INSURANCE APPLICATION 2017

Underwriter:

Lombard Insurance Company Limited (Reg. No. 1990/001253/06) FSP no. 1596

Risk and Underwriting Managers:

Turnberry Management Services (Pty) Ltd (Reg no: 2000/031522/07) FSP no. 46964

Turnberry Management Risk Solutions (Pty) Ltd (Reg no : 2007/026488/07) FSP no. 36571





Tel No.

Telephone: Fax:

0861 000 509 0861 000 508

Physical Address: Postal Address:

4 Osborne Lane, Bedforview, 2007 Private Bag X2, Gardenview, 2047

					F	OR OFFICE US	SE ONLY		
Broker Code:				Application N	lo.	Client N	O.		
Commencement Date:			Policy No.		Debtor 1	Debtor No.			
Please complete	e and return by	fax to: 0861	000 508 Email to	: newbusiness@	turnberry.co.z	za Mail to: Pri	vate Bag X	(2, Gardenviev	v, 2047
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Title:				Gender:	○ Male		○ F	emale 	
ID Number:				Date of Birth	1:				
Initials:				First Name:					
Surname:									
Residential or Physical Addresses:									
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WorkTel No.				Cellular Tel N	No.				
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Α.				NDANT DETAILS		D 1 1		L 01 11 1	E 11.7°
Name of Surname	of Dependant First	Name	Identity N (Date of Birth		Gender M/F	Relations Policyho		Is Uniid a Stud	Full Time lent?
								○ YES	○ NO
								○ YES	○ NO
								○ YES	○ NO
								○ YES	○ NO
								O YES	○ NO
В.			MEDIC	CAL AID DETAIL	.S				
Compan	у		Option		Medical Aid Nu	ımber	Date Me	embership Co	mmenced

FAMILY DOCTOR DETAILS

Name of General Practitioner/Family Doctor

	dical scheme membership.	nedical scheme and the cover is not equivalent to that of a medical scheme. These products are not a
. reade tion your one	PREMIER provides the Insured persons	s with the following cover:
	Private Rate Cover: Co-payment Cover:	Increases the medical aid rate up to 500% for in-hospital treatment. Unlimited overall annual limit R50 000 per in-hospital admission per insured, including out-patient costs as per policy document. Unlimited overall annual limit
PREMIER	Non-DSP Hospital Penalty Cover: Sub-limit Cover:	R8 500 per admission. Limited to 1 claim per family per annum R20 000 per in-hospital admission per insured, including out-patient costs as per the policy document. Unlimited overall annual limit
	Biological Cancer Drug Cover.	Pays the co-payment and/or sub-limit imposed by the Medical Scheme for defined biological cancer drugs
	Traditional Cancer Treatment:	Limited to R350 000 per insured person and R1 000 000 per family per annum Pays for treatment in a private facility, including sub-limits, deductibles or co-payments related to cancer treatment. Limited to R350 000 per person per annum with a R200 000 excess
	Cancer Diagnosis Benefit:	Once off payment of R20 000 for first diagnosis of cancer, provided that the member is on an approved oncology treatment plan
	Medical Scheme Contribution Waiver.	Pays a benefit of R5 000 per month for 6 months in the event of the accidental death or Permanent and Total Disability due to accidental injuries, of the medical scheme contribution payer
	Stated Cash Back Benefit:	Pays the insured person a defined lump sum benefit in the event of hospitalisation for a period of longer than 3 days/72 hours
	Casualty Benefit: Personal Accident Benefit:	Emergency Casualty benefit for accidental injury. Limited to R7 500 per event. Unlimited events per annum Pays a benefit of R20 000 per insured in the event of accidental death or Permanent and Total Disability resulting from injuries sustained as a result of an accident
R310/month	Maximum entry age 65 next birthday.	, ,
	ENHANCE provides the Insured person	s with the following cover:
	Private Rate Cover: Co-payment Cover:	Increases the medical aid rate up to 500% for in-hospital treatment. Unlimited overall annual limit R50 000 per in-hospital admission per insured, including out-patient costs as per policy document. Unlimited overall annual limit
ENHANCE	Sub-limit Cover:	R20 000 per in-hospital admission per insured, including out-patient costs as per the policy document. Unlimited overall annual limit
	Cancer Diagnosis Benefit:	Once off payment of R20 000 for first diagnosis of cancer, provided that the member is on an approved oncology treatment plan
	Casualty Benefit: Personal Accident Benefit:	Emergency Casualty benefit for accidental injury. Limited to R7 500 per event. Unlimited events per annum Pays a benefit of R20 000 per insured in the event of accidental death or Permanent and Total Disability resulting from injuries sustained as a result of an accident
R252/month	Maximum entry age 65 next birthday.	· ·
	OPTIMAL provides the Insured persons	s with the following cover:
OPTIMAL	Private Rate Cover: Co-payment Cover:	Increases the medical aid rate up to 500% for in-hospital treatment. Unlimited overall annual limit R20 000 per in-hospital admission per insured, including out-patient costs as per policy document. Unlimited overall annual limit
OPTIMAL	Sub-limit cover for Internal Prosthesis: Traditional Cancer Treatment:	R10 000 per in-hospital admission per insured, for internal prosthesis. Limited to R50 000 per family per annum Pays the co-payments related to cancer treatment, limited to 20% per admission. Limited to R250 000 per insured per annum with a R200 000 excess
	Biological Cancer Drugs: Casualty Benefit:	Pays the co-payment and/or sub-limit imposed by the Medical Scheme for defined biological cancer drugs. Limited to R200 000 per insured per annum with a R200 000 excess Emergency Casualty benefit for accidental injury. Limited to R6 000 per event. Unlimited events per annum
R233/month	Maximum entry age 65 next birthday.	Entergency Casualty benefit for accidental injury. Limited to no ooo per event. Oriminited events per annum
	SYNERGY provides the Insured person	s with the following cover:
SYNERGY	Private Rate Cover: Co-payment Cover:	Increases the medical aid rate up to 500% for in-hospital treatment. Unlimited overall annual limit R20 000 per in-hospital admission per insured, including out-patient costs as per the policy document. Unlimited overall annual limit
	Sub-limit Cover for Internal Prosthesis: Casualty Benefit:	R10 000 per in-hospital admission per insured, for internal prosthesis. Limited to R50 000 per family per annum Emergency Casualty benefit for accidental injury. Limited to R6 000 per event. Unlimited events per annum
○ R178/month	Maximum entry age 65 next birthday.	Erricigency obstacle for desidental injury. Eirlined to no odo per event. Onlinnined evento per drindin
VITAL	VITAL provides the Insured persons wit	
○ R167/month	Private Rate Cover: Casualty Benefit: Maximum entry age 65 next birthday.	Increases the medical aid rate up to 500% for in-hospital treatment. Unlimited overall annual limit Emergency Casualty benefit for accidental injury. Limited to R6 000 per event. Unlimited events per annum
		SENIOR GAP COVER PRODUCTS
	SENIOR provides the Insured persons v	with the following cover:
SENIOR	Private Rate Cover: Co-payment Cover:	Increases the medical aid rate up to 500% for in-hospital treatment. Unlimited overall annual limit R15 000 per in-hospital admission per insured, including out-patient costs as per policy document. Unlimited overall annual limit
R255/month	Sub-limit Cover: Entry ages are 65 to 80 next birthday.	R15 000 per in-hospital admission per insured. Limited to R50 000 per family per annum

STANDARD GAP COVER PRODUCTS

E. TRAVEL ASSIST

If you purchase any one of the products listed on page 2 of this application form, you qualify for international travel insurance for travel outside the borders of South Africa. Cover is provided by TIC, ensures end to end emergency service by air, land or sea, anywhere in the world, 24 hours a day. The maximum length of a trip is limited to 90 days. Medical expenses are covered up to an amount of R5 000 000. Notification of travel must be given to Turnberry on 0861 000 509 at least 48 hours prior to departure, during the hours 08h00 to 16h00 Monday to Friday (excluding public holidays). Maximum age is 80 years next birthday.

F. EXTENDED FAMILY COVER A "Family" means the Principal insured person and an Eligible spouse (listed under Section A) and Eligible children (listed under Section A), who have not attained the age of 26 years unless mentally or physically disabled and unable to earn any form of income. Any dependents falling under this definition are included at

A "Family" means the Principal insured person and an Eligible spouse (listed under Section A) and Eligible children (listed under Section A), who have not attained the age of 26 years unless mentally or physically disabled and unable to earn any form of income. Any dependants falling under this definition are included at no additional cost. If you have extended family or an additional dependant registered on your medical aid and they do not qualify in terms of our definition of a family as per the definition above, you may add them onto your policy. The cost per additional dependant is detailed below. Rates quoted below are per person. To calculate the additional cost for extended family you wish to cover, multiply the number of people by the rate for the applicable age category.

Product	Ages 26-64 (incl)		Ages 65-	-79 (incl)	Total	
Product	Rate	Number	Rate	Number	Total	
PREMIER	R86		N/A			
ENHANCE	R65		N/A			
OPTIMAL	R75		N/A			
SYNERGY	R72		R196			
VITAL	R36		R105			

WAITING PERIOD) (

PLEASE NOTE, a 3-month waiting period shall apply, with exception of benefits providing cover up to 500% if cover commences in line with your Medical Aid commencement. There is a 9-month waiting period on all pregnancy/childbirth benefits and a 12-month waiting period on all hysterectomy, hysteroscopies and endometrial ablations, joint replacements and spinal investigations, surgery or treatment, tonsillectomy, grommets, adenoids, hernia repairs and wisdom teeth benefits for all of the above policies. Pre-diagnosed cancer is covered provided that the Insured person is in complete remission for a period of 5 years. A 12-month exclusion will be applied to all pre-existing conditions on all policies. All rates are quoted per family.

H.	DECLARATION OF HEALTH								
1.	Are you or any dependants ur may be required in the next 12	YES 🔾	NO 🔾						
	Name Symptoms/Diagnosis		Symptoms/Diagnosis Treatment Date of first Diagnos Symptoms		Date of las	st Treatment			
2.	Have you or any dependants advice for any condition within	under the above policies been d n the last 12 months, from date	liagnosed, treated, hospitalised of application? (If yes, provide of	and/or sought medical details below.)	YES 🔾	NO O			
	Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Symptoms	Date of las	st Treatment			
3.	Have you or any dependants details below.)	ted for cancer? (If yes, provide	YES 🔾	NO O					
	Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Treatment	Date of las	st Treatment			

SHOULD THE INFORMATION PROVIDED ABOVE BE INSUFFICIENT TO ASSESS THE RISK, ADDITIONAL MEDICAL INFORMATION WILL BE REQUESTED.
SHOULD THE SPACE PROVIDED ABOVE BE INSUFFICIENT PLEASE ATTACH A SUPPORTING SCHEDULE.

	A	_						
	Accountholder's Name							
	Name of Bank Branch Name and Town	-						
	Branch Code							
	Account Number							
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Signat	ure of Accountholder				Date:			
J.		YER AUTHORISATI						
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to do	duct from my salary my por			promium fu	tura inaragga ar		•	
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the in	surer.							
Signat	ture of Accountholder				Date:			
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PRINCIPAL MEMBERSHIP CHANGE FORM





(FSP no.1596)

Current Principle Member:

Telephone:
Fax:
0861 000 509
0861 000 508

Current Principle Member ID Number:
Physical Address:
Physical Address:
Private Bag X2, Gardenview, 2047

Please complete and return by fax to: 086 649 0417 | Email to: admin@turnberry.co.za

Please note, it is not necessary to change the principle membership if spouses have elected to change principal membership on their medical aid. Principal membership should be changed in the event of a divorce or death of the principal insured person.

A.	NEW PRINCIPAL MEMBER DETAILS	
Title:	Gender:	
ID Number:	Date of Birth:	
Initials:	First Name:	
Surname:		
Residential or Physical Addresses:		
Addresses.		
	Code:	
Postal Addresses:		
Addresses.		
	Code:	
WorkTel No.	Cellular Tel No.	
Fax No.	Home Tel No.	
Email:		
Medical Aid Name	Medical Aid No.	

The Principal Member on the Policy has changed as stated above and we request Turnberry to amend the policy in accordance with this change. Turnberry will issue the contract in the name of the new Principal Member.

The banking details for monthly premium deduction will remain unchanged unless the New Debit Order Authority on the following page is completed and signed by the accountholder.

Accountholder's Name						
Name of Bank						
Branch Name and Town						
Branch Code						
Account Number						
Type of account:	Cheque ()	Savings O	Transmission O	0511		
Date account to be debited:	1st 🔘	7th 🔘	15th (25th (
Please note, should the collectic working day following the week		a weekend or public holic	lay, a debit will be processed ag	ainst your account on the first		
may transfer my account) the amount necessary for payment of the Premiums (as well as any renewal or adjustment premiums and policy fees due) in respect of the abovementioned insurance and lifestyle benefits. All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally. I agree to pay the bank charges in connection with this instruction and authorise Turnberry to increase the amount of each withdrawal so as to recover the costs thereof in accordance with the South African Clearing Bank's tariff in force at the time. I understand that: 1) the withdrawals hereby authorised will be processed by computer, and 2) details of each withdrawal will be reflected on my bank statement or on the accompanying voucher, and 3) the obligation to ensure that my monthly payments are received remains with me despite the granting to Turnberry of this authority. This authority shall continue in full force and effect until cancelled by me giving 30 days' written notice thereof, sent to Turnberry by prepaid registered post, but I understand that such cancellation may result in the cancellation of the policy and will not relieve me of liability in respect of any unpaid balance owing to Turnberry. In addition, I shall not be entitled to any refund of any amount which Turnberry has withdrawn while this authority was in force, unless I can prove that any such amounts were not legally owing to Turnberry. Receipt of this instruction by Turnberry shall be regarded as receipt thereof by my bank.						
Signature:			Date:			
C.	DECLA	ARATION BY THE POLIC	/HOLDER			
I have been informed of my right into any insurance contract: 1) hereby apply for the benefits s application and declaration sha warrant that the answers and s information whatsoever, which i	es in terms of the Policyho The Statutory Notice; 2 tipulated in this docume all be the basis of the co tatements provided in the s material to or is likely to takes place in the health of sk whichever occurs last the acceptance of the polication made to me by any ter. I hereby irrevocably a the person concerned to the LOA any information	older Protection Rules to 2) Intermediary accredita ent, subject to the termi- contract between me and a application form are to affect the assessment of the insured person/per is. I understand that any in cy may render my policy agent or employee of the authorise: a) the Insurer to give the Insurer the infonto assess risks or clain	have the following information dation and mandate confirmations and conditions of the policy of Lombard Insurance Companitue and correct in every particul of the risk under the proposed in accurate and untrue statement of null and void and all premiums a Insurer shall in any way bind the obtain from any person any information it requests under the ans. Any information may, under the	n; 3) Mandatory disclosures. I contract and I agree that this y Limited ("Insurer"). I hereby ar and that I have withheld no isurance. I undertake to advise g the declaration of health and is or failure to notify Turnberry paid forfeited to the Insurer. I e Insurer unless it is thereafter formation the Insurer needs to authorisation in (a); the Insurer this authorisation, be obtained		
I have been informed of my right into any insurance contract: 1) hereby apply for the benefits s application and declaration sha warrant that the answers and s information whatsoever, which i Turnberry in writing if a change the date of acceptance of the ris of a change in health prior to the acknowledge that no represente confirmed in writing by the Insu which this application relates; b to share with other insurers and or given at any time, even after a lacknowledge that should any ochanges.	ts in terms of the Policyho The Statutory Notice; 2 tipulated in this docume all be the basis of the co tatements provided in the s material to or is likely to takes place in the health of sk whichever occurs last the acceptance of the polication made to me by any ter. I hereby irrevocably a the person concerned to the LOA any information death. I agree that a photo of my personal and/or base	older Protection Rules to 2) Intermediary accreditaent, subject to the termination form are to affect the assessment of the insured person/person and respect to a second that any income and respect to a second that any income and the insurer that any income are the insurer than to assess risks or claim to assess risks or claim to any of this apparation details change it in the insurer than the	have the following information dation and mandate confirmations and conditions of the policy of Lombard Insurance Companitue and correct in every particul of the risk under the proposed in accurate and untrue statement of null and void and all premiums a Insurer shall in any way bind the obtain from any person any information it requests under the ans. Any information may, under the same in the same information form is as effective and as my responsibility to ensure the	n; 3) Mandatory disclosures. I contract and I agree that this y Limited ("Insurer"). I hereby ar and that I have withheld no isurance. I undertake to advise g the declaration of health and is or failure to notify Turnberry paid forfeited to the Insurer. I e Insurer unless it is thereafter formation the Insurer needs to authorisation in (a); the Insurer this authorisation, be obtained valid as the original.		
I have been informed of my right into any insurance contract: 1) hereby apply for the benefits s application and declaration shawarrant that the answers and s information whatsoever, which i Turnberry in writing if a change the date of acceptance of the ris of a change in health prior to thacknowledge that no representation confirmed in writing by the Insu which this application relates; but to share with other insurers and or given at any time, even after the acknowledge that should any of the should any of th	ts in terms of the Policyho. The Statutory Notice; 2 tipulated in this docume all be the basis of the cotatements provided in the sakes place in the health of the acceptance of the polication made to me by any arer. I hereby irrevocably a the LOA any information death. I agree that a photo of my personal and/or basis is due monthly in advantised.	older Protection Rules to a line protection Rules to a line protect to the term on tract between me and application form are to affect the assessment of the insured person/person and the protect of the insured person policy may render my policy agent or employee of the authorise: a) the Insurer to give the Insurer the information to assess risks or claim to copy or fax of this appearating details change it ince on the first day of each	have the following information dation and mandate confirmations and conditions of the policy of Lombard Insurance Companitue and correct in every particul of the risk under the proposed in accurate and untrue statement and under any way bind the obtain from any person any information it requests under the ans. Any information may, under the control of the control	n; 3) Mandatory disclosures. I contract and I agree that this y Limited ("Insurer"). I hereby ar and that I have withheld no isurance. I undertake to advise g the declaration of health and is or failure to notify Turnberry paid forfeited to the Insurer. I e Insurer unless it is thereafter formation the Insurer needs to authorisation in (a); the Insurer this authorisation, be obtained valid as the original.		
I have been informed of my right into any insurance contract: 1) hereby apply for the benefits s application and declaration sha warrant that the answers and s information whatsoever, which i Turnberry in writing if a change the date of acceptance of the ris of a change in health prior to the acknowledge that no represents confirmed in writing by the Insu which this application relates; b to share with other insurers and or given at any time, even after of acknowledge that should any ochanges.	ts in terms of the Policyho The Statutory Notice; 2 tipulated in this docume all be the basis of the c tatements provided in the smaterial to or is likely to takes place in the health of sk whichever occurs last the acceptance of the polication made to me by any tere. I hereby irrevocably a the person concerned to the LOA any information death. I agree that a photo of my personal and/or bat in is due monthly in advantal	older Protection Rules to e) Intermediary accreditaent, subject to the termination ontract between me and application form are to affect the assessment of the insured person/person and the insured person of the insured person of the insured person of the insured person of the insurer the information to assess risks or claim to copy or fax of this apparanking details change it ince on the first day of each and to have been cancel	have the following information dation and mandate confirmations and conditions of the policy of Lombard Insurance Companitue and correct in every particul of the risk under the proposed in accurate and untrue statement and under any way bind the obtain from any person any information it requests under the ans. Any information may, under the control of the control	n; 3) Mandatory disclosures. I contract and I agree that this y Limited ("Insurer"). I hereby ar and that I have withheld no isurance. I undertake to advise g the declaration of health and is or failure to notify Turnberry paid forfeited to the Insurer. I e Insurer unless it is thereafter formation the Insurer needs to authorisation in (a); the Insurer this authorisation, be obtained valid as the original.		
I have been informed of my right into any insurance contract: 1) hereby apply for the benefits s application and declaration shawarrant that the answers and s information whatsoever, which i Turnberry in writing if a change the date of acceptance of the ris of a change in health prior to thacknowledge that no representa confirmed in writing by the Insu which this application relates; b to share with other insurers and or given at any time, even after a lacknowledge that should any ochanges. I acknowledge that the premium day of the calendar month, then	ts in terms of the Policyhor. The Statutory Notice; 2 stipulated in this docume all be the basis of the contatements provided in this material to or is likely to takes place in the health cosk whichever occurs last be acceptance of the polication made to me by any arrer. I hereby irrevocably and the LOA any information death. I agree that a photo of my personal and/or basis is due monthly in advantation to the policy shall be deen ails have changed, pleas	older Protection Rules to (2) Intermediary accreditatent, subject to the termination ontract between me and application form are to affect the assessment of the insured person/per. I understand that any incy may render my policy agent or employee of the authorise: a) the Insurer to give the Insurer the infinito assess risks or claim tocopy or fax of this applanking details change it is not on the first day of each advise us.	have the following information dation and mandate confirmations and conditions of the policy of Lombard Insurance Companitue and correct in every particul of the risk under the proposed in sons between the date of signin naccurate and untrue statement of null and void and all premiums a Insurer shall in any way bind the orbitain from any person any information it requests under the ans. Any information may, under the control of the same series and the same responsibility to ensure the control of	n; 3) Mandatory disclosures. I contract and I agree that this y Limited ("Insurer"). I hereby ar and that I have withheld no isurance. I undertake to advise g the declaration of health and is or failure to notify Turnberry paid forfeited to the Insurer. I e Insurer unless it is thereafter formation the Insurer needs to authorisation in (a); the Insurer this authorisation, be obtained valid as the original.		





APPLICATION FOR REINSTATEMENT

Insurer:

Lombard Insurance Company Limited (Reg. No. 1990/001253/06) FSP no. 1596

Risk and Underwriting Managers:

Turnberry Management Risk Solutions (Pty) Ltd (Reg no: 2007/026488/07) FSP no. 36571

Telephone:	011 677 9891
=ax:	0861 000 508

Please complete and return by fax to: 086 649 0417 | Email to: admin@turnberry.co.za

Physical Address: 4 Osborne Lane, Bedfordview, 2007 Postal Address: 4 Private Bag X2, Gardenview, 2047

Policy Number:

١.		DEC	CLARATION OF HEALTH	I		
1.	Are you or any dependar treatment may be requir	nts under the above Policies aware red in the next 12 months from the	of any reason why hosp date of application? (If	oitalisation and/or medical yes, provide details below.)	YES (NO 🔾
	Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Symptoms	Date of las	st Treatment
2.	Have you or any dependa advice for any condition v	ants under the above Policies been di within the last 12 months, from date (agnosed, treated, hospita of application? (If yes, pro	alised and/or sought medical ovide details below.)	YES 🔾	NO 🔾
	Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Symptoms	Date of las	st Treatment
3.	Have you or any depend yes, provide details belo	dants under the above Policies eve ow.)	r been diagnosed with	and/or treated for cancer? (If	YES 🔾	NO 🔾
	Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Treatment	Date of las	st Treatment

B.	BANK DETAILS FO	R DEDUCTIONS	OF MONTHI	Y PREMIUM BY	DEBIT ORDER		
Account Holder's Name				Name of Banl	(
Account Number				Branch Code			
Type of account: Date account to be debited:	Cheque O	Savings 7th		Transmission 15th		25th (
Please note, should the collection following the weekend or public he I hereby request and authorise Tur to which I may transfer my accour in respect of the aforementioned in by me personally. I agree to pay the recover the costs thereof in accord will be processed by computer, and to ensure that my monthly payme or assigned to a third party, if this giving 31 days' written notice there and it will not relieve me of the liab Turnberry has withdrawn regarder	pliday nberry Management Servat) the amount necessary nsurance benefits. All suce bank charges in connect dance with the South Afric d 2) details of each withde ents are received remains Policy is also ceded or as eof sent to Turnberry by pr ility in respect of any unpa	rices (Pty) Ltd to di for payment of the h withdrawals front tion with this instru- tan Clearing Bank' rawal will be reflect with me despite to signed to the third epaid registered paid balance owing	raw against me premiums (am my bank acuction and autor stariff in force ted on my bathe granting to barty. This acost. I underst	ny bank account w as well as any rene ccount by Turnben thorise Turnberry to a at the time. I unde nk statement or or o Turnberry of this authority shall cont and that such cand	th the abovement wal or adjustment y shall be treated a pincrease the amount of the accompanyir authority and 4) the accompanyir authority and y tinue in full force a sellation may resul	ioned bank (or any premiums and Pas though they habount of each without withdrawals here by voucher, and 3) nat this authority and effect until cart in the cancellation	y bank/brancholicy fees due ad been signed drawal so as to by authorised the obligation may be ceded ncelled, by me on of the Policy
Signature of Account Holder:				Da	te:		
C.	DECLARA	TION BY THE PF	RINCIPAL INS	SURED PERSON			
I have been informed of my right insurance contract:1) The Statutor stipulated in this document, subjethe contract between me and Lonform are true and correct in every risk under the proposed insurance date of signing the application and inaccurate and untrue statements my Policy null and void and all prethe Insurer shall in any way bind from any person any information under the authorisation in (a); the I authorisation, be obtained or given I have an email address for corresparising through any unauthorised I acknowledge that should any of I acknowledge that the premium i day of the following calendar morthe purposes of effectively adminishare my and the persons I represprovider, and/or agent who will ass Have you been advised of and exel confirm that the product benefits Is this Policy replacing a Policy of the "YES", have the product benefits Signature:	y Notice; 2) Intermediary of to the terms and concubard Insurance Comparparticular and that I have a light and the date of acceptance of or failure to notify Turnberniums paid will be forfeithe Insurer unless it is the Insurer needs to white Insurer to share with other at any time, even after decondence with Turnberry, access to the email corremy personal and/or bank as due monthly in advance the then this Policy shall be stering my policy and dead sent herein private informatist in the administration arcised your free choice to the same or similar type?	s accreditation an ditions of the Policity Limited ("Insured withheld no information in the risk or the deemy of a change inted to the Insurer ereafter confirment this application in insurers and the eath. I agree that a laccept the risks of spondence with or ing details change e on the first day of the edeemed to have aling with all other ation with Lomba and performance at take out insurance equately compare equately equat	d mandate or by contract ar or). I hereby we mation whats if a change to ate of common health prior I acknowled, d in writing by n relates; b) th ASISA any int photocopy of email corres or any intercep et it is my respect to been cance matters relate ind Insurance of my policy. we with the Insurance d and explain	onfirmation; 3) Mar and I agree that this varrant that the and oever, which is ma akes place in the he to the acceptance ge that no represe y the Insurer. I her no person concern formation to asses or fax of this applical spondence and sha otion of any commonsibility to ensure dar month ("due d alled at midnight or ed thereto, Turnber Company Limited surer and intermed	datory disclosure application and control application and control application and control application or is likely ealth of the Insure policy whichever occurred to made to make the material to give the Insure of the Insure at the Insure at the due date. I act or y Management Fand any association and control and any association and any association and control and any association and control and any association and any association and any association and control and any association and any association and control and any association and any a	s. I hereby apply for leclaration shall be ents provided in to affect the assed person/personateurs last. I understement of the Policials by any agent of the information in the provided and the provided as the provided and the	or the benefits the basis of the application assent of the stand that any cy may render remployee of surer to obtain on it requests any, under this of the original. It is or damage in the original of the original o





TURNBERRY DEBIT ORDER AUTHORISATION

Insurer:

Lombard Insurance Company Limited (Reg. No. 1990/001253/06) FSP no. 1596

Risk and Underwriting Managers:

Turnberry Management Risk Solutions (Pty) Ltd (Reg no : 2007/026488/07) FSP no. 36571

Telephone:	011 677 9891
Fax:	0861 000 508

Physical Address: 4 Osborne Lane, Bedfordview, 2007 Postal Address: 4 Private Bag X2, Gardenview, 2047

Policy No.	Debtor No.	
ID No.		

Please complete and return by fax to: 086 649 0417 | Email to: debtors@turnberry.co.za

Please note, should you change your collection date from 1st or 7th to the 15th or 25th, the collection will be for the next month and could result in a double deduction.

A.	BANK DETAILS FO	OR DEDUCTIONS OF MONT	HLY PREMIUM BY DEB	SIT ORDER
Account Holder's Name			Name of Bank	
Account Number			Branch Code	
Type of account:	Cheque \bigcirc	Savings O	Transmission 🔾	_
Date account to be debited:	1st 🔾	7th 🔘	15th (25th (
I hereby request and authoris (or any bank/branch to which adjustment premiums and Po Turnberry shall be treated as t and authorise Turnberry to inc Clearing Bank's tariff in force of each withdrawal will be refl payments are received remain to a third party, if this Policy is me, giving 31 days' written no	ekend or public holiday e Turnberry Managem I may transfer my ac licy fees due) in respect hough they had been s crease the amount of eat the time. I understan ected on my bank stat as with me despite the s also ceded or assigned otice thereof sent to Tu it will not relieve me of	nent Services (Pty) Ltd to di account) the amount necess t of the aforementioned insu- igned by me personally. I ag each withdrawal so as to re d that: 1) the withdrawals he ement or on the accompar granting to Turnberry of this ed to the third party. This au urnberry by prepaid register the liability in respect of an	raw against my bank a sary for payment of the urance benefits. All such gree to pay the bank ch ecover the costs thereof ereby authorised will be aying voucher, and 3) that to uthority shall continue is ted post. I understand to y unpaid balance owin	account with the abovementioned bank e premiums (as well as any renewal or h withdrawals from my bank account by larges in connection with this instruction of in accordance with the South African e processed by computer, and 2) details he obligation to ensure that my monthly this authority may be ceded or assigned in full force and effect until cancelled, by that such cancellation may result in the not of Turnberry. In addition, I shall not be
Signature of Account Holder.		,	Date:	,





TURNBERRY DECLARATION OF HEALTH

Insurer:

Lombard Insurance Company Limited (Reg. No. 1990/001253/06) FSP no. 1596

Risk and Underwriting Managers:

Turnberry Management Risk Solutions (Pty) Ltd (Reg no: 2007/026488/07) FSP no. 36571

Telephone:	011 677 9891
Fax:	0861 000 508

Physical Address: 4 Osborne Lane, Bedfordview, 2007
Postal Address: Private Bag X2, Gardenview, 2047

Policy Number:

Please complete and return by fax to: 086 649 0417 | Email to: admin@turnberry.co.za

A.	DECLARATION OF HEALTH						
1.	Are you or any dependants treatment may be required	under the above Policies awa in the next 12 months from th	re of any reason why hospita ne date of application? (If yes	s, provide details below.)	YES 🔾	NO 🔾	
	Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Symptoms	Date of last	Treatment	
2.	Have you or any dependants	under the above Policies been	diagnosed, treated, hospitalise	and/or sought medical	YES ()	NO ()	
	advice for any condition with	in the last 12 months, from dat	te of application? (If yes, provid	le details below.)	YES (NU ()	
	Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Symptoms	Date of last	Treatment	
3.	Have you or any dependan yes, provide details below.)	ts under the above Policies e	ver been diagnosed with and	d/or treated for cancer? (If	YES 🔾	NO 🔾	
	Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Treatment	Date of last	Treatment	
SH	SHOULD THE INFORMATION PROVIDED ABOVE BE INSUFFICIENT TO ASSESS THE RISK, ADDITIONAL MEDICAL INFORMATION WILL BE REQUESTED. SHOULD THE SPACE PROVIDED ABOVE BE INSUFFICIENT PLEASE ATTACH A SUPPORTING SCHEDULE.						
Sigr	nature:			_ Date:			





TURNBERRY DEPENDANT ADDITION FORM 2023

Insurer

Lombard Insurance Company Limited (Reg. No. 1990/001253/06) FSP no. 1596
Risk and Underwriting Managers:

Turnberry Management Risk Solutions (Pty) Ltd (Reg no: 2007/026488/07) FSP no. 36571

Policy No.	
Policy No.	

Please complete and return by fax to: 086 649 0417 | Email to: admin@turnberry.co.za

Principal Insured Person:			ID Numb	oer:			
Address:							
Telephone Number:			Email Ad	ldress:			
A.		DEPENDA	NT DETAILS				
Spouse/Partner and children up may be added to the Policy at n	to the age of 26 years	who are register dependants adde	ed on the Principal II	nsured per	rson or Sp	oouse/Partner's N	Medical Scheme
Name of De			Identity Number		Gend		lationship to
Surname	First Name	(Da	te of Birth if no ID No	o)	M/F	- P	olicyholder
B.		EXTENDED	FAMILY COVER				
Other Dependants/Extended Fa	mily registered on the F	Principal Insured	person or Spouse/P	Partner's M	ledical Sc	cheme may be ad	ded to the Policy
for an additional premium, as d					Waiting I		~ 00.1
Product	Ages 26 - Rate	Number	Rate	- 79 (incl) Num	hor	Age Rate	s 80+ Number
PREMIER	R144	Number	R466	Nulli	ibei	R593	Number
OPTIMAL	R135		R380			R486	
SYNERGY	R134		R376			R480	
LAUNCH	R33		R57			R88	
MED-EXTEND	R124		R469			R598	
C.	DECLARATIO	ON BY THE PRIN	CIPAL INSURED PEI	RSON			
I have been informed of my right entering into any insurance con I hereby apply for the benefits is application and declaration shat that the answers and statemen whatsoever, which is material to writing if a change takes place is acceptance of the risk whichever in health prior to the acceptance that no representation made to writing by the Insurer. I hereby is application relates; b) the person with other Insurers and the ASIS at any time, even after death. It address for correspondence with arising through any unauthorises. I acknowledge that should any of I acknowledge that the premiur day of the following calendar in accept that for the purposes of Solutions may process and shat associated party, any third party. Has any Insurer ever declined at If "YES", please provide details.	itract: 1) The Statutory tipulated in this docum II be the basis of the cots provided in the applic or is likely to affect the in the health of the Insuer occurs last. I underste of the policy may rendered by any agent or emprevocably authorise: a) on concerned to give the SA any information to a gree that a photocopy the Turnberry, I accept the access to the email of my personal and/or bath is due monthly in admonth, then this policy effectively administering my and the persons y service provider, and/or proposal of yours or care	Notice; 2) Interminent, subject to the ontract between recation form are tree assessment of ured person/person that any inader my policy null aployee of the Insurer to obe Insurer the information of this appropriate of the insurer the information of the person of the insurer the information of the insurer the information of the insurer the information of the insurer that in the information of the insurer that is appropriate on the 1st shall be deemed any policy and is I represent here or agent who will ancelled any police.	ediary accreditation e terms and conditione and Lombard Institute and correct in evithe risk under the plans between the data courate and untrue stand void and all presurer shall in any way that in from any personation it requests upon any information form is as ecorrespondence and or any interception conge it is my responsibility of each calendation with all other in private informatic assist in the admining and conditions.	and mandons of the surance Covery particular	date confi policy co ompany L ular and ti surance. ng the dec s or failure id forfeit. Insurer un ormation to authorisate ider this a hold Turn id valid as hold Turn imunicati sure that T and if not idnight o related the mbard In nd perfor	rmation; 3) Mand ntract and I agreed imited ("Insurer") hat I have withhe I undertake to acclaration of health e to notify Turnbeed to the Insurer. Including the Insurer needs the Insurer needs the Insurer needs the Insurer needs ton in (a); the Insurer liable for an on between Turn Turnberry are notified t received by Turn the due date. Intereto, Turnberry surance Compar	datory disclosures that this I hereby warrant do no information livise Turnberry in and the date of erry of a change I acknowledge ter confirmed in to which this surer to share obtained or given have an email my loss or damage berry and me. Tied of the changes
Remarks:							
Signature:				Date:			





HEALTH/GAP COVER CLAIM FORM 2023

Insurer:

Lombard Insurance Company Limited (Reg. No. 1990/001253/06) FSP no. 1596

Risk and Underwriting Managers:

Turnberry Management Risk Solutions (Pty) Ltd (Reg no: 2007/026488/07) FSP no: 36571

Гelephone:	011 677 9891
ax:	0861 000 508

Physical Address: 4 Osborne Lane, Bedfordview, 2007 Postal Address: Private Bag X2, Gardenview, 2047

Policy Number:

Please complete and return by fax to: 086 500 7532 or 086 673 4224 | Email to: claims@turnberry.co.za

A. DOCUMENTS REQUIRED

Turnberry must be notified in writing of any claim within five (5) months calculated from the date of treatment. Outstanding documentation needs to be submitted within 90 days from the date, outstanding documentation is requested by Turnberry. Please ensure that all documents requested below accompany your completed claim form to avoid unnecessary delays.

- Completed Claim Form
- · Copy of your service provider's/doctor's account reflecting all transactions relating to the claim
- Copy of the Hospital Account (for co-payments, sub-limits, casualty benefit and shortfalls for pathology and radiology)
- Copy of your Medical Scheme's statement reflecting all transactions relating to the claim/treatment. Unfortunately an "acknowledge of payment" issued by your Medical Scheme does not provide the necessary information.

DETAILS OF PRINCIPAL INSURED PERSON

Please note, based on the information provided Turnberry may need to request additional information.

Title:		Gender: O N	Male
ID Number:		Date of Birth:	
Initials:		First Name:	
Surname:			
Postal Address:			
7 (0.01.000)			
			Code:
Work Tel No.		Cellular Tel No.	
Home Tel No.		Email:	
C.		MEDICAL AID DETAILS	
C.	Company	MEDICAL AID DETAILS Option	Medical Aid Number
C.	Company		Medical Aid Number
C. D.	Company		Medical Aid Number
D.	Company	Option DETAILS OF PATIENT	Medical Aid Number
D. Surname:	Company	Option	Medical Aid Number
D.	Company	Option DETAILS OF PATIENT	Medical Aid Number
D. Surname: First Names:	Company not available Date of Birth):	Option DETAILS OF PATIENT	Medical Aid Number
D. Surname: First Names: ID Number (If		Option DETAILS OF PATIENT Title:	Medical Aid Number

E.	CLAIMS OF CANCER ONLY
Has the patient received treatment, consulted with a months? If so, please provide the date(s) of the consu	medical service provider and/or received advice in relation to the condition in the last 12 ultation(s).
E.	
Turnberry reserves the right to negotiate a discounted r	rate with your relevant medical service provider(s) in exchange for direct payment to them.
Please advise if you have paid your medical service provider	(s)?
G. BAN	NK DETAILS OF PRINCIPAL INSURED
Accountholder's Name Name of Bank Branch Code Account Number	
Type of account: Cheque	Savings O Transmission O
I declare that the banking details provided are correct, famy responsibility to notify Turnberry timeously of any c Tax liability under section 7(1)(a) read with section 8(8)	ailing which, Turnberry is not liable for any losses, charges and expenses. I accept that it is hanges in my banking details. The indemnity payment may give rise to a potential Output of the Value Added Tax Act.
Signature of Principal Insured:	Date:
H. DECL	ARATION BY THE PRINCIPAL INSURED
accident/illness is related to an exception detailed in the Policy, I declare that all statements and answers which or not, are true and complete. I understand that any mientitle Turnberry to declare this claim null and void. I her other person who has attended to or examined the pati	fits in terms of the said Policy. Turnberry shall not be liable for payment if the cause of a Policy Schedule and any endorsements thereto. In support of a claim in terms of the said may now or at any time be given in connection with this claim, whether in my handwriting isstatement or non-disclosure, which materially affects the assessment of this claim, will reby authorise the patient's Medical Scheme, any Hospital, medical service provider or any ient, to furnish to Turnberry or Turnberry's authorised representative any information with ations, prescriptions or treatment and copies of all hospital or medical records. A copy of valid as the original.
reduced the amount they have charged, the amount of purposes of assessing and processing this claim, effect Management Risk Solutions may process and share m	ently settled, in whole or part, by the patient's medical aid or the medical service provider of the overpayment will be refunded to Turnberry. I acknowledge and accept that for the cively administering your policy and dealing with all other matters related thereto, Turnberry by information with Lombard Insurance Company Limited, its third party service providers are claim and/or the administration of your policy. During this process, my information may
On my own behalf, and on behalf of any person(s) I repr purposes with the aforementioned parties. I also acknow and used as set out above.	esent herein, I hereby consent to such information being disclosed for the aforementioned wledge that the insurance information provided by me may be stored in a shared database
information is protected as required under the Protection	ance Company Limited and its associated parties undertake to insure that your personal on of Personal Information Act 4 of 2013, as amended, and that your personal information in any format whatsoever, apart from the sharing of information as contemplated in the
Signature:	Date:





POLICY UPGRADE/ REPLACEMENT FORM 2023

lneurar.

Lombard Insurance Company Limited (Reg. No. 1990/001253/06) FSP no. 1596

Risk and Underwriting Managers:

Turnberry Management Risk Solutions (Pty) Ltd (Reg no: 2007/026488/07) FSP no. 36571

Telephone:	011 677 9891
Fax:	0861 000 508

Physical Address: 4 Osborne Lane, Bedfordview, 2007 Postal Address: Private Bag X2, Gardenview, 2047

 (Reg no : 2007/026488/07) FSP no. 36571
 Current Policy Type

 Principle Insured Person:
 Principal Insured ID Number:

 Replacement Policy Type:
 Replacement Policy Start Date:

Current Policy No

Please complete and return by fax to: 086 649 0417 | Email to: admin@turnberry.co.za

A. NOTES

PLEASE NOTE, a 3-month general waiting period applies to all benefits, with exception of benefits providing cover up to 600% should the commencement of the Policy be in line with the commencement date of the Medical Scheme. Accidents will be covered within the 3 month general waiting period. A 10-month waiting period on pregnancy/childbirth. A 12-month waiting period on/or investigations, treatment or surgery for hysterectomy, hysteroscopies, endometriosis, ovarian cysts and fibroids (myomectomy), muscular-skeletal (except in the event of an accident), tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth, hernia, cataracts, gastroscopies, colonoscopies, nasal and sinus, cancer

DECLARATION BY THE PRINCIPAL INSURED PERSON

I have been informed of my rights in terms of the Policyholder Protection Rules to have the following information disclosed to me before entering into any insurance contract:1) The Statutory Notice; 2) Intermediary's accreditation and mandate confirmation; 3) Mandatory disclosures. I hereby apply for the benefits stipulated in this document, subject to the terms and conditions of the Policy contract and I agree that this application and declaration shall be the basis of the contract between me and Lombard Insurance Company Limited ("Insurer"). I hereby warrant that the answers and statements provided in the application form are true and correct in every particular and that I have withheld no information whatsoever, which is material to or is likely to affect the assessment of the risk under the proposed insurance. I undertake to advise Turnberry in writing if a change takes place in the health of the Insured person/persons between the date of signing the application and the date of acceptance of the risk or the date of commencement of the Policy whichever occurs last. I understand that any inaccurate and untrue statements or failure to notify Turnberry of a change in health prior to the acceptance and/or commencement of the Policy may render my Policy null and void and all premiums paid will be forfeited to the Insurer. I acknowledge that no representation made to me by any agent or employee of the Insurer shall in any way bind the Insurer unless it is thereafter confirmed in writing by the Insurer. I hereby irrevocably authorise a) the Insurer to obtain from any person any information the Insurer needs to which this application relates; b) the person concerned to give the Insurer the information it requests under the authorisation in (a); the Insurer to share with other insurers and the ASISA any information to assess risks or claims. Any information may, under this authorisation, be obtained or given at any time, even after death. I agree that a photocopy or fax of this application form is as effective and va

I acknowledge that should any of my personal and/or banking details change it is my responsibility to ensure that Turnberry are notified of the changes.

I acknowledge that the premium is due monthly in advance on the first day of each calendar month ("due date") and if not received by Turnberry by the 15th day of the following calendar month, then this Policy shall be deemed to have been cancelled at midnight on the due date.

Have you been advised of and exercised your free choice to take out insurance with the Insurer and intermediary of your choice?

VES O NO O I confirm that the product benefits have been explained to me

Is this Policy replacing a Policy of the same or similar type?

If "YES", have the product benefits and restrictions been adequately compared and explained to you?

YES O NO O
NO O
NO O
Date:

REPLACEMENT COMPARISON SCHEDULE

MEDICAL EXPENSE SHORTFALL PRODUCTS 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. Please indicate your current Policy and select a new Policy Please tick the relevant boxes below Vital Plus per family per month. R316 per individual per month Current BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL · Sub-limits: R4 000 per admission, per insured. Subject to OAL R219 per family per month Co-Care Standard Current BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.per person per annum · Co-payments: R24 000 per admission, per insured. Subject to OAL

REPLACEMENT COMPARISON SCHEDULE MEDICAL EXPENSE SHORTFALL PRODUCTS

THIS IS NOT A MEDICAL SCHEME AND THE COVER IS NOT THE SAME AS THAT OF A MEDICAL SCHEME. THI FOR MEDICAL SCHEME MEMBERSHIP.	S POLICY IS NOT	A SUBSTITUTE
Please indicate your current Policy and select a new Policy	Please tick the rele	vant boxes below
Co-Care Plus R291 per family per month	Current (
BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63per person per annum Co-payments: R24 000 per admission, per insured. Subject to OAL Sub-limits: R12 500 per admission, per insured. Subject to OAL		
Optimal Standard R294 per family per month	Current (
BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL Cancer cover: Subject to OAL Biological Cancer Drugs: Subject to OAL		
Vital 200 R213 per family per month	Current (
BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL		
Launch R154 per family per month, R266 per family for 65yrs	Current (New 🔾
 BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum Increases the Medical Aid rate up to 350% for in-hospital treatment. Subject to OAL Casualty Benefit: R6 000 per event. Subject to OAL Medical Scheme Contribution Waiver: Up to R6 000 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. Gap Premium Waiver: Pays the premium for your Launch Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer 		Under 65 yrs: 65+ yrs:
Vital R308 per family per month, R417 per family for 65yrs	Current (
 BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL Accidental Casualty Benefit: R8 000 per event. Subject to OAL Medical Scheme Contribution Waiver: Up to R6 000 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. Gap Premium Waiver: Pays the premium for your Vital Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer 		
Synergy R334 per family per month, R465 per family for 65yrs+	Current 🔾	New 🔾
BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63per person per annum Increases the Medical Aid rate up to 500%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to OAL Co-payments: Subject to OAL. Co-payments for Scopes: R4 000 per event per insured. Limited to 2 claims per insured and subject to OAL Non-DSP Hospital Penalty Cover: R9 000 per admission. Limited to 1 claim per family per annum, subject to OAL Sub-limit Cover: R28 000 per admission. Limited to R70 000 per family per annum, subject to OAL Accidental Casualty Benefit: R9 500 per event per insured. Subject to the OAL Casualty Benefit for Illness: R3 000 per event. Limited to 2 claims per family per annum. Subject to OAL MRI and CT Scan Cover: R4 500 per event, limited to 1 claim per family per annum and subject to OAL Trauma Care Cover: Trauma counselling R2 000 per event. Limited to R6 000 per family and OAL Medical Scheme Contribution Waiver: Up to R6 000 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer Gap Premium Waiver: Pays the premium for your Synergy Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer Personal Accident Benefit: R10 000 per insured payable upon death or permanent and total disability		Under 65 yrs: 65+ yrs:
Optimal R391 per family per month, R575 per family for 65yrs	Current 🔾	New 🔾
BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL Co-payments: Subject to OAL Non-DSP Hospital Penalty: R11 000 per admission. Limited to 1 claim per family per annum. Subject to OAL Co-payments for Scopes: R4 000 per event per insured. Limited to 2 claims per insured per annum and subject to OAL Sub-limit Cover: R28 000 per admission. Limited to R70 000 per family per annum, subject to OAL Cancer Cover: 20% co-payment cover. Subject to OAL Biological Cancer Drugs: Subject to formulary and OAL Breast Cancer Prevention Cover: Increases the Medical Aid rate up to 500% for Prophylactic Mastectomy. Subject to OAL Breast Cancer Reconstruction: After cancer, increases the Medical Aid rate up to 500%. Unaffected breast reconstruction limited to R18 000. Subject to OAL Accidental Casualty Benefit: R10 000 per event. Subject to OAL Casualty Benefit for Illness: R3 500 per event. Limited to 2 claims per family per annum. Subject to OAL MRI and CT Scan Cover: R5 500 per event, limited to 2 claims per family per annum and subject to OAL Trauma Care Cover: Trauma counselling R2 000 per event. Limited to R7 000 per family and OAL Medical Scheme Contribution Waiver: Up to R6 000 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. Gap Premium Waiver: Pays the premium for your Optimal Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer Personal Accident Benefit: R15 000 per insured payable upon death or permanent and total disability Critical Illness Benefit R 7 500 per insured payable in the event of death due to a critical illness (excludes cancer)		Under 65 yrs: 65+ yrs:

REPLACEMENT COMPARISON SCHEDULE

MEDICAL EXPENSE SHORTFALL PRODUCTS 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. Please indicate your current Policy and select a new Policy Please tick the relevant boxes below R425 per family per month, R641 per family for 65yrs+ Enhance Current () BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL Co-payments: Subject to OAL Sub-limits: R23 000 per admission, per insured. Subject to OAL R20 000 payable on the first diagnosis of cancer provided that the insured is on an approved oncology treatment plan · Personal Accident Benefit: R20 000 per insured payable upon death and permanent and total disability Accidental Casualty Benefit: R10 500 per event. Subject to OAL Medical Scheme Contribution Waiver. Up to R6 000 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer. Gap Premium Waiver: Pays the premium for your Enhance Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer R521 per family per month, R748 per family for 65yrs+ Current () New () BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum · Increases the Medical Aid rate up to 600% for in-hospital treatment. Subject to OAL · Co-payments: Subject to OAL · Non-DSP Hospital Penalty Cover: R14 000 per admission. Limited to 2 claims per family per annum, subject to OAL Sub-limits: R38 000 per admission, per insured. Subject to OAL Trauma Recovery Cover: Sub-limit cover of R3 000 per admission and R10 000 per family. Subject to OAL Cancer Cover: Subject to OAL · Biological Cancer Drugs: Subject to OAL Breast Cancer Prevention Cover: Increases the Medical Aid rate up to 600% for Prophylactic Mastectomy. Subject to OAL Breast Cancer Reconstruction: After cancer, increases the Medical Aid rate up to 600%. Unaffected breast reconstruction limited to R25 000. Subject to OAL Under 65 yrs: Accidental Casualty Benefit: R15 000 per event. Subject to OAL. 65+ yrs: Casualty Benefit for Illness: R3 500 per event. Limited to 3 claims per family per annum. Subject to OAL MRI and CT Scan Cover: R6 500 per event, limited to 2 claims per family per annum and subject to OAL Trauma Care Cover: Trauma counselling R2 000 per event. Limited to R8 000 per family and OAL Benefit payable based on Cancer Stage at time of diagnosis · Medical Scheme Contribution Waiver: Up to R6 000 for 6 months, payable upon accidental death or permanent and total disability due to an accident of the Medical Scheme contribution payer Gap premium Waiver: Pays the premium for your Premier Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer Personal Accident Benefit: R30 000 per insured payable upon death or permanent and total disability · Critical Illness Benefit R 10 000 per insured payable in the event of death due to a critical illness (excludes cancer) Med-Extend R369 per family per month, R498 per family for 65yrs+ Current () New (BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum Increases the Medical Aid rate up to 500%. Subject to OAL Under 65 yrs: · Defined Procedures: Procedures excluded by the Medical Scheme. Subject to specified rand value and OAL 65+ yrs: MedBoost: Lump sum benefit when you undergo a Defined procedure and have been claim free SENIOR GAP COVER PRODUCTS R342 per family per month Vital Senior Care Current () BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum • Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL Co-Care Senior R316 per family per month Current () BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum • Co-payments: R12 500 per admission, per insured (no cover for MRI, CT and PET scans done out-of-hospital). Subject to OAL • Sub-limits: R12 500 per admission, per insured. Subject to OAL Senior R499 per family per month Current (BENEFIT SUMMARY Overall Annual Limit (OAL): R185 837.63 per person per annum

Increases the Medical Aid rate up to 500% for in-hospital treatment. Subject to OAL

done out-of-hospital). Subject to OAL

· Co-payments: R18 500 per admission, per insured (includes co-payment cover for MRI, CT and PET scans

Sub-limit Cover: R18 500 per admission per insured. Limited to R57 000 per family per annum and subject to OAL

	BROKER F	FEES	
○ R20	○ R40	○ R60	
This fee (Broker Fee) is an optional fee payable or owing by front and ongoing advice, which services have or will be p entire amount to your broker. If you are unhappy with the any time by contacting your broker.	rovided to you by your bi	oker. Turnberry will collect	this fee, together with your premium, and pay the
While this notice has been prepared by Turnberry in good and no responsibility or liability is or will be accepted by Treasonableness of the advisory services provided by your	Furnberry or its officers, e	employees or agents in rela	ation to the adequacy, accuracy, completeness or
Signature:		Date	e:
	DECLARATION BY P	RINCIPAL INSURED	
Please note the product summaries above reflect the key p discussed with your broker in conjunction with your Needs		tween the products. These	points and any other applicable points should be
I confirm that the representative has fully explained the con Record and I understand the consequences of such replace		cement of the Policy(ies) me	entioned in this Replacement Policy Advice
Signature:		Date:	
	DECLARATION BY	FSP REPRESENTATIVE	
I confirm that I have taken all reasonable steps to confirm that in pursuance of my advice to the Policyholder to repla of the General Code of Conduct for authorised Financial Se required by section 3 of the said Code.	ce the Policy(ies) mentio	ned in this RPAR, I have fully	y discharged my duties as set out in section 8(d)
Signature of representative:		Date:	





TURNBERRY TRAVEL INSURANCE APPLICATION FORM 2023

Insurer: Santam Limited FSP no. 3416

Risk and Underwriting Managers:

Turnberry Management Risk Solutions (Pty) Ltd (Reg no: 2007/026488/07) FSP no. 36571

Telephone: 011 677 9891 Fax: 0861 000 508

Physical Address: 4 Osborne Lane, Bedfordview, 2007 Postal Address: Private Bag X2, Gardenview, 2047

Policy No. Main Member ID No.

Please complete and return by fax to: 086 676 0777 | Email to: gordenes@turnberry.co.za

Dear Turnberry Member,

Your Turnberry membership provides you with access to Leisure Travel Insurance. This policy will insure you and your dependants, as listed under your Turnberry policy, against emergency medical expenses that may be incurred while traveling outside of South Africa. Cover is for trips of up to 90 days only with cover starting on the date of departure from RSA.

FREE BENEFIT	TOP UP BENEFIT
 R5,000,000 per person travelling for emergency medical expenses only – 90 days only No cover for pre-existing medical conditions (conditions that you have already been diagnosed with 6 months prior to travelling). Maximum age is 80 years next birthday 	 Only available to policyholders under the age of 69 Cost and Benefit details on page 2 of this document The cover is offered to extend your current travel benefits, not to extend the period of travel

In order to activate this benefit, please complete the form below.

Please ensure that application forms are sent to our offices at least 48 hours (2 working days) before departure. A policy document confirming your emergency medical cover will be issued and sent to you.

A.	TRAVELLER DETAILS			
Traveller 1	Full Names	Surname	Title	ID number
Traveller i				
Traveller 2	Full Names	Surname	Title	ID number
Traveller 2				
Traveller 3	Full Names	Surname	Title	ID number
Traveller 5				
Traveller 4	Full Names	Surname	Title	ID number
Traveller 4				
T E	Full Names	Surname	Title	ID number
Traveller 5				

В.	ITINERARY	
Departure Date from RSA	Return date to RSA	Main destination

C.	CON	NTACT DETAILS
Telephone Number	Cell Number	E-mail Address to Send Certificate to

Are you applying for a Visa?	YES 🔾	NO 🔾	If so, for which country:	

TURNBERRY TOP UP TRAVEL POLICY

PRE-EXISTING CONDITIONS, LUGGAGE & FLIGHT COVER - (Only covers policyholders up to age of 69). The top-up travel cover only extends benefits; it does not extend the length of cover beyond the 90 days. Please note that no pre-existing conditions, luggage or flight cover are covered on the base Travel insurance product. Should you have a pre-existing condition and require cover for it, we have a Travel Insurance Top up available for you to purchase.

	excl. USA	incl. USA
1-14 Days	R525	R730
15 - 30 Days	R1 020	R1 410
31 - 60 Days	R1 495	R2 075
61 - 90 Days	R1 980	R2 745

Additional top up	Cover
Additional cover for medical and related expenses	R15 000 000
Daily Hospital Cash Benefit	R 7 000 (R500 per day)
Dental	R 3 000
Medical expenses relating to pre-existing medical conditions	R750 000
Accidental death	R250 000
Accidental permanent and total disablement	R1 000 000
International journey postponement	R10 000 (R500 excess)
International journey cancellation	R20 000 (R500 excess)
International journey curtailment	R20 000 (R500 excess)
International journey extension	R20 000 (R500 excess)
Missed connection	R20 000 (R500 excess)
Replacement airfare	R20 000 (R500 excess)
Travel delay	R3 000 (minimum of 6hrs)
Personal liability	R2 000 000
Weather Conditions	R10 000
Denied Visa	R15 000
Hijack & Hostage	R 37 500 (R750 per day)
Legal Expenses	R10 000
Luggage	R20 000 (R350 excess)
Single item limit	R5 000
Cash and documents	R2 500
Luggage delay	R2 000 (minimum of 6hrs)

Should you wish to apply for the top up travel policy please complete the sections below:

D.	TRAVELLERS WHO REQUIRE TOP-UP TRAVEL COVER		
	Names Pre-existing conditions Status of condition		

Ξ.	PAYMENT DETAILS FOR TOP UP TRAVEL INSURANCE COVER			
		(not required if you only want to apply	for the free travel benefit)	
Method of payment:	Credit Ca	ard (enter details below)	C EFT (a quote will be issued detail	ng payment options
Credit card numb	er			
CVV number on b	oack (3 or 4 digits)			
Expiry date				
	,		0.1	
Signature of Accounthold	er:		Date:	





HEALTH / GAP COVER CLAIM FORM 2022

Insurer:

Lombard Insurance Company Limited (Reg. No. 1990/001253/06) FSP no. 1596

Risk and Underwriting Managers:

Turnberry Management Risk Solutions (Pty) Ltd (Reg no: 2007/026488/07) FSP no. 36571

Telephone:	011 677 9891
Fax:	0861 000 508

Physical Address: 4 Osborne Lane, Bedforview, 2007 Postal Address: Private Bag X2, Gardenview, 2047

Policy Number:

Please complete and return by fax to: 086 500 7532 or 086 673 4224 | Email to: claims@turnberry.co.za

A. DOCUMENTS REQUIRED

Turnberry must be notified in writing of any claim within five (5) months calculated from the date of treatment. Outstanding documentation needs to be submitted within 90 days from the date, outstanding documentation is requested by Turnberry. Please ensure that all documents requested below accompany your completed claim form to avoid unnecessary delays.

- Completed Claim Form
- · Copy of your service provider's/doctor's account reflecting all transactions relating to the claim
- Copy of the Hospital Account
- Copy of your Medical Scheme's statement reflecting all transactions relating to the claim/treatment. Unfortunately an "acknowledge of payment" issued by your Medical Scheme does not provide the necessary information.

DETAILS OF PRINCIPAL INSURED PERSON

Please note, based on the information provided Turnberry may need to request additional information.

Title:		Gender: O N	Male
ID Number:		Date of Birth:	
Initials:		First Name:	
Surname:			
Postal Address:			
7 (0.01.000)			
			Code:
Work Tel No.		Cellular Tel No.	
Home Tel No.		Email:	
C.		MEDICAL AID DETAILS	
C.	Company	MEDICAL AID DETAILS Option	Medical Aid Number
C.	Company		Medical Aid Number
C. D.	Company		Medical Aid Number
D.	Company	Option DETAILS OF PATIENT	Medical Aid Number
D. Surname:	Company	Option	Medical Aid Number
D.	Company	Option DETAILS OF PATIENT	Medical Aid Number
D. Surname: First Names:	Company not available Date of Birth):	Option DETAILS OF PATIENT	Medical Aid Number
D. Surname: First Names: ID Number (If		Option DETAILS OF PATIENT Title:	Medical Aid Number

E.	CLAIMS OF CANCER ONLY
Has the patient received treatment, consulted with a months? If so, please provide the date(s) of the consu	medical service provider and/or received advice in relation to the condition in the last 12 ultation(s).
E.	
Turnberry reserves the right to negotiate a discounted r	rate with your relevant medical service provider(s) in exchange for direct payment to them.
Please advise if you have paid your medical service provider	(s)?
G. BAN	NK DETAILS OF PRINCIPAL INSURED
Accountholder's Name Name of Bank Branch Code Account Number	
Type of account: Cheque	Savings O Transmission O
I declare that the banking details provided are correct, famy responsibility to notify Turnberry timeously of any c Tax liability under section 7(1)(a) read with section 8(8)	ailing which, Turnberry is not liable for any losses, charges and expenses. I accept that it is hanges in my banking details. The indemnity payment may give rise to a potential Output of the Value Added Tax Act.
Signature of Principal Insured:	Date:
H. DECL	ARATION BY THE PRINCIPAL INSURED
accident/illness is related to an exception detailed in the Policy, I declare that all statements and answers which or not, are true and complete. I understand that any mientitle Turnberry to declare this claim null and void. I her other person who has attended to or examined the pati	fits in terms of the said Policy. Turnberry shall not be liable for payment if the cause of a Policy Schedule and any endorsements thereto. In support of a claim in terms of the said may now or at any time be given in connection with this claim, whether in my handwriting isstatement or non-disclosure, which materially affects the assessment of this claim, will reby authorise the patient's Medical Scheme, any Hospital, medical service provider or any ient, to furnish to Turnberry or Turnberry's authorised representative any information with ations, prescriptions or treatment and copies of all hospital or medical records. A copy of valid as the original.
reduced the amount they have charged, the amount of purposes of assessing and processing this claim, effect Management Risk Solutions may process and share m	ently settled, in whole or part, by the patient's medical aid or the medical service provider of the overpayment will be refunded to Turnberry. I acknowledge and accept that for the cively administering your policy and dealing with all other matters related thereto, Turnberry by information with Lombard Insurance Company Limited, its third party service providers are claim and/or the administration of your policy. During this process, my information may
On my own behalf, and on behalf of any person(s) I repr purposes with the aforementioned parties. I also acknow and used as set out above.	esent herein, I hereby consent to such information being disclosed for the aforementioned wledge that the insurance information provided by me may be stored in a shared database
information is protected as required under the Protection	ance Company Limited and its associated parties undertake to insure that your personal on of Personal Information Act 4 of 2013, as amended, and that your personal information in any format whatsoever, apart from the sharing of information as contemplated in the
Signature:	Date: