

TURNBERRY DEPENDANT ADDITION FORM 2027

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

Principal Insured		ID Number:	
Person: Address:			
Telephone Number:		Email Address:	
Nationality:		Country of birth:	
Country of Residence:		Source of Funds:	
Occupation:		Industry Type:	

A. DEPENDANT DETAILS

Spouse/Partner and children up to the age of 26 years who are registered on the Principal Insured person or a student Medical Scheme option (proof of studies and Medical Aid certificate required) 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			

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

Beneficiary Name		Beneficiary ID		Relationship:	
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B. EXTENDED FAMILY COVER - ADULT DEPENDANTS

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. PLEASE NOTE NO EXTENDED FAMILY FOR THE DYNAMIC OPTION. PREMIER YOUTH IS ONLY AVAILABLE TO DEPENDANTS UNDER THE AGE OF 26 years.

Product	Ages 26 - 64 (incl)		Ages 65 - 79 (incl)		Ages 80+	
	Rate	Number	Rate	Number	Rate	Number
PREMIER	R207		R671		R855	
OPTIMAL	R195		R548		R700	
SYNERGY	R193		R542		R692	
LAUNCH	R48		R83		R126	
MED-EXTEND	R178		R675		R862	

DYNAMIC	DEPENDANTS				
	0	1	2	3	4
Ages 0-29	☐ R190	☐ R350	☐ R545	☐ R655	☐ R765
Ages 30-49	☐ R350	☐ R500	☐ R660	☐ R790	☐ R900
Ages 50-64	☐ R420	☐ R540	☐ R675	☐ R830	☐ R985
Ages 65+	☐ R660	☐ R830	☐ R1 024	☐ R1 200	☐ R1 380

UNDERSTANDING YOUR DYNAMIC PREMIUM

Your rate category is determined by the age of the oldest person insured on the policy. For example: If you are between the ages of 30 and 49 and have no dependants, your monthly premium will be R350.
If you take out a policy for yourself and add one dependant, the total monthly premium will be R500.

C.

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 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:

AML disclosure: Important Note - In line with the Financial Intelligence Centre Act (FICA), Turnberry, as an Accountable Institution is required to carry out mandatory FICA and screening checks at onboarding and ongoing stages on clients. Once you become a member of the Turnberry scheme, your application will be subjected to these requirements. Thus, your cover will become effective once you have passed the checks. Therefore, it is important to provide accurate and complete information when applying for cover.

Signature: Date: