

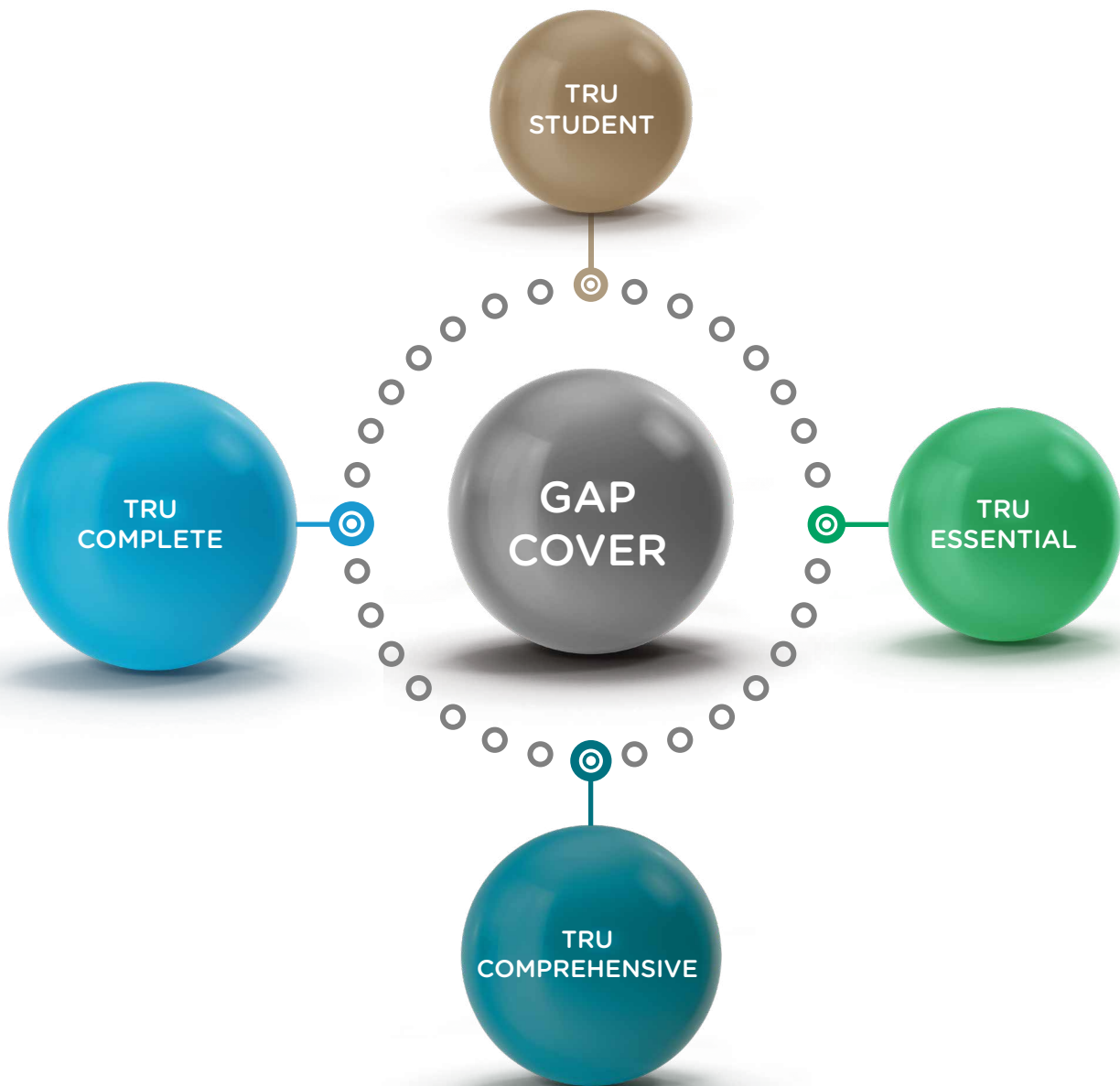


www.trulogic.co.za

TruLogic Financial Services,
an authorised financial services provider - FSP No 4263

