAL.</li> <li>Casualty Benefit for Illness: R2 000 per event. Limited to 3 claims per family per annum. Subject to OAL</li> <li>MRI and CT Scan Cover: . R5 000 per event, limited to 2 claims per family per annum and subject to OAL</li> <li>Trauma Care Cover: Trauma counselling R800 per event. Limited to R7 000 per family and OAL</li> <li>Benefit payable based on Cancer Stage at time of diagnosis</li> <li>Medical Scheme Contribution Waiver: Up to R6 000 for 6 months, payable upon accidental death or permanent and total disability due to an accident of the Medical Scheme contribution payer</li> <li>Gap premium Waiver: Pays the premium for your Premier Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer</li> <li>Personal Accident Benefit: R25 000 per insured payable upon death or permanent and total disability</li> <li>Critical Illness Benefit R 10 000 per insured payable in the event of death due to a critical illness</li> </ul>			Under 65 yrs: <input type="radio"/> 65+ yrs: <input type="radio"/>

## SENIOR GAP COVER PRODUCTS

Vital Senior Care	R265 per family per month	Current <input type="radio"/>	
<b>BENEFITS</b> <i>Overall Annual Limit (OAL): R164 000 per person per annum</i> <ul style="list-style-type: none"> <li>Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL</li> </ul>			
Co-Care Senior	R247 per family per month	Current <input type="radio"/>	
<b>BENEFITS</b> <i>Overall Annual Limit (OAL): R164 000 per person per annum</i> <ul style="list-style-type: none"> <li>Co-payments: R10 000 per admission, per insured (no cover for MRI, CT and PET scans done out-of-hospital). Subject to OAL</li> <li>Sub-limits: R10 000 per admission, per insured. Subject to OAL</li> </ul>			
Senior	R386 per family per month	Current <input type="radio"/>	
<b>BENEFITS</b> <i>Overall Annual Limit (OAL): R164 000 per person per annum</i> <ul style="list-style-type: none"> <li>Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL</li> <li>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</li> <li>Sub-limit Cover: R15 000 per admission per insured. Limited to R50 000 per family per annum and subject to the OAL</li> </ul>			

## 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: