

## Gap Cover

# PERSONAL INFORMATION AND CHANGE OF BENEFIT FORM

### PERSONAL DETAILS

Full names	<input type="text"/>		
Surname	<input type="text"/>		
Identity number	<input type="text"/>		
Gap policy number	<input type="text"/>		
E-mail address	<input type="text"/>		
Telephone number	<input type="text"/>	Cell phone number	<input type="text"/>
Medical aid	<input type="text"/>	Medical aid option	<input type="text"/>
Medical aid number	<input type="text"/>	Total number of people on your medical scheme	<input type="text"/>

### CHANGE OF BENEFIT

I am younger than 35 and I want to convert to Optimal Gap Cover.	Yes	No
I am younger than 55 and the only person covered under my Gap policy and wants to be on the reduced individual cover premium.	Yes	No
I am currently on the reduced rate applicable to single member's and want to upgrade my cover to cover my dependents on my medical aid or my qualifying spouse on his/her own medical aid.	Yes	No
I want to convert from Universal Gap to Essential Gap Cover.	Yes	No
I want to convert from Essential Gap to Universal Gap Cover.	Yes	No
I want R100 000 additional Extended Cancer Cover (additional premium is R92 per month).	Yes	No
I want R200 000 additional Extended Cancer Cover (additional premium is R150 per month).	Yes	No
Health question for Extended Cancer Cover: Have you or any of your medical scheme dependants ever had any form of cancer, cancerous growths, tumours, lumps or malignant moles?	Yes	No

I confirm that I understand the benefits offered by the Gap option that I have selected above.

MONTHLY PREMIUMS 2023	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
<b>COVER FOR INDIVIDUALS</b>			
Younger than 35	R478 pm	R351 pm	R225 pm
Younger than 55	R478 pm	R351 pm	
55 – 64	R606 pm	R439 pm	
Older than 65	R710 pm	R520 pm	
<b>COVER FOR FAMILIES</b>			
Where all lives insured are younger than 65.	R606 pm	R439 pm	
Where one or more lives insured are older than 65.	R710 pm	R520 pm	

Any changes selected above will be effective from the 1st of the month following receipt of the notification by Zestlife.

Policyholder signature \_\_\_\_\_