

PERSONAL PARTICULARS

EXISTING PRINCIPAL MEMBER DETAILS

SURNAME & INITIALS POLICY NUMBER

NEW PRINCIPAL MEMBER DETAILS

SURNAME TITLE
 FIRST NAMES
 DATE OF BIRTH
 ID NUMBER
 MEDICAL AID MEDICAL AID NUMBER

DEPENDANTS

NAME AND SURNAME	ID NUMBER	RELATIONSHIP
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Eligible Child means a child **who has not attained the age of twenty one (21)** This age may be extended to twenty five (25) in respect of an unmarried child who is a full time student. There will be no age restriction for children who are either mentally or physically incapacitated from maintaining themselves always provided that the children are wholly dependent on the Principal Insured Member for support and maintenance.

CONTACT DETAILS : Linksave will correspond with you via e-mail & cellphone only. Kindly ensure that these details are completed in full.

POSTAL CODE

POSTAL CODE

EMAIL ADDRESS

TELEPHONE NUMBERS
 WORK HOME CELL

NEW DEBIT ORDER DETAILS (IF APPLICABLE)

BANK
 BRANCH NAME BRANCH CODE
 CURRENT PREMIUM R
 ACCOUNT TYPE CURRENT TRANSMISSION SAVINGS (No Credit Card Account Accepted)
 EFFECTIVE DATE Y Y Y Y M M D D
 ACCOUNT HOLDERS NAME
 ACCOUNT NUMBER (11 Digits Maximum)

I hereby authorise the insurer to debit my account, for the premiums payable under the above plan monthly in advance, on the first day of the month, in accordance with the Debit Order System. Such authorisation shall remain in force and effect until cancelled by myself, in writing with one calendar month notice.

Signature of Account Holder

Date

14 March 2017

DECLARATION

1. As the **Existing Principal Member** I hereby authorise Linksave to transfer the ownership of the abovementioned Policy as referenced by the declared Policy Number and accept that all rights and perceived value are subsequently transferred to the New Principal Member with effect from the date of signature.
As the **New Principal Member**:
2. I declare that I have not withheld any information and I accept that this application and declaration shall form the basis of the contract of insurance, which will become effective on the first of the month for which premiums are paid, between myself and the insurer nominated by Linksave.
3. I confirm that I am currently a full-time member of a Medical Aid.
4. I irrevocably authorise the Administrators to collect any relevant information that deem necessary to assess and underwrite this application.
5. I understand that the grace period of 45 days will be allowed. If premiums are not received within the grace period, the cover will lapse and no benefits will be payable.
6. I have taken note of the Statutory Notice in terms of the Short Term Insurance Act 53 of 1998
7. I understand that Linksave may under certain circumstances decline cover or apply additional waiting periods. I further understand that I will have an opportunity to respond to the decision before cover is inception.
8. I agree and understand that should my premium be returned by my nominated Banking Institution, then the Linksave's administrator may deduct from my nominated bank account the amount specified in terms of their premium collection and policy reinstatement protocol.
9. Employees of existing groups may decide within 60 days of resignation to continue their gap cover in their individual capacity. The balance of the underwriting terms relevant to an individual member would then be imposed. I understand that these General Exceptions will be applicable from the date of first joining as a member of Linksave.
10. I agree and understand that should either the Principal Member or any of the dependents ever have been diagnosed with or treated for cancer in the past, then there will be a 12 month remission exclusion on the **CANCER TREATMENT PROTOCOL** within the policy.
11. **I have been made aware of the General Exceptions contained in the Master Policy Document and understand that the balance of any underwriting Terms and Conditions will be applicable and enforceable.**

WARNING - DO NOT SIGN ANY BLANK OR PARTIALLY COMPLETED APPLICATION FORMS!

Signature of EXISTING PRINCIPAL MEMBER

Signature of NEW PRINCIPAL MEMBER

Date

Date

BROKER DETAILS

Broker House

Broker Name

Agent

Broker Signature

Date

PLEASE RETURN TO:

Linksave
 Tel: 031 564 8920
 Fax: 031 564 8922
 Email: underwriting@linksave.co.za