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

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Lynnwood Ridge, 0081
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EMAIL: applications@wesmart.co.za

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

ADDITIONAL DEPENDANTS APPLICATION FORM

Please complete this form in black ink and CAPITAL letters

PRINCIPAL INSURED DETAILS

Policy Number:

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:

Inception date for dependant:

DEPENDANTS

Dependants are:
- Spouse and/or dependent children up to the age of 21 years
- Adopted/foster child (please attach documentary proof)
- Students up to the age of 27 (please prove full time enrolment)

Name and Surname:

ID number \ Passport: Male ☐ Female ☐

Date of birth : Relationship to applicant:

Name and Surname:

ID number \ Passport: Male ☐ Female ☐

Date of birth : Relationship to applicant:

Name and Surname:

ID number \ Passport: Male ☐ Female ☐

Date of birth : Relationship to applicant:

Name and Surname:

ID number \ Passport: Male ☐ Female ☐

Date of birth : Relationship to applicant:

Name and Surname:

ID number \ Passport: Male ☐ Female ☐

Date of birth : Relationship to applicant:

SPECIFIC HEALTH QUESTIONS

The following questions are related to the policyholder and or any beneficiaries or dependents on the policy.

		YES	NO
1	Have you been admitted to hospital in the last 4 months?		
2	Are expecting a hospital admission or aware of any conditions or Illness that would require treatment in the next 12 months?		
3	Are you or any of your dependents currently pregnant?		
4	Have you taken or are currently taking chronic medication in the past 24 months?		
5	Is there any additional information not specifically mentioned in this questionnaire that relates to yor health state which may influence our decision on cover?		

If you answered "Yes" to any of the questions, please provide details below.

Question no.	Applicant/dependents	Full details (including details of disorder, date diagnosed, nature, duration of treatment and details of consulting doctor)

Should the above space be insufficient, please add in notes section.

IMPORTANT INFORMATION

- Please make sure FULL details are given for questions answered YES.
- Application forms could be underwritten and conditions may be excluded for longer than 10 months, or permanently.
- The onus lies on the insured to make sure that premiums are paid on a monthly basis. Reference on bank statements read: WESMART_MED
- Effective from 1 January 2020.
- In the event of a bereavement related claim the Insurer will pay the benefit into the principal or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. We will require the full name, surname and ID to note the beneficiary. At the time of a claim we will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss or should we be unable to confirm the identity of the beneficiary, payment will always be made into the principal policyholders account.

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 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.
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 WESMART Financial and Administration Solutions (Pty) Ltd.

Signature of policy holder		Date:	
Spouse (If married in community of property)		Date:	

NOTES / ADDITIONAL INFORMATION