



# NAPTOSA GAP & FAMILY FUNERAL COVER 2021



- 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.
- THE MASTER POLICY ISSUED IS THE SOURCE OF ALL BENEFITS, RIGHTS, AND OBLIGATIONS AND EXCLUSIONS. TO DETERMINE YOUR INDIVIDUAL NEEDS, WE SUGGEST THAT YOU CONTACT YOUR BROKER AND REQUEST ADVICE FROM HIM / HER.

Administered by - *Ambledown Financial Services (Pty) Ltd Reg 2004/006271/07 FSP 10287*  
Underwritten by - *Gap Cover Series - Constantia Insurance Company Limited Reg 1952/001514/06 FSP 31111*  
*Funeral Cover - Constantia Life and Health Assurance Co. Ltd. Reg 1952/001635/06*

## DEBIT ORDER AUTHORISATION

I, the undersigned, hereby request and authorise the Insurer or its representative to deduct the premium payable under the above plan/s against your bank account or institution (or any other bank or institution or branch where your account is kept or transferred to) on the preferred debit order collection date. Should the collection date selected fall on a weekend or public holiday, I understand that a debit will be processed against your account on the first working day following the weekend or public holiday.

I further declare that:

- I authorise your bank or institution (as stated) to debit your account with all debits which may be presented by the company as if I personally signed for each one.
- I also understand that the details of each debit order will be printed on your bank statement as a separate line as proof thereof.
- I declare that all bank costs related to this debit order system and approval, will be for your own account.
- I understand and accept that I or the company can change this arrangement at any time in writing (by giving the other party 31 days' notice) or cancel this arrangement, given that it won't have any effect on the deductions of the company which was already agreed and authorised herein.
- I understand and accept that all payments in terms of this agreement will be made without any prejudice.
- I understand and accept that if any payment in terms of this agreement is not received, the relevant policy/ies will be cancelled effective from the last day of the uninterrupted period for which payment(s) were received.
- I accept that this request and authorisation will be applicable for all amounts payable from inception and monthly thereafter.
- I acknowledge that I need to ensure that premiums are collected for cover to remain in force.

## DECLARATION

I declare that I have not withheld any information and I accept that this application and declaration shall be the basis of the contract of insurance between me and the Insurer, which will become effective on the first day of the month for which premiums are received. I also acknowledge that should this application not be considered as part of a full financial needs analysis and I have instructed the broker not to proceed with a full financial needs analysis, this could have the effect that all my financial needs may not be properly addressed.

I further confirm that the following notable conditions have been explained to me:

1. Funeral
  - a. Funeral Cover is underwritten by Constantia Life and Health Assurance Company Limited.
  - b. Up to 6 months waiting period applies from date of inception of the policy.
    - i. Only one spouse is allowed.
    - ii. The maximum age for a child dependent is under 21. This age may be extended to 26 in respect of an unmarried child who is a financially dependent on the Principal Insured
    - iii. No cover is provided for extended family members.

I confirm that although I have completed this application form, it does not constitute an insurance contract until a membership number is assigned, policy issued and premium is successfully paid.



*Underwritten by Constantia Insurance Company Limited FSP No.: 31111*