

Contact us

Tel: 0860 99 88 77, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

Discovery Gap Cover is a short-term insurance product, underwritten by Discovery Insure. Discovery Supplementary Gap Cover is a long-term insurance product, underwritten by Discovery Life and is a separate product that is not conditional on the purchase of Discovery Gap Cover. Discovery Gap Cover and Discovery Supplementary Gap Cover are only available to members of medical schemes administered by Discovery Health (referred to as 'the Scheme' throughout this document), excluding Discovery Health Medical Scheme KeyCare plans and their equivalent plans on other schemes. **The policy for which you are applying is not a medical scheme and the cover is not the same as that of a medical scheme.** These policies are not a substitute for medical scheme membership. This application form also contains some of the terms and conditions for each of the policies. Please ensure that you have read and understood this application form. Details of the cover are set out in the policy guides and policy schedules, which together with this application, form the basis of your policy contract.

What you are applying for

You are applying for either Discovery Gap Cover, or Discovery Supplementary Gap Cover, or both products.

- If you are applying for Discovery Gap Cover, all dependants of the Scheme have to apply to be covered under the policy.
- If you are applying for Discovery Supplementary Gap Cover, only you and your Spouse must apply to be covered under this policy.

What you must do

- Complete the form in black ink. Please print clearly.
- Read and understand the rules of the policies (Annexure 1).
- Please ensure the main member of the Scheme signs this form, and initials any changes, where applicable.
- Email the completed and signed application form to application@discovery.co.za or fax the completed and signed application form to **011 539 3000**.

Once we receive your completed application form, here is what will happen:

- We will process your application and send you (the main applicant) and your financial adviser (if applicable), a letter notifying you if it has been accepted, or rejected;
- If any details are missing from this application or if we need more information, we will contact you and/or your financial adviser; or
- If we accept your application form, but the terms of your acceptance differ from the standard terms of the policy based on your underwriting results, this will be indicated and you will be advised of any additional terms and conditions applicable to your policy. We will send you a letter which you will need to sign and send back to us, accepting the revised terms.
- Upon activation of your policy, you and your financial adviser (if applicable) will receive an SMS or an email to advise that your application is complete and when your policy starts. You will also receive a policy schedule and policy guide. Please read all information we send you so that you are familiar with the terms of your cover.

When you sign this application, you confirm that you have read and understood the terms and conditions for cover and you agree to them.

1. Choose a product(s)

Please choose one of the following:

- Discovery Gap Cover Discovery Supplementary Gap Cover Both Discovery Gap Cover and Supplementary Gap Cover

2. About yourself, the main applicant (this person is also the main member on the Scheme)

Only the main member of the Scheme can apply for this policy. You are completing this application for yourself and on behalf of your spouse and dependants (if applicable).

Have you withdrawn from a previous gap cover policy with a different insurance provider within the last 90 days? Yes No

Were you on that previous gap cover policy for at least six months? Yes No

If you've answered "Yes" to both questions, please provide us with proof, confirming your previous gap cover policy and the duration thereof, to ensure that we underwrite you and your dependants appropriately. This proof can be emailed together with this application form to application@discovery.co.za. One or more of the following documents are regarded as acceptable proof:

- A policy schedule, reflecting the duration of your gap cover and if/when your gap cover policy expired.
- Letter of confirmation from your previous gap cover provider, reflecting the duration of your gap cover and if/when your gap cover policy expired.
- Bank statements from you reflecting at least six months of, and including, your last gap cover debit order.
- A renewal notice or update or rates increase letter from your previous gap cover provider of less than 12 months old.

Are you an existing Scheme member? Yes No

If "No", you can apply to become a member of the Scheme. Please complete a separate Scheme application form and submit it together with this Gap Cover application.



Your Scheme membership number (if applicable): _____

Title _____ Initials _____ Surname _____

First name(s) (as per identity document) _____

Email _____

Cellphone _____

ID or passport number _____ Gender M F Date of birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

When do you want cover to start?

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Please note: Unless you have specified a start date, the policy start date will default to the 1st of the following month.

3. Replacement of an existing policy

Important note: Replacement of any insurance may be to your disadvantage

If you are intending to take out any of these policies to replace an existing policy you have with any other insurer, please speak to your financial adviser to understand if and how this may be a disadvantage to you.

Is this application to replace the whole or any part of an existing insurance with any insurer (whether replacement is to occur immediately or to replace an insurance discontinued within the past four months or within the next four months)? Yes No

If "Yes", and you have selected both products in Section 1, please indicate which of these policies may take the place of another policy of yours? (Mark the relevant box): Discovery Gap Cover, Discovery Supplementary Gap Cover, or both.

4. Your financial adviser's details (to be completed by your financial adviser, where applicable)

4.1. Discovery Gap Cover financial adviser

Financial adviser's name Paul Botha Code 1065354712

Intermediary house Celbo Financial Solutions Code 1095543425

Financial adviser's telephone number (W) 011 7827985

Cellphone 083 3105750

Email paul@celbo.co.za

Financial adviser's signature

By signing this you acknowledge that you have read, understood and completed the declaration below.

4.2. Discovery Supplementary Gap Cover financial adviser (if different from Discovery Gap Cover financial adviser)

Financial adviser's name _____ Code _____

Intermediary house _____ Code _____

Financial adviser's telephone number (W) _____

Cellphone _____

Email _____

Financial adviser's signature _____

By signing this you acknowledge that you have read, understood and completed the declaration below.

I declare that: (mark relevant tick boxes)

- 4.3. I am an accredited financial adviser and licensed by the FSB to sell short-term, long-term, and health insurance in terms of the FAIS Act at the date of signing this application form.
- 4.4. I am appointed by the client to provide advice about this application.
- 4.5. I have a valid contract with Discovery Health, Discovery Insure, and Discovery Life and have made the client aware of the commission payable by either parties.
- 4.6. I have a valid Discovery Gap Cover referral agreement.
- 4.7. I am responsible for providing the applicant with:
 - my name, physical address, postal address and telephone number;
 - impartial advice that is in his or her best interest.
- 4.8. I am accountable for any advice given to the member about the completion of this application form and joining Discovery Gap and/or Supplementary Gap Cover.
- 4.9. I have consent from the member to service their Discovery Gap Cover and/or Supplementary Gap Cover policy and medical scheme plan, regardless if I am the appointed adviser on the health plan.
- 4.10. I have requested and recorded the client's responses to the questions (refer to Section 3) with regard to replacement of their policy and that the client is fully aware of the possible negative consequences of the replacement of an insurance policy.
- 4.11. I further declare that, irrespective of the client's response to the questions in Section 3, that I have explained the following to the client:
 - The meaning of a replacement
 - That a replacement is potentially prejudicial
 - The levying/deduction of a termination charge

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- That where a replacement is considered, the client is legally entitled to comprehensive information regarding the consequences of replacement
- Where the client answered “Yes”, I have discussed and completed the Replacement Policy Advice Record and/or Replacement Comparison.

5. Your banking details

5.1. Your premium

If you will be paying your premium from your own personal bank account, please complete this section.

Please note: If you provide the same banking details as for your Scheme contributions, your Scheme and Gap Cover product premiums will be collected as a single debit.

Please note: we cannot accept credit card account details.

Bank name _____

Branch name _____ Branch code _____

Account number _____ Type of account Cheque Savings

Account holder _____

Your monthly contribution will be collected on the same day as your medical scheme contribution debit order date. If your policy is not activated prior to the debit order submission, the first outstanding contributions will be included with the following month’s debit order. Should the payment day fall on a Sunday or a recognised South African public holiday, the payment day will automatically be on the next business day.

Account holder’s signature _____ Signature of main applicant _____

5.2. Your claims payment

Can we use the same account we deduct premiums from, to pay your claims into, where applicable? Yes No

If “No”, please give us the details you would like to use. Please note: we cannot accept credit card account details.

Bank name _____

Branch name _____ Branch code _____

Account number _____ Type of account Cheque Savings

Account holder _____

Please note: If you are using someone else’s bank account, the account holder must sign below to confirm and consent to this.

Account holder’s signature _____ Signature of main applicant _____

6. Your health questions

Please complete the questions relevant to the product you chose in **Section 1**.

As the main applicant, you are completing these questions on behalf of your spouse and dependants, and you confirm that you have the necessary knowledge and authority to fully do so. It remains your responsibility to answer all of these questions accurately and honestly. By not giving us all the relevant, true and complete information we may enforce the terms of point **8.4.1** “Disclosure of relevant information”, which could mean that the policy or benefits will be cancelled.

What you need to do:

- If you have selected **Discovery Gap Cover** please complete section **6.1** and **6.2** for yourself and for **each dependant** on the Scheme. If you answer “Yes” to any of the applicable questions we will apply the relevant exclusions and waiting periods.
- If you have selected **Discovery Supplementary Gap Cover** please complete section **6.2** and **6.3** for yourself and for your spouse only. You do not need to complete the questions for the other dependants on the Scheme, such as your children or other adult dependants. If you answer “Yes” to any of the applicable questions your application will be declined.
- If you have selected **Discovery Gap Cover and Supplementary Gap Cover** please complete section **6.1**, **6.2** and **6.3** for yourself and for each dependant on the Scheme. If you answer “Yes” to any of the applicable questions the conditions as explained above will apply.

6.1. Discovery Gap Cover (please answer the questions below for yourself and each dependant on the Scheme)

6.1.1. Are you or any of your dependants on the Scheme aware of any reason that may require a hospital admission in the next 12 months, or have you been admitted to hospital in the last 12 months? Yes No

6.1.2. If you’ve answered “Yes” to the above, please specify the details of the condition you may be, or were, hospitalised for:

Patient Name	Reason for the admission	Date of admission							
		Y	Y	Y	Y	M	M	D	D
_____	_____	Y	Y	Y	Y	M	M	D	D
_____	_____	Y	Y	Y	Y	M	M	D	D
_____	_____	Y	Y	Y	Y	M	M	D	D
_____	_____	Y	Y	Y	Y	M	M	D	D
_____	_____	Y	Y	Y	Y	M	M	D	D

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6.2. **Discovery Gap Cover and/or Supplementary Gap Cover**

Please answer the questions below as follows:

- If you have selected **Discovery Gap Cover** please complete for **yourself and for each dependant** on the Scheme.
- If you have selected **Discovery Supplementary Gap Cover** please complete for **yourself and for your spouse** on the Scheme only.
- If you have selected **Discovery Gap Cover and Supplementary Gap Cover** please complete for **yourself and for each dependant** on the Scheme.

6.2.1. Have you or any of your dependants experienced, received medical advice, been diagnosed, received care or been treated for any of the following conditions or disorders? (Examples have been provided, but if you have been affected by any condition related to any of the disorders listed, you need to tell us).

Cardiovascular disorders, including but not limited to:

6.2.1.1. Heart failure, any heart surgery, angina, coronary artery disease, heart attack, rheumatic fever with valve damage, previous heart valve replacement. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.2. High blood pressure, high cholesterol, rheumatic fever with no valve damage, rhythm disturbances, innocent murmurs, or any other heart conditions not listed. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Endocrine disorders, including but not limited to:

6.2.1.3. Diabetes mellitus, Cushing’s syndrome, Addison’s syndrome. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.4. Thyroid disorders, or any other endocrine disorders not listed. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Respiratory disorders, including but not limited to:

6.2.1.5. Emphysema or chronic obstructive pulmonary disease, pulmonary hypertension, occupational lung diseases, chronic bronchitis, frequent difficulty in breathing, lung surgery. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.6. Asthma, or any other respiratory disorders not listed. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Gastro-intestinal surgery and disorders, including but not limited to:

6.2.1.7. Chronic liver disease (for example fibrosis or cirrhosis), chronic inflammatory diseases of the intestines (for example ulcerative colitis, Crohn's disease), disorders of the spleen or pancreas. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.8. Peptic ulcer, hiatus hernia, disorders of the gallbladder, or any other gastrointestinal disorders not listed. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Kidney or urinary tract-related disorders, including but not limited to:

6.2.1.9. Kidney failure, polycystic kidneys, nephritis, chronic kidney disease. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.10. Frequent episodes of blood in the urine, nephrectomy, prostate problems, kidney stones, or any other kidney and urinary tract disorders not listed. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Connective tissue, joints and skin disorders, including but not limited to:

6.2.1.11. Systemic lupus erythematosus, rheumatoid arthritis, scleroderma polymyositis, dermatomyositis, Sjögren's syndrome, ankylosing spondylitis. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.2.1.12. Osteoarthritis, or any other connective tissue, joint and skin disorders not listed. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Central or peripheral nervous system disorders, including but not limited to:

6.2.1.13. Quadriplegia, paraplegia, stroke or any chronic neurological disorder (for example multiple sclerosis, Parkinson's disease, Myasthenia Gravis), brain and spinal cord disorders, hearing loss, loss of vision, loss of speech. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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6.2.1.14. Epilepsy, or any other nervous system disorders not listed. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Musculoskeletal disorders, including but not limited to:

6.2.1.15. Loss of limb, hand or foot. Back surgery within the last two years, or ongoing severe back pain due to musculoskeletal problems. Previous joint replacements or joint procedures, or any other musculoskeletal disorders not listed. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mental and emotional disorders, including but not limited to:

6.2.1.16. Psychiatric disorders (for example Schizophrenia), any mood disorder including major depression and bipolar mood disorder; anorexia or any other eating disorder, or any other mental and emotional disorders not listed. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Organ transplant, including but not limited to:

6.2.1.17. Heart transplant, liver transplant, kidney transplant, lung transplant, pancreas transplant, or any other organ transplant not listed. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Cancer

6.2.1.18. Any cancer, including in situ cancer (early cancer or premalignant conditions) Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Autoimmune conditions, including but not limited to:

6.2.1.19. Arthritis, Systemic Lupus Erythematosus, Crohn's disease, or any other autoimmune conditions not listed. Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	



Spinal cord (cervical and lumbar) disorders, including but not limited to:

6.2.1.20. Degenerative disc disease, spinal stenosis, osteoarthritis in the spine or any other spinal cord disorders not listed.

Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

HIV or AIDS:

6.2.1.21. HIV positive

Yes No

Patient Name	Medical condition	Have you been diagnosed, received medical advice or care or treatment, for this condition in the last 12 months?	Role? (Main applicant, spouse, adult dependant or child dependant)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please note: You do not need to disclose the positive HIV status of you or your dependant(s) on this form if you do not feel comfortable doing so. However, if you, or one or more of your dependants, are HIV-positive, you or they must call us on 0860 99 88 77 within seven working days from the date we activate your Discovery Gap Cover and/or Discovery Supplementary Gap Cover policy. We treat this information in the strictest confidence. If you do not let us know about your HIV status within 7 days of your membership being active, we may end your Discovery Gap Cover and/or Discovery Supplementary Gap Cover policy.

6.3. Supplementary Gap Cover (please answer the questions below for yourself and your spouse on your Scheme)

- 6.3.1. Have you or your spouse smoked or used nicotine products in the last 12 months?

Main applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 6.3.2. Do you or your spouse participate in any hazardous pursuits or activities such as micro-lighting, motor racing and motor sports, parachuting, paragliding, sky-diving, deep sea diving etc.

Main applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 6.3.3. Have you or your spouse ever applied for an insurance policy and:

Main applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 6.3.3.1. Been refused cover on that policy for any reason?

Main applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 6.3.3.2. Offered cover on that policy, but on special terms such as loadings or exclusions?

Main applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 6.3.3.3. Been accepted and paid out for injury, sickness, dread disease or disability?

Main applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 6.3.4. Are you aware of any other circumstances or potentially risky activities in which you and/or your spouse partake, e.g. substance abuse or other unlawful activities, travelling to a country at war, search and rescue efforts etc. that may affect our decision to accept your application?

Main applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 6.3.5. Have two or more immediate family members been diagnosed with the same cancer before the age of 50?

Main applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 6.3.6. Have you had any type of genetic testing, tumour markers or any other special investigations indicating a higher risk for a familial cancer syndrome for example familial multiple adenomatous polyposis, hereditary breast and ovarian cancer, or multiple endocrine neoplasia?

Main applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Acceptance of application

All information is true and correct, and I accept the terms and conditions outlined in Annexure 1.

Signed at (town or city) _____ on

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Signature of main applicant _____

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Annexure 1 – Terms and conditions

8. General terms and conditions

8.1. Key terms used

- 8.1.1. **“Age at Entry”** is the age of the oldest member on the Scheme plan at the time of applying for Discovery Gap Cover.
- 8.1.2. **“Age Next”** is the age the life assured covered under Discovery Supplementary Gap Cover will turn at their next birthday.
- 8.1.3. **“Application”** is this form you complete and sign. Together with the policy schedule and policy guide, it forms the basis of the policy contract.
- 8.1.4. **“Child”** means a person registered as such on the Scheme.
- 8.1.5. **“Claimant”** means any person making a claim for a benefit under the policy.
- 8.1.6. **“Dependant”**, including an adult dependant, child or spouse, means a person registered as such on the Scheme.
- 8.1.7. **“Downgrades”** means Scheme plan movements from an Executive or Classic plan to an Essential or Coastal or equivalent plan.
- 8.1.8. **“Discovery Group”** means Discovery Holdings Limited (registration number 1999/007789/06), a public company incorporated in South Africa the shares of which are listed on the JSE Limited, and all of its affiliates and subsidiaries from time to time including but not limited to Discovery Life Limited, Discovery Life Investment Services (Proprietary) Limited (registration number 2007/005969/07), Discovery Vitality (Proprietary) Limited (registration number 1999/007736/07), Discovery Health (Proprietary) Limited; Discovery Insure Limited (registration number 2009/01182/06) and Discovery Life Collective Investments (Proprietary) Limited (registration number 2007/008998/07).
- 8.1.9. **“Lives assured”** means you, your spouse, your child, and your dependants who are covered as indicated on your policy schedule.
- 8.1.10. **“Main applicant”** is the main member on the Scheme and the person completing this application.
- 8.1.11. **“Non-assured entity”** means any person indicated in your policy schedule that is not covered or is not entitled to any benefits.
- 8.1.12. **“Medical specialist”** means a medical practitioner who has been appropriately registered as a specialist with the Health Professionals Council of South Africa.
- 8.1.13. **“Personal Information”** has the same meaning as that contained in section 1 of the Protection of Personal Information Act, 2013.
- 8.1.14. **“Policy”** refers to the Discovery Gap Cover policy or the Discovery Supplementary Gap Cover policy, or both of them as the context may require, and which policy or policies are made up of this application form, the policy schedule(s) and policy plan guides for Discovery Gap Cover and/or Supplementary Gap Cover policies and any changes that you might make thereon.
- 8.1.15. **“Policy schedule”** includes the summary of the policy, which we send to you when we have accepted your application for cover, or any changes that are made thereto.
- 8.1.16. **“Policyholder”** means the natural person named as such in the policy schedule.
- 8.1.17. **“Scheme”** means the Discovery Health Medical Scheme or a medical scheme administered by Discovery Health (Proprietary) Limited.
- 8.1.18. **“Spouse”** means a person registered as such on your Scheme.
- 8.1.19. **“We”, “us” and “our”** refers to:
- 8.1.19.1. Discovery Life Limited (registration number 1966/003901/06), a public company with limited liability, registered under the company laws of the Republic of South Africa; or
- 8.1.19.2. Discovery Insure Limited (registration number 2009/01182/06) a public company with limited liability, registered under the company laws of the Republic of South Africa; or
- 8.1.19.3. Discovery Health (Proprietary) Limited (registration number 1997/013480/07) a private company registered under the company laws of the Republic of South Africa; or
- Some or all of them as the context may require.
- 8.1.20. **“You” and “your”** refer to you as the person taking out the policy and to the lives to be assured set out in this application form.

8.2. We will assess your application(s) and let you know the results of our assessment. We may do one of the following:

- 8.2.1. Accept or decline your application for any one or both of the Discovery Gap Cover or the Supplementary Gap Cover policies as the case may be; or
- 8.2.2. Ask for more information in order to complete the application process.
- 8.2.3. If we decide to accept your application for either policy on terms different to those for which you applied, we will send you a letter which you will need to sign and send back to us, accepting the revised terms. This is known as a counter-offer letter.

8.3. Conditions of the policies

- 8.3.1. It is a condition of the policy that you as policyholder and the lives to be assured must be members of the Scheme. Termination of your membership from the Scheme will result in the automatic termination of the policy.
- 8.3.1.1. Membership of the KeyCare Plan or its equivalents does not qualify you for application for the policy.
- 8.3.1.2. Any changes that you make to your medical scheme plan and / or Vitality Status may result in a change to the premiums and/or benefits of your policy. We will affect the change to the policy and will notify you of the changes made in such circumstances.

8.4. Authority

8.4.1. Disclosure of relevant information

You warrant and declare that all the information provided by you in this application form is true and correct. You further warrant that you will continue to disclose to us any material information until we have accepted risk or until the policy commences, whichever day occurs last. You know and understand that a breach of any of the warranties you have given herein may result in us voiding the policy from inception or us rectifying the terms thereof and contributions paid being used to offset expenses incurred by us.

8.4.2. Acceptance of standard terms and conditions and conduct of business

- 8.4.2.1. You accept that the policy will not commence and no liability thereunder will attach to or be attributable to us until we have activated your policy, you have received your policy schedule, and we have notified you in writing of the effective date from when we have accepted risk.

Discovery Gap Cover and Discovery Supplementary Gap Cover are insurance products. This is not a medical scheme and the cover is not the same as that of a medical scheme. These policies are not a substitute for medical scheme membership. Discovery Gap Cover is a short-term insurance policy, underwritten by Discovery Insure Ltd, registration number 2009/01182/06, an authorised financial services provider. Discovery Supplementary Gap Cover is a long-term insurance policy, underwritten by Discovery Life Ltd, a registered long-term insurer, registration number 1966/003901/06. This is a separate long-term insurance product and is not conditional on the purchase of the short-term insurance Discovery Gap Cover product.



You know and understand we are not obliged to accept this application and may refuse to accept risk if we deem any person insured under the policies to be of a high or unacceptable risk, or we may accept it subject to conditions.

8.4.2.2. On acceptance of risk we will send you and your financial adviser (if applicable) a copy of the policy schedule and policy guide.

8.4.3. Confirmation of contract terms and 30 day cooling off period

8.4.3.1. You may object in writing within 30 days from the date the policy has been issued by us if you are not satisfied with any aspect or term thereof. If you do not object within this time it means that you have accepted the terms of the policy. You agree that this application form, any amendments or adjustments to the policy, the policy schedule(s) and any plan guide that we issue in respect of the policy will form the policy contract. Provided that claims have not been paid and if you object within the 30-day period then the policy will be immediately cancelled and any premiums will be refunded to you.

8.4.4. Licenses and authorities

8.4.4.1. We hold professional indemnity and fidelity insurance cover as required by the Financial Advisory and Intermediary Services Act, 2002 (FAIS Act).

8.4.4.2. In terms of agreements entered into between Discovery Health (Proprietary) Limited, Discovery Life Limited and Discovery Insure Limited, it has been agreed that Discovery Health (Proprietary) limited shall on behalf of Discovery Life Limited and Discovery Insure Limited provide underwriting, claims assessment, premium collection, policy renewal and general administration services in respect of the policies.

8.4.5. Consent to medical tests and disclosure of personal information and how we communicate with you

8.4.5.1. These terms and conditions explain how we obtain, use, disclose and otherwise process personal information, which may include health and financial information ("Personal Information"), as required by the Protection of Personal Information Act, 2013 ("POPIA"). Acceptance of these terms and conditions is voluntary, but is a requirement for activation and servicing of your policy. If you do not accept these terms and conditions, we cannot activate and service your policy.

8.4.5.2. In order to enable us to:

- facilitate the assessment of risk and underwrite the policy; and
- consider any claim under the Policy made by you or any life assured or other person covered under the policy; and
- administrate the policy; and
- collect premiums; and
- profile and analyse risk and conduct academic or product research and design

You, in your personal capacity and on behalf of the persons applying to be covered under the policy, do hereby irrevocably authorise us to:

- Obtain personal information about you and your dependants from anyone, such as any entity, including but not limited to any company in the Discovery Group of Companies, or from any person, including but not limited to any doctor you may have consulted with. Such personal information may include any private health, wellness, financial, creditworthiness, lifestyle and medical information (including HIV status) ("personal information") relating to you or to the persons applying to be covered under the policy, which we deem necessary. You also authorise and instruct the person or entity with the information, to give the information to us.
- Share your personal information with any other entity within the Discovery Group, your financial adviser, a third party in- or outside of the borders of the Republic of South Africa or with other assurers and re-insurers. This authority extends to sharing such personal information directly with an assurer and through any database for assurers at any time (even after your death) and in any form, including detailed, abbreviated or coded form. This also includes sharing of personal information on industry registers such as ASISA, ASTUTE and SAIA.
- Obtain and share personal information about your creditworthiness with any credit bureau or credit provider's industry association or other association for any industry in which we operate. This includes information about credit history, financial history, judgments and default history in accordance with the requirements of the National Credit Act, 2005, and sharing of information with tracing agents.

8.4.5.3. You warrant that you have full knowledge and are authorised to give this consent to us on your behalf and on behalf of all dependants, applicants and lives assured.

8.4.5.4. You agree that this authorisation cannot be cancelled by you or the persons covered under the policy and shall endure after your death and the death of the persons covered under the policy, and if such consent is withdrawn or defective, or if anyone refuses to provide the consent we need, we are not obliged to pay any claims and the policy will be cancelled.

8.4.5.5. Subject to the terms of this application and policy, we will keep any information supplied to us in this application or collected from other sources, confidential, including personal information relating to yourself, the applicants, and your Dependants and beneficiaries.

8.4.5.6. You grant us and any entity within the Discovery Group of companies, permission to keep you updated on information about any offers or new products that any entity within the Discovery Group may make available at any time. You may revoke this particular consent at any time by notifying us to this effect.

8.4.5.7. We may amend this notice from time to time. Please check our website periodically to inform yourself of any changes.

8.4.5.8. You have the right to contact and ask us to update, or correct your personal information.

8.4.5.9. You have the right to object to the processing of your personal information. If you do so it may mean that we are unable to *inter alia* activate, pay claims or administer your policy.

8.4.5.10. If you believe that we have used your personal information contrary to applicable law, you will first resolve any concerns with us. If you are not satisfied with such process, you have the right to lodge a complaint with the Information Regulator, under POPIA.

8.4.5.11. Policy-related documentation and communication will be effected electronically. You agree to receive communications electronically i.e. you agree that we may communicate electronically with you. You may unsubscribe to receiving electronic marketing material. Please contact us if you do not wish to receive any telephonic direct marketing from us.

8.4.5.12. You have the right to request a copy of the personal information we hold about you. To do this, simply complete the 'Data Subject Request' form on www.discovery.co.za and specify what information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information. Please note that any such Data Subject Request may be subject to a payment of a legally allowable fee.



- 8.4.5.13. You agree that we may retain your personal information until you request us to destroy it (unless we are obliged by law to retain it, regardless of such request).
- 8.4.5.14. If Discovery Limited or any of its subsidiaries becomes involved in a proposed or actual merger, acquisition or any form of sale or collaboration involving some or all its assets, we may use and disclose your personal information to third parties in connection with the evaluation of the transaction. The surviving company, or the acquiring company in the case of a sale of assets, would have access to your personal information which would continue to be subject to this notice.
- 8.4.5.15. We are required to collect and retain information in terms of the following legislation amongst others:
 - 8.4.5.15.1. The Financial Advisory and Intermediary Services Act, 2002 (FAIS);
 - 8.4.5.15.2. The Financial Intelligence Centre Act, 2002 (FICA);
 - 8.4.5.15.3. The National Credit Act, 2005 (NCA);
 - 8.4.5.15.4. The Long-term Insurance Act, 1998 (LTIA);
 - 8.4.5.15.5. The Short-Term Insurance Act, 1998 (STIA)

8.4.6. Premiums

- 8.4.6.1. You agree to pay premiums for the policy on the date that they become due. You accordingly authorise us to collect due contributions and charges from the bank account specified by you.
- 8.4.6.2. You undertake to advise us of any changes to these bank account details and you indemnify and hold us blameless for any damage that you or anyone else may suffer as a result of your failure to notify us of this.
- 8.4.6.3. You understand that premiums in respect of the policy may be collected together with and from the same bank account from which your contributions to the Discovery Health Medical Scheme are deducted, or may be collected from a different bank account if selected.
- 8.4.6.4. If you do not pay premiums in respect of the policy when they become due or if we are unable to collect premiums in respect of the policy, the following applies:
 - 8.4.6.4.1. We will inform you that a premium has not been received. We will give you 30 days after the premium due date to make the payment. If you or any person covered under the policy makes a claim during this period, we will consider a claim if you pay the outstanding premium;
 - 8.4.6.4.2. If you do not pay a premium for the policy for a second consecutive month, in other words the policy is two premiums in arrears, we will inform you of this and your policy will be cancelled and we will not consider any claims.
 - 8.4.6.4.3. If someone other than you pay the premiums on your policy, you confirm that this arrangement is with the full knowledge and authority and on behalf of that person. In addition, you give us permission to obtain any information relating to him or her from any one or more of the following and warrant that you have authority to do so:
 - 8.4.6.4.3.1. Any credit bureau;
 - 8.4.6.4.3.2. Any life assurance or credit provider's industry association;
 - 8.4.6.4.3.3. Any other association of an industry in which we operate;
 - 8.4.6.4.3.4. This includes information related to that premium payer's creditworthiness, credit history, financial history, personal information, judgement history and default history. It is your responsibility to verify the banking details of the premium payer on request, for example by giving us a cancelled cheque, a bank letter or a copy of a bank statement. See Annexure 2 for more premium information.

8.5. Intermediaries

- 8.5.1. You hereby give your financial adviser authority to deal with your policy on your behalf.
- 8.5.2. It may be that the financial adviser that is recorded in respect of your Scheme may be different to the financial adviser that advises or is recorded in respect of the policy. You accordingly hereby give both financial advisers the authority to deal with both your Scheme and this policy on your behalf.

8.6. Cession

You may not cede your rights in terms of this policy to any other person.

9. Terms and conditions for Discovery Gap Cover

9.1. Benefits

- 9.1.1. The details of the Benefits under the Discovery Gap Cover policy are more fully set out in the policy guide which is sent to you within 30 days of your policy being activated. You are reminded that this application form together with the policy schedule and policy guide form the basis of the contract, and that all documents must be collectively acknowledged as part of the policy contract.

9.2. Qualifying criteria

- 9.2.1. To qualify or apply for the Discovery Gap Cover policy you must be a member of the Scheme. (This does not include the KeyCare Plan or any Scheme or plan that replaces or is equivalent to it, as these plans are not eligible for cover).
- 9.2.2. Only the main member on the Scheme may apply for the policy on his/her behalf and on behalf of all dependants covered on the Scheme. All members and dependants covered on the Scheme must apply to be covered under the policy. You do not have the option of choosing which members of your Scheme will or will not be covered under the policy.
- 9.2.3. If you have downgraded your Scheme plan from 01 March 2017 onwards, you will have to wait for a consecutive 24-month period before you can apply for Discovery Gap Cover
- 9.2.4. If you have an existing Discovery Gap Cover policy and later downgrade your Scheme plan, your Discovery Gap Cover policy will be cancelled, and you will have to wait for a consecutive 24-month period before you can reapply for a new Discovery Gap Cover policy.

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- 9.2.5. Any new member who joined the Scheme on an Essential or Coastal plan effective from 01 March 2017 onwards, may not apply for a Discovery Gap Cover policy for a consecutive 24-month period from the effective date / cover start date of joining the Essential or Coastal plan, or any Scheme or plan equivalent to it.
- 9.2.6. You or your spouse may not apply for another Discovery Gap Cover policy if you or your spouse or both of you already have an existing Discovery Gap Cover policy with us.

9.3. Policy benefits

- 9.3.1. The Discovery Gap Cover policy is an indemnity policy. Therefore, if you, or any person covered under this policy, enjoys similar policy benefits under other gap cover policies with any other insurer, then we shall be entitled to pro-rate benefit payments under this policy with the benefit payments from the other insurer or claim any payments made to you in excess of the indemnity
- 9.3.2. Any claim payments made to you in excess of the indemnity must be repaid back to us. This may happen automatically through our systems, or we may request a manual payment into our bank account.
- 9.3.3. Policy benefits will be due when qualifying and approved procedure and consultation codes covered by the Scheme and billed by approved, registered doctors, during or directly related to a claimant's approved and authorised hospital admission as specified in the policy schedule, exceeds the tariffs payable by the Scheme.
- 9.3.4. The amount paid in terms of this policy will never exceed the total amount claimed by the provider of the healthcare service or the rate the Scheme has agreed with the provider of the healthcare service.
- 9.3.5. As required by legislation, all policy benefits paid out of the Discovery Gap Cover policy are subject to an overall annual limit of R150 000 per person per year.
- 9.3.6. Policy benefits will always be paid directly to the policyholder, into the bank details specified by you.

9.4. Policy administration

- 9.4.1. You know and understand that the premiums in respect of the Discovery Gap Cover policy will be re-rated annually by us effective 1 January every year. The re-rating of premiums is based on the claims experience of the group. We further reserve the right to adjust premiums partway through the year if the terms or conditions of the policy were to change, if the oldest member on the Scheme plan joins or leaves the Scheme, or if there are changes to your Scheme plan.
- 9.4.2. It is a condition of the policy that all members/dependants recorded on your Scheme are also recorded on this policy. Therefore, if a new dependant is added to your Scheme, that new dependant will automatically be added to this policy, and you will be notified to submit information such that we may underwrite the new dependant. Until we have received all underwriting documents and requirements in respect of that new dependant, that dependant will be underwritten as if they were a high-risk applicant. This means that we will apply all waiting periods to this dependant and this dependant will therefore receive limited benefits until that dependant's medical information is received. We will not backdate cover in instances where the information is not received timeously.

9.5. Submission of a claim

- 9.5.1. In the event a claim is made for you or a life assured under your Scheme plan and such claim satisfies the criteria to make a claim under this Discovery Gap Cover policy, we will automatically make a claim against this policy on your behalf. In this regard, you give us authority to make and administer such claim on your and any other lives assured's behalf. You therefore do not need to submit the claim to Discovery Gap Cover yourself and we will not accept any claims that have not first been accepted and processed by the Scheme.
- 9.5.2. The proceeds of any benefits admitted by us under this policy will be paid directly to you.

9.6. Exclusions and benefit limits

- 9.6.1. Any and all exclusions, rejections, plan and benefit rules, limits and restrictions imposed by the Scheme shall automatically apply to this policy too. You confirm that you are aware of and understand the benefit limits and exclusions imposed by the Scheme. This means that there will never be an instance where a claim under this policy will be considered if a simultaneous claim has not been considered by the Scheme;
- 9.6.2. The following claims do not qualify to be paid from Discovery Gap Cover (including but not limited to):
- 9.6.2.1. Any claim not first processed by the Scheme
- 9.6.2.2. Any claim where the Discovery Gap Cover limits have been reached
- 9.6.2.3. Tariff codes other than procedure and consultation codes recognised by the Scheme
- 9.6.2.4. Any claim not linked to an approved hospital admission and/or where you did not receive a hospital authorisation number from the Scheme
- 9.6.2.5. Any claim designated by the Scheme as an out-of-hospital claim, unless specified as an approved cancer claim, or certain approved out-of-hospital claims related to an approved hospital authorisation for Scheme plans with a Medical Savings Account, as specified in your policy guide
- 9.6.2.6. Any claim other than claims for tariff shortfalls where your healthcare provider bills more than what the Scheme has paid within your Scheme's benefit limits
- 9.6.2.7. Any claim for healthcare services outside the Republic of South Africa, including any claim submitted in any currency other than ZAR (South African Rands)
- 9.6.2.8. Any claim where you are treated by healthcare providers other than appropriately registered medical specialists, unless otherwise specified in your policy guide
- 9.6.2.9. Any claim related to any weight-loss surgery
- 9.6.2.10. Any claim not funded by your Scheme, for reasons including, but not limited to the claim not being paid because:
- 9.6.2.10.1. you exceeded your benefit limits. Once you reach your Scheme's benefit limits, your cover stops.
- 9.6.2.10.2. it is defined as a deductible or co-payment by your Scheme, except for the co-payment that applies to MRI/CT scans for plans with a Medical Savings Account;
- 9.6.2.10.3. it is defined as a Scheme exclusion;

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- 9.6.2.10.4. it relates to a waiting period applied by your Scheme;
- 9.6.2.10.5. it doesn't satisfy the Scheme's claims billing requirements;
- 9.6.2.10.6. the claim is not recognised as valid by your Scheme.
- 9.6.3. Should you or any lives assured on this policy have a pre-existing medical condition at the time of applying for this policy, any claims related directly or indirectly to the treatment of this condition will be excluded from cover during the first 12 months of the policy contract, commencing from date of inception hereof.
- 9.6.4. A 3-month automatic general waiting period will apply to every life assured from their date of inception of this policy for any and all healthcare services or treatments, except defined medical emergencies.
- 9.6.5. Any claims for the treatment of pregnancy and childbirth, endometrial ablations, hysterectomy, joint replacements, scopes (all minimally-invasive scopes, such as endoscopies, hysteroscopy, arthroscopy etc.), cataracts, cholecystectomy, wisdom teeth, orthognathic surgery, dental implants, tonsillectomy, grommets, adenoids, nasal procedures, hernia procedures and reflux surgery are automatically excluded from cover for every life assured during their first 12 months of the policy contract, commencing from date of commencement hereof.

10. Terms and conditions for Discovery Supplementary Gap Cover

10.1. Benefits

- 10.1.1. The details of the benefits under the Discovery Supplementary Gap Cover policy are more fully set out in the policy guide which is sent to you within 30 days of your policy being activated.

10.2. Qualifying criteria

- 10.2.1. To qualify or apply for Discovery Supplementary Gap Cover you must be a member of the Scheme. (This does not include the KeyCare Plan or any Scheme or plan that replaces or is equivalent to it, as these plans are not eligible for cover).
- 10.2.2. If you or your spouse answer "Yes" to any of the health questions applicable to Discovery Supplementary Gap Cover in the application form, you or your spouse will not be eligible for cover on the policy. Section 6.2, questions 6.2.1.1; 6.2.1.3; 6.2.1.5; 6.2.1.7; 6.2.1.9; 6.2.1.11; 6.2.1.13; 6.2.1.15; 6.2.1.16; 6.2.1.17; 6.2.1.18; 6.2.1.21 and section 6.3 applies to Discovery Supplementary Gap Cover.
- 10.2.3. If you or your spouse are older than 60 years of age you or your spouse are not eligible for cover on the policy.
- 10.2.4. You, as the main member, and your spouse on the medical scheme plan will be insured on the Discovery Supplementary Gap Cover policy as the principal life assured and spouse life assured unless your application as main member was rejected by our Underwriters or because you have passed the maximum entry age.
- 10.2.5. If your application (in your capacity of the main member of the medical scheme plan) has been rejected, you will be recorded as the non-assured entity owner on the policy. What this means is that you will not be entitled to enjoy any benefits under the policy. Your spouse (and children if applicable) however will be recorded as the assured lives entitled to receive benefits. Your spouse will be recorded as the principal life assured.
- 10.2.6. A child will only qualify for benefits where they are younger than 21.
- 10.2.7. Premiums will increase by a specified percentage that is based on the medical scheme increase as well as historical experience or any future changes expected there is also an additional increase based on your age at the end of each year.
- 10.2.8. You or your spouse may not apply for a Discovery Supplementary Gap Cover policy if you or your spouse or both of you already have an existing Discovery Supplementary Gap Cover policy with us.

10.3. If your circumstances change

- 10.3.1. You must tell us immediately about any factors that may affect the premiums you pay. If you do not give us this information immediately, we are entitled to adjust your premiums and we may refuse to pay a claim.

Using tobacco: You must tell us immediately if you started using tobacco (for example, smoking, chewing tobacco, snuffing, e-cigarettes etc.) if you are paying premiums as a non-smoker.

Hazardous activities: You and must tell us immediately if you are or intend to take part in any hazardous activities: Examples of hazardous activities include scuba diving, parachuting, paragliding, motocross, etc.

11. Warranty

I hereby warrant, declare, confirm and acknowledge that:

- 11.1.1. I have read and understood the contents of this application form and agree to be bound by the terms and conditions of the application form, the policy guide, the policy schedule, and any servicing alteration requests, which read together, form the policy contract.
- 11.1.2. Commissions have been explained to me by my appointed financial adviser.
- 11.1.3. To the extent that Discovery is not my appointed financial adviser, Discovery has not advised me, and as such are not responsible for any of the choices I have made.
- 11.1.4. Discovery will not be responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of applications and transactions. It is my responsibility to ensure that this application form, any instructions that are part of the application form and subsequent instructions submitted electronically by fax or email to Discovery, have been received by Discovery. I acknowledge that Discovery does not consider a fax confirmation or printed copy of a sent email as proof of receiving the document or instruction.
- 11.1.5. I have disclosed all material information to Discovery.
- 11.1.6. If I breach the warranty contained in 8.4 above, Discovery can declare the benefits issued to me void and I will forfeit any contributions paid.

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11.1.7. I as the main applicant agree that I am authorised and in a position to complete the medical questions on behalf