TRUGAP GAP COVER

In-Hospital Medical Shortfall Cover



2021

PREMIUMS AND BENEFITS

TRUGAP GAP COVER

THE FOLLOWING BENEFITS ARE SUBJECT TO AN AGGREGATE ANNUAL LIMIT OF R171 000 PER INSURED PERSON
(This limit may be subject to regulatory amendment) (Sub-limits may apply)

PRODUCT	TRUSTUDENT	TRUessential	TRUCOMPREHENSIVE	TRUCOMPLETE
GAP COVER: The shortfall that arises after your medical aid has processed your account and is due to service providers charging above scheme tariff for authorised in-hospital procedures. The cover is limited to a percentage of the original scheme tariff.	300%	700%	700%	700%
PRESCRIBED MINIMUM BENEFITS: A set of defined benefits, as per the Medical Schemes Act, in terms of which all medical schemes have to cover the costs related to the diagnosis, treatment and care of: any emergency medical condition; a limited set of 270 medical conditions; and 27 chronic conditions.	Covered, subject to medical aid review	Covered, subject to medical aid review	Covered, subject to medical aid review	Covered, subject to medical aid review
CASUALTY UNIT BENEFIT: • Accidents only. • Children under the age of 8 ONLY - May be admitted for any treatment at a casualty unit linked to a hospital between the hours of 7pm to 7am from Monday to Friday, from 7pm on a Friday until 7am on a Monday, and all day on a public holiday.	Up to R2 750 per policy per annum	Up to R7 500 per policy per annum	Up to R10 000 per policy per annum	Up to R20 000 per policy per annum
CO-PAYMENT BENEFIT: (In Network) • The co-payment or deductible that your medical aid charges you for certain in-hospital procedures, e.g. a gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy . • The co-payment or deductible that your medical aid charges you for certain procedures performed in the doctor's rooms e.g. a gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy BUT which have been authorised and paid from the In-Hospital or Major Medical benefit.	No Benefit	Up to R10 000 per policy per annum	Up to R50 000 per policy per annum	Unlimited but subject to R171 000 per insured person per annum
CO-PAYMENT BENEFIT: (Out of Network i.e. Voluntary use of a non-designated service provider) • The co-payment or deductible that your medical aid charges you for certain in-hospital procedures.	No Benefit	No Benefit	No Benefit	2 Co-payments per policy per annum up to a combined limit of R15 000
CO-PAYMENT BENEFIT: Out of Hospital MRI/CT/PET scans The co-payment or deductible that your medical aid charges you for MRI / CT / PET scans BUT which have been authorised and paid from the In-Hospital or Major Medical benefit.	No Benefit	No Benefit	1 MRI / CT / PET scan per policy per annum up to R10 000	2 scans per policy per annum. Unlimited but subject to R171 000 per insured person per annum
SUB-LIMIT BENEFIT: Internal Prostheses The shortfall on a service provider account that is not covered because you have reached the sub-limit for Internal Prostheses imposed by your medical aid AND which has been authorised and paid from the In-Hospital or Major Medical benefit.	No Benefit	Up to R5 000 per policy per annum	Up to R10 000 per policy per annum	Unlimited but subject to R171 000 per insured person per annum. Up to R30 000 per event
SUB-LIMIT BENEFIT: MRI / CT / PET Scans The shortfall on a service provider account that is not covered because you have reached the sub-limit for MRI / CT / PET scans imposed by your medical aid AND which has been authorised and paid from the In-Hospital or Major Medical benefit.	No Benefit	No Benefit	1 MRI / CT / PET scan per policy per annum up to R3 000	2 MRI / CT / PET scans per policy per annum up to R4 000 per scan
SUB-LIMIT: COLONOSCOPIES AND GASTROSCOPIES The shortfall on a service provider account that is not covered because you have reached the sub-limit for Colonoscopies and Gastroscopies imposed by your medical aid AND which has been authorised and paid from the In-Hospital or Major Medical benefit.	No Benefit	No Benefit	Up to R12 000 per policy per annum. Up to R3 000 per event	Up to R20 000 per insured person per annum. Up to R4 000 per event
GLOBAL FEE BENEFIT: Where a global fee has been negotiated between a medical aid and service providers for a specific procedure e.g. robotic surgery (which includes ALL costs related to that procedure) and service providers charge amounts in excess of this global fee (not related to a tariff rate, co-payment or sub-limit).	No Benefit	No Benefit	Up to R6 000 per policy per annum	Up to R12 000 per policy per annum

ONCOLOGY:	TRUSTUDENT	TRUessential	TRUCOMPREHENSIVE	TRUCOMPLETE
ONCOLOGY GAP BENEFIT: The shortfall that arises after your medical aid has processed your account and is due to service providers charging above scheme tariff for medical aid approved oncology treatment plans. (NB: Subject to: the gap cover percentage; and medical aid approved treatment plan being covered up to scheme tariff and within annual scheme oncology limit).	Up to an aggregate of R171 000 per insured person per annum	Up to an aggregate of R171 000 per insured person per annum	Up to an aggregate of R171 000 per insured person per annum	Up to an aggregate of R171 000 per insured person per annum
ONCOLOGY CO-PAYMENT BENEFIT: (In Network) • The co-payment or deductible that your medical aid charges you for certain in-hospital procedures. This co-payment is NOT related to the scheme tariff and service provider charge shortfall or designated service provider arrangements. • For claims where the medical aid will only pay a percentage for the approved treatment and the policyholder needs to pay the remaining percentage of the account. • All costs to be within the annual scheme oncology limit.	No Benefit	Up to R10 000 per policy per annum	Up to R50 000 per policy per annum	Unlimited but subject to R171 000 per insured person per annum
ONCOLOGY CO-PAYMENT BENEFIT: (Out of Network i.e. voluntary use of a non-designated service provider) • The co-payment or deductible that your medical aid charges you for certain in-hospital procedures. This co-payment is NOT related to the scheme tariff and service provider charge shortfall or designated service provider arrangements. • For claims where the medical aid will only pay a percentage for the approved treatment and the policyholder needs to pay the remaining percentage of the account. • All costs to be within the annual scheme oncology limit.	No Benefit	No Benefit	No Benefit	2 Co-payments per policy per annum up to a combined limit of R15 000
ONCOLOGY EXTENDER BENEFIT: Includes ANY approved costs above annual scheme oncology limit but subject to the medical aid scheme covering up to this limit.	No Benefit	No Benefit	Up to R30 000 per policy per annum	Unlimited but subject to R171 000 per insured person per annum
ONCOLOGY GAP BENEFIT: BREAST RECONSTRUCTION SURGERY The shortfall that arises after your medical aid has processed your account and is due to service providers charging above scheme tariff for medical aid approved oncology related breast reconstruction surgery, including the unaffected breast. (NB: Subject to: the gap cover percentage; and medical aid approved treatment plan being covered up to scheme tariff and within the annual scheme oncology limit).	No Benefit	No Benefit	Up to R10 000 per policy per annum	Up to R20 000 per policy per annum
MATERNITY PRIVATE WARD BENEFIT: The shortfall between the General Ward Rate and the Private Ward Rate, for hospitalisation for childbirth, where an admission to a Private Ward occurred.	No Benefit	No Benefit	No Benefit	Limited to a maximum of R1 000 per day, for a total of 3 consecutive days
COVID-19 ISOLATION HOTEL BENEFIT: The shortfall that arises due to an admission into a Covid-19 Isolation Hotel, based on testing positive for Covid-19.	No Benefit	Up to R300 per day for a maximum of 10 days	Up to R600 per day for a maximum of 10 days	Up to R900 per day for a maximum of 10 days

THE FOLLOWING BENEFITS ARE NOT SUBJECT TO AN AGGREGATE ANNUAL LIMIT OF R171 000 PER INSURED PERSON (Sub-limits may apply)

PRODUCT	TRUSTUDENT	TRUessential	TRUCOMPREHENSIVE	TRUCOMPLETE
ACCIDENTAL DEATH COVER Insured / Spouse Dependant	R5 000 R2 500	R7 500 R3 750	R10 000 R5 000	R15 000 R7 500
POLICY EXTENDER The full gap cover premium is covered in the case of the accidental death of the main policyholder.	9 months	9 months	9 months	9 months
TRA ASSIST (powered by ituASSIST)				
HOME DRIVE A designated driver service including "Own Vehicle" OR "Uber" services.	6 free trips per policy per annum. Limited to a 50km radius.	6 free trips per policy per annum. Limited to a 50km radius.	6 free trips per policy per annum. Limited to a 50km radius.	6 free trips per policy per annum. Limited to a 50km radius.
PANIC BUTTON 24-hour access to a crisis manager who will guide you through an emergency.	Included	Included	Included	Included
MEDICAL HEALTH AND TRAUMA COUNSELLING LINE Unlimited access to qualified nurses 24 hours a day for telephonic emergency medical advice, assessment of symptoms, explanation of medical terms, etc. Now includes a COVID-19 CARE LINE.	Included	Included	Included	Included
SUBMIT CLAIM Submit your claims documents via the mobile app.	Included	Included	Included	Included

MONTHLY PREMIUMS

PRODUCT	TRUSTUDENT	TRUessential	TRUCOMPREHENSIVE	TRUCOMPLETE
Premium per policy per month (for Individuals under the age of 65)	R 99	R260	R300	R430
Premium per policy per month (for Families where the oldest Beneficiary is under the age of 65)	R165	R260	R300	R510
Premium per policy per month (for Individuals over the age of 65 and Families where the oldest Beneficiary is over the age of 65)	R330	R390	R420	R740

For Office Use Only

Broker / Brokerage	
Broker Code	
Leads Company (if applicable)	
Leads Code (if applicable)	

Section 1: Personal Details

- A copy of the the valid RSA ID, or passport if there is no valid RSA ID, of the main insured
 A copy of the medical aid membership certificate
 Proof of address less than three months old (for example utility bill, Telkom account, store account statement, bank statement with address, DSTV account, municipal letter, etc...). Should you not have proof of address in your name, you may provide a declaration by a third party confirming that you share an address with them and provide the third party's proof of ID and proof of address (less than three months old.)

NB: This application will not be processed if any of the items above are not sent through with this form.

Med. Aid Membership Number		Med. Aid Inception Date	Y Y M M D D
Med. Aid Benefit Option		Gap Cover Inception Date	Y Y M M D D
Title	Mr Mrs Ms Prof Dr	Other (please specify)	
First Names (in full)		Initials	
Surname			
Date of Birth	Y Y M M D D	Cell no.	
Gender (main member)	M F O	Alt. Contact no.	
Email Address			
Postal Address			
Employer			
Identity No.			
Passport Number (Only complete if you don't have a valid RSA ID number)			

Section 2: Dependant's Details

Full Name and Surname	Contact Number	Email Address	ID Number (Passport Number if no valid RSA ID number is available)	Sex (M/F/O)	Relationship to Main Member

Common Law partners need to provide an affidavit proving 12 months of cohabitation for membership to be considered.

Section 3: Product Options (Please tick required products and options)

PRODUCT	TRUSTUDENT	TRUESSENTIAL	TRUCOMPREHENSIVE	TRUCOMPLETE
Premium per policy per month (for Individuals under the age of 65)	R 99 <input type="checkbox"/>	R260 <input type="checkbox"/>	R300 <input type="checkbox"/>	R430 <input type="checkbox"/>
Premium per policy per month (for Families where the oldest Beneficiary is under the age of 65)	R165 <input type="checkbox"/>	R260 <input type="checkbox"/>	R300 <input type="checkbox"/>	R510 <input type="checkbox"/>
Premium per policy per month (for Individuals over the age of 65 and Families where the oldest Beneficiary is over the age of 65)	R330 <input type="checkbox"/>	R390 <input type="checkbox"/>	R420 <input type="checkbox"/>	R740 <input type="checkbox"/>
Product Choice (please tick)				

Section 4: Debit Order Details (person responsible for payment to complete)

Bank											Debit order date (including December)	1st		7th		15th		25th		26th	
Branch											Account Number										
Branch Code											Account Holder										
Type of Account	Cheque		Savings		Transmission		Other		(please specify)												

The abbreviated short name TOTALRISK GAPCOVERTRA is the reference that should appear on your bank statement. Any queries relating to your debit order can be made by calling 011 372 1540.

Section 5: Gap Cover Waiting Periods

General waiting period: There is no general 3 month waiting period.
 10 Month condition specific waiting period: No claims may be submitted within the first 10 months of membership for any Gap Cover policy if they relate to any of the following conditions:

- Head, neck and spinal procedures (including stimulators) e.g. Laminectomy
- All types of hernia procedures
- Endoscopic procedures e.g. Colonoscopy, Gastroscopy
- Pregnancy and childbirth (including caesarean delivery)
- Gynaecological conditions e.g. Hysterectomy
- Joint replacement (including Arthroplasty, Arthroscopy, Metatarsal Osteotomy) but excluding treatment due to accidental trauma
- Inability to walk / move without pain
- Any renal, kidney and bladder conditions
- Cardiac (relating to the heart)
- Dentistry (unless due to accidental trauma or oncology)
- Cataracts and / or eye laser surgery (including all eye and lens procedures)
- Neurological conditions and procedures (including stimulators)
- Organ transplants (including cochlear implants)
- Reconstructive surgery as a result of an incident or condition that occurred prior to membership (including skin grafts)
- Mental health or psychiatric conditions (including depression)
- Varicose veins
- Oesophagitis, Gastroenteritis and Gastro-Intestinal Disorders
- Male genital system (including prostatectomy)
- Carpal Tunnel Syndrome
- Any Ear, Nose and Throat procedures (including nasal, sinus, tonsil and adenoid procedures)
- Diabetes and related complications

All claims for these conditions received within the waiting period will be reviewed by medical management to identify pre-existing conditions.
 Cancer diagnosis waiting period: If a policyholder is diagnosed with any form of cancer prior to membership, all related claims will be subject to a 9 month waiting period. If a policyholder has previously been diagnosed with cancer and is currently in remission, the policyholder needs to advise the insurer by way of medical evidence that the remission period has been for two or more consecutive years.
 Pre-existing medical condition/s waiting period: NO claims relating to any pre-existing condition/s that may lead to hospitalisation (excluding cancer: see above) will be covered within the first six (6) months of membership. The Insurer reserves the right to request any clinical information from a Policyholder's doctor should a claim in this period indicate, and/or relate to, a pre-existing condition.
All claims for these conditions received within the waiting period will be reviewed by medical management to identify pre-existing conditions.

Section 6: Terms and Conditions

- All Gap Cover policies are subject to an aggregate gap cover annual limit of R171 000 per insured person per annum. (This is subject to regulatory amendment).
- The monthly cut-off date for the receipt of application forms will be the 20th of each month (or closest working day to the 20th) to be effective from the 1st of the following month.
- It is the policyholder's responsibility to monitor that monthly premiums are received by the Insurer.
- Upgrades are only allowed once a year in January.
- There is no age limit for entry onto the Gap Cover product.
- Claims relating to any penalties incurred as a result of a policyholder voluntarily choosing a provider outside of a medical scheme approved network will be excluded, except for policyholders on TRUCOMPLETE (subject to limits).
- No in-hospital dentistry claims unless authorised by the Scheme or related to dependants under the age of 18 years. No osseointegrated dental implants will be covered.
- No co-payment or sub-limit amounts will be covered under the TRUSTUDENT product.
- This Gap Cover application, which may result in a policy being taken out, will not provide cover if the policyholder and dependants do not belong to a medical aid scheme registered with the Council for Medical Schemes.
- Claims to the value of R100 or less will be subject to an excess of the same amount.
- Gap Cover is not a medical aid scheme. The cover is not the same as that of a medical scheme. The cover is not a substitute for a medical scheme membership.
- Gap Cover is distinct from, but supplementary to medical aid cover. Should you change your medical aid scheme please advise TRA for record purposes.
- TRA requires 30 days notice of resignation from any product. Failure to advise TRA of resignation from a medical aid does not constitute a valid claim for a refund of premiums collected.
- If new and eligible Dependants are to be added to the Policy, TRA must be informed within 30 days and provided with written notice of such an addition to the Policy. Thereafter, this claim will under no circumstances be valid and will not be paid. If the dependant/s are registered after the 30-day period mentioned above, waiting periods and exclusions will apply.
- Please refer to the policy document for a full list of terms and conditions.
- Consent for Communication: TRA has a duty to keep policyholders updated about any offers and new products that are made available from time to time. TRA might communicate about these. As a policyholder who has accepted this policy, you accept this possible communication channel.

FULL SIGNATURES REQUIRED

Section 7: Member Declaration and Consent

MEMBER HEALTH DECLARATION:	SIGN	Are you or any of your dependant/s expecting surgery or planning hospitalisation or treatment in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide brief details of your planned treatment or hospitalisation: _____ Please note that certain medical conditions and related procedures may be subject to various limitations and waiting periods (see section 5 above).
MEMBER DECLARATION:	SIGN	I have read the terms and conditions above and I am fully aware of the contents thereof.
MEMBER CONSENT:	SIGN	I hereby authorise the disclosure of relevant medical information by my medical aid to Total Risk Administrators (Pty) Ltd ("TRA"). This type of information will typically include my diagnosis and ICD-10 diagnostic code. I understand and acknowledge that my medical information will not be disclosed to any unauthorised persons.
PREMIUM BREAKDOWN:	SIGN	SHORT TERM (ST): Gap Cover R Broker Fee (if applicable) R Total R
USE OF PERSONAL INFORMATION:	SIGN	When you enter into this policy you will be giving TRA your personal information that may be protected by data protection legislation, including but not only, the Protection of Personal Information Act, 2013 ("POPI"). We will take all reasonable steps to protect your personal information. You authorise us to: a. Process your personal information to: i. Communicate information to you that you ask us for. ii. Provide you with insurance services. iii. Verify the information you have given us against any source or database. iv. Compile non-personal statistical information about you. b. Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, re-insurance and credit control. c. Transmit your personal information to any third party service provider that we may appoint to perform functions relating to your policy on your behalf. You acknowledge that this consent clause will remain in force even if your policy is cancelled or lapsed.
MEMBER AUTHORISATION:	SIGN	I hereby authorise TRA to deduct an amount of R..... from my bank account, monthly in advance, for my premiums to the insurance products chosen by me on this application form. Premiums are subject to an annual review. The Insured needs to submit notice of resignation to the Insurer 30 days prior to resignation date and must be received in writing. Details of each withdrawal will be printed on my bank statement, with the reference TOTALRISK GAPCOVERTRA, which will enable me to identify the deduction. Mandate: I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally. Cancellation: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to TRA. Assignment: I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.
BROKER AUTHORISATION: (if applicable)	SIGN	I hereby appoint _____ as my healthcare consultant with immediate effect and understand that _____ will supply me with ongoing advisory services with regard to my healthcare solutions and has access to my personal documentation.

Y	Y	Y	Y	M	M	D	D
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NAME AND SURNAME

PRINCIPAL POLICYHOLDER SIGNATURE

PREMIUM PAYER SIGNATURE (if different to Principal Policyholder)

DATE

IMPORTANT INFORMATION

Total Risk Administrators (Pty) Ltd (TRA) is an authorised financial services provider. FSP No 40815.
 Please send this completed form to your intermediary for submission to TRA.