

POLICY UPGRADE/ REPLACEMENT 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

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Address: 4 Osborne Lane, Bedfordview, 2007

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011 677 9891

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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: newbusiness@turnberry.co.za

A. DETAILS OF PRINCIPAL INSURED PERSON

Title:		First Name:	
Surname:		ID Number:	
Nationality:		Country of Birth:	
Country of residence:		Source of Funds:	
Occupation:		Industry Type:	
Cellphone No:			
Residential or Physical Address:		Code:	
Email:			

B. 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 an accident), tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth, hernia, cataracts, gastroscopies, colonoscopies, nasal and sinus, cancer.

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's accreditation and mandate confirmation; 3) Mandatory disclosures. I hereby apply for the benefit 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	R535 per family per month. R482 per individual per month	Current ☐	
BENEFIT SUMMARY Overall Annual Limit (OAL): R226 881.03 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Sub-limits: R4 973 per admission, per insured. Subject to OAL			
Co-Care Standard	R347 per family per month	Current ☐	
BENEFIT SUMMARY Overall Annual Limit (OAL): R226 881.03 per person per annum • Co-payments: R25 300 per admission, per insured. Subject to OAL			
Co-Care Plus	R458 per family per month	Current ☐	
BENEFIT SUMMARY Overall Annual Limit (OAL): R226 881.03 per person per annum • Co-payments: R26 400 per admission, per insured. Subject to OAL • Sub-limits: R14 300 per R406 admission, per insured. Subject to OAL			
Optimal Standard	R445 per family per month	Current ☐	
BENEFIT SUMMARY Overall Annual Limit (OAL): R226 881.03 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Cancer cover: Subject to OAL • Biological Cancer Drugs: Subject to OAL			
Vital 200	R332 per family per month	Current ☐	
BENEFIT SUMMARY Overall Annual Limit (OAL): R226 881.03 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL			
Launch	R191 per family per month, R330 per family for 65yrs+	Current ☐	New ☐
BENEFIT SUMMARY Overall Annual Limit (OAL): R226 881.03 per person per annum • Increases the Medical Aid rate up to 350% for in-hospital treatment. Subject to OAL • Casualty Benefit: R8 500 per event. Subject to OAL • Co-payment cover: R5 000 per admission. Limited to 1 claim per family per annum. Subject to the OAL • Medical Scheme Contribution Waiver: Up to R9 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: ☐ 65+ yrs: ☐
Vital	R481 per family per month, R653 per family for 65yrs+	Current ☐	
BENEFIT SUMMARY Overall Annual Limit (OAL): R226 881.03 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL • Accidental Casualty Benefit: R8 700 per event. Subject to OAL • Medical Scheme Contribution Waiver: Up to R8 200 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	R541 per family per month, R750 per family for 65yrs+	Current ☐	New ☐
BENEFIT SUMMARY Overall Annual Limit (OAL): R226 881.03 per person per annum • Increases the Medical Aid rate up to 500%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to OAL • Co-payments: Subject to OAL. • Co-payments for Scopes: R7 000 per event per insured. Limited to 2 claims per insured and subject to OAL • Non-DSP Hospital Penalty Cover: R12 500 per admission. Limited to 1 claim per family per annum, subject to OAL • Sub-limit Cover: R38 000 per admission. Limited to R77 000 per family per annum, subject to OAL • Accidental Casualty Benefit: R14 000 per event per insured. Subject to the OAL • Casualty Benefit for Illness: R4 800 per event. Limited to 2 claims per family per annum. Subject to OAL • MRI and CT Scan Cover: R6 500 per event, limited to 1 claim per family per annum and subject to OAL • Trauma Care Cover: Trauma counselling R3 600 per event. Limited to R7 000 per family and OAL • Medical Scheme Contribution Waiver: Up to R9 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: R16 000 per insured payable upon death or permanent and total disability			Under 65 yrs: ☐ 65+ yrs: ☐

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:	
Optimal	R600 per family per month, R870 per family for 65yrs	Current ☐	New ☐
BENEFIT SUMMARY <i>Overall Annual Limit (OAL): R226 881.03 per person per annum</i> - Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL - Co-payments: Subject to OAL - Non-DSP Hospital Penalty: R16 000 per admission. Limited to 1 claim per family per annum. Subject to OAL - Co-payments for Scopes: R7 000 per event per insured. Limited to 2 claims per insured per annum and subject to OAL - Sub-limit Cover: R39 000 per admission. Limited to R80 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 - Breast Cancer Prevention Cover: Increases the Medical Aid rate up to 500% for Prophylactic Mastectomy. Subject to OAL - Breast Cancer Reconstruction: After cancer, increases the Medical Aid rate up to 500%. Unaffected breast reconstruction limited to R26 000. Subject to OAL - Accidental Casualty Benefit: R14 000 per event. Subject to OAL - Casualty Benefit for Illness: R6 000 per event. Limited to 2 claims per family per annum. Subject to OAL - MRI and CT Scan Cover: R8 000 per event, limited to 2 claims per family per annum and subject to OAL - Trauma Care Cover: Trauma counselling R3 600 per event. Limited to R8 000 per family and OAL - Medical Scheme Contribution Waiver: Up to R9 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: R23 000 per insured payable upon death or permanent and total disability - Critical Illness Benefit: R11 500 per insured payable in the event of death due to a critical illness (excludes cancer)		Under 65 yrs: ☐ 65+ yrs: ☐	
Enhance	R693 per family per month, R1017 per family for 65yrs+	Current ☐	
BENEFIT SUMMARY <i>Overall Annual Limit (OAL): R226 881.03 per person per annum</i> - Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL - Co-payments: Subject to OAL - Sub-limits: R24 300 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: R21 000 per insured payable upon death and permanent and total disability - Accidental Casualty Benefit: R11 000 per event. Subject to OAL - Medical Scheme Contribution Waiver: Up to R8 200 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 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer			
Premier	R810 per family per month, R1161 per family for 65yrs+, R576 per individual for under 65yrs, R800 per individual for 65yrs+, R337 for Premier Youth	Current ☐	New ☐
BENEFIT SUMMARY <i>Overall Annual Limit (OAL): R226 881.03 per person per annum</i> - Increases the Medical Aid rate up to 600% for in-hospital treatment. Subject to OAL - Co-payments: Subject to OAL - Non-DSP Hospital Penalty Cover: R19 000 per admission. Limited to 3 claims per family per annum, subject to OAL - Sub-limits: R50 000 per admission, per insured. Subject to OAL - Trauma Recovery Cover: Sub-limit cover of R7 000 per admission and R12 000 per family. Subject to OAL - Cancer Cover: Subject to OAL - Biological Cancer Drugs: Subject to OAL - Breast Cancer Prevention Cover: Increases the Medical Aid rate up to 600% for Prophylactic Mastectomy. Subject to OAL - Breast Cancer Reconstruction: After cancer, increases the Medical Aid rate up to 600%. Unaffected breast reconstruction limited to R35 000. Subject to OAL - Accidental Casualty Benefit: R21 500 per event. Subject to OAL. - Casualty Benefit for Illness: R6 000 per event. Limited to 3 claims per family per annum. Subject to OAL - MRI and CT Scan Cover: R9 500 per event, limited to 2 claims per family per annum and subject to OAL - Trauma Care Cover: Trauma counselling R3 600 per event. Limited to R9 000 per family and OAL - Medical Scheme Contribution Waiver: Up to R9 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 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 - Personal Accident Benefit: R40 000 per insured payable upon death or permanent and total disability - Critical Illness Benefit: R16 000 per insured payable in the event of death due to a critical illness (excludes cancer)		Youth: ☐ Family: Under 65 yrs: ☐ 65+ yrs: ☐ Individual: Under 65 yrs: ☐ 65+ yrs: ☐	
PLEASE NOTE THAT SHOULD A DEPENDANT BE ADDED TO AN INDIVIDUAL POLICY, THE POLICY WILL AUTOMTICALLY BE CONVERTED TO THE FAMILY RATE			
Med- Extend	R443 per family per month, R658 per family for 65yrs+	Current ☐	New ☐
BENEFIT SUMMARY <i>Overall Annual Limit (OAL): R226 881.03 per person per annum</i> - Increases the Medical Aid rate up to 300%. Subject to OAL - Co-payment Cover: R7 500 per admission. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit - Defined Procedures: Procedures excluded by the Medical Scheme. Subject to specified rand value and OAL - MedBoost: Lump sum benefit when you undergo a Defined procedure and have been claim free - Sub-Limit Cover for MRI and CT Scan Cover: R6 500 per event, limited to 1 claim per family per annum and subject to OAL		Under 65 yrs: ☐ 65+ yrs: ☐	

REPLACEMENT COMPARISON SCHEDULE

SENIOR GAP COVER PRODUCTS

Vital Senior Core	R538 per family per month	Current ☐	
BENEFIT SUMMARY <i>Overall Annual Limit (OAL): R226 881.03 per person per annum</i>			
Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL.			
Co-Care Senior	R496 per family per month	Current ☐	
BENEFIT SUMMARY <i>Overall Annual Limit (OAL): R226 881.03 per person per annum</i>			
- Co-payments: R14 000 per admission, per insured (no cover for MRI, CT and PET scans done out-of-hospital). Subject to OAL - Sub-limits: R14 000 per admission, per insured. Subject to OAL			
Senior	R767 per family per month	Current ☐	
BENEFIT SUMMARY <i>Overall Annual Limit (OAL): R226 881.03 per person per annum</i>			
- Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL - Co-payments: R20 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: R20 000 per admission per insured. Limited to R60 000 per family per annum and subject to OAL			

DYNAMIC

DYNAMIC

BENEFIT SUMMARY

Overall Annual Limit (OAL): R226 881.03 per person per annum

Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL

Co-payments: Subject to OAL

Non-DSP Hospital Penalty: R11 000 per admission. Limited to 1 claim per family per annum. Subject to OAL

Co-payments for Scopes: R7 000 per event per insured. Limited to 2 claims per insured per annum and subject to OAL

Sub-limit Cover: R22 000 per family per annum, subject to OAL

Cancer Cover: Subject to OAL

Biological Cancer Drugs: Subject to formulary and OAL

Accidental Casualty Benefit: R11 000. Limited to 1 claim per family per annum. Subject to OAL

Casualty Benefit for Illness: R2 200 per event. Limited to 2 claims per family per annum. Subject to OAL

MRI and CT Scan Cover: R5 500 per event, limited to 1 claim per family per annum and subject to OAL

Trauma Care Cover: Trauma counselling R2 200 per event. Limited to R9 000 per family and OAL

Medical Scheme Contribution Waiver: Up to R9 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 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

Personal Accident Benefit: R10 000 per insured payable upon death or permanent and total disability

New

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	R1024	R1200	R1380

D. BROKER FEES

☐ N/A ☐ 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:

E. AML DISCLOSURE

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:

F.

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:

G.

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: