



pandemicshield™

Option Amendment Form 2020

(SUBJECT TO TERMS AND CONDITIONS OF THE PANDEMIC SHIELD™ POLICY WORDING)

Please complete this form in Block Letters and send completed application form and supporting documents to applications@sirago.co.za

Membership no.

Current Plan

Date joined

Please attach membership certificate.

Principal Insured Details

Policy no.

Name

Surname

ID no.

Title

Other

Email Address

Contact Details

Home no.

Cell no.

Fax no.

Work no.

Physical Address

Physical Address line 1

Physical Address line 2

Town

Province

Code

Postal Address

Postal Address line 1

Town

Province

Postal Code

Plan Selection

Please select your option. You may only choose one option. If both options are selected, your application will be declined.

The premiums for the above options include statutory broker commission.

People younger than 60 years:

Diamond Plan:

R199 per month per adult life insured.

R75 per month per child insured.

Gold Plan:

R99 per month per adult life insured.

R35 per month per child insured.

People older than 60 years:

Diamond Plan:

R270 per month per adult life insured.

Gold Plan:

R130 per month per adult life insured.

Inception Date

I agree to the above sections of the application form



Pandemic Shield™ is administered by Sirago Underwriting Managers (Pty) Ltd, an Authorised Financial Services Provider (FSP: 4710), underwritten by GENRIC Insurance Company Limited (FSP: 43638). GENRIC is an Authorised Financial Services Provider and licensed non-life insurer. The Funeral Product is administered by Sirago Underwriting Managers an Authorised Juristic Representative of Oats Risk Services, an authorised Financial Service Provider, (FSP 49169), and is underwritten by Guardrisk Life Limited a Licensed Insurer authorised financial Service Provider (FSP 76).



Signature of the Insured

Date

Declaration by the Applicant

I, the undersigned, hereby declare:

1. That to the best of my knowledge and belief the information provided in connection with this application whether in my own handwriting or not, is true and I have not withheld any material facts which are known to me. (A material fact is likely to influence the assessment of this application by Sirago Underwriting Managers (Pty) Ltd. If you are in any doubt as to whether a fact is material or not, you should disclose it.)
2. That I understand that any relevant material fact omitted in this proposal form may lead to Sirago Underwriting Managers (Pty) Ltd not meeting claims, should the omitted fact have been of such importance that the risk may not have been accepted in the first instance, in terms of the policy. This may lead to the cancellation of this policy or rejection of claims without refund of premiums.
3. That I understand that this is an Accident and Health policy with stated benefits in terms of the Short-term Insurance Act 53 of 1998 and not a Medical Scheme product.
4. The sharing of claims information and underwriting information by Insurers is essential to enable the insurance industry to underwrite policies, assess risks fairly, reduce the incidence of fraudulent claims and protect the public interest in terms of limiting excessive premium increases. You hereby waive any right to privacy of any insurance information provided by you or on your behalf, in respect of any insurance policy or claims you lodge. You also consent to this information being disclosed to any other insurance company and/or verified against other legitimate source or a database.
5. I specifically consent to Sirago Underwriting Managers (Pty) Ltd contacting my current Medical Scheme and/or medical practitioner to verify any medical details as provided in my application form. I further consent to such information being disclosed to Sirago Underwriting Managers (Pty) Ltd for purpose of verifying the disclose as provided on my application form.
6. That I will advise Sirago Underwriting Managers (Pty) Ltd of any changes to my health state between the point of application and actual inception of my policy.
7. As part of our claims validation process we used the services of a contracted third party in order to authenticate medical scheme membership, plan option type, relevant beneficiaries and agreed medical scheme option tariffs amongst other relevant information to validate the claim.
8. We reserve the right to call for additional information of a clinical nature. In the event that Sirago requests a PMA (Post Medical Assessment) from your doctor as part of the claims assessing and authentication process.
9. I authorise Sirago Underwriting Managers to negotiate with service providers on my behalf for my medical claims and or bill and pay the provider direct.
10. By agreeing to the terms of this consent form, I expressly consent to the processing of my information for marketing purposes and know & understand that by agreeing to same that I may on occasion, receive marketing materials in the form of sms and / or emails and the like from Sirago Underwriting Managers (Pty) Ltd.

Declaration and informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at Sirago and GENRIC respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws, and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission and deletion of your personal information. Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis of our assessment and terms, we offer you, it must be correct, complete, and up to date. We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity.

Should you decide to cancel this insurance contract you further consent to Sirago and GENRIC, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

Should you decide not to accept the proposal, the information collected, will be de-identified and only used for statistical and research purposes.

I hereby voluntary consent Sirago and GENRIC processing my Personal Information.
I understand the purposes for which my Personal Information is required and for which it will be used.
I give Sirago and GENRIC permission to process my Personal Information as provided above.

Signature of Policy Holder

Date

Spouse (if married in
community of property)

Date

I agree to the above sections of the application form



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