WESMART

Underwritten by GENRIC Insurance Company Limited

WESMART FINANCIAL AND ADMINISTRATION SOLUTIONS (PTY) LTD
REGISTRATION NO: 2014/247033/07 | VAT NO: 4340268665

PHYSICAL ADDRESS: Midrand Business Park, Building 3,
563 Old Pretoria Main Road, Midrand, 1685
POSTAL ADDRESS: PO Box 1115, Bromhof, 2154
TEL: 010 599 1170 | FAX: 086 664 1062
EMAIL: applications@wesmart.co.za

Compliance Officer: Moonstone Compliance (Pty) Ltd
Financial Services Provider: (FSP 45769)

PRODUCT OPTION AMENDMENT FORM 2019

Please complete this form in black ink and CAPITAL letters

PRINCIPAL INSURED DETAILS

Policy Number: _____ When should upgrade start date be: _____

Name and Surname: _____

ID number / Passport.: _____ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other _____

Date of birth: _____ Email Address: _____

Contact details: Home no.: _____ Work no.: _____

Fax no.: _____ Cell no.: _____

Postal address: _____

_____ Code: _____

Residential address: _____

_____ Code: _____

OPTION SELECTION

The products presented are Short-term Insurance stated benefit products under the Short-term Insurance Act 53 of 1998 and not a Medical Scheme Please select the option of your choice below, or contact your Intermediary for additional information

DOCSURE HEALTH CORPORATE STARTUP:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE HEALTH STARTUP:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE HEALTH INTERMEDIATE:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE HEALTH ADVANCED:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE PRIMARY:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE MEDISEC:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE SIMUNYE:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DEMA-SURE:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
GOLDEN HOUR:	INDIVIDUAL ☐		

Premium per month R

TOTAL PREMIUM PAYABLE R

*Intermediary Fee (Optional) R

* The Intermediary fee will only be collected subject to us receiving a signed contract between the Intermediary and Policyholder

I hereby authorise WESMART Financial Administration Solutions (Pty) Ltd to amend my existing cover to the Product Option selected abovel understand the the individual options do not provide cover for any dependents

Please return the completed form to applications@wesmart.co.za or by fax to 086 508 2292. Please note there is a waiting period on any additional benefits on upgrades.

DECLARATION BY 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 WESMART Financial and Administration Solutions (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 WESMART Financial and Administration Solutions (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 the Insruance Ace 18 of 2017 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 WESMART Financial and Administration Solutions (Pty) Ltd contacting my current medical practitioner to verify any medical details as provided in my application form. I further consent to such information being disclosed to WESMART Financial and Administration Solutions (Pty) Ltd for purpose of verifying the disclose as provided on my application form.
6. That I will advise WESMART Financial and Administration Solutions (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 use the services of a contracted third party in order to authenticate relevant beneficiaries and 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 WESMART requests a PMA (Post Medical Assessment) from your doctor as part of the claims assessing and authentication process
9. I authorise WESMART Financial and Administration Solutions (Pty) Ltd to negotiate with service providers on my behalf for my medical claims and or bill and pay the provider direct.

Signature of policyholder _____ Date: _____

Spouse (If married in community of property) _____ Date: _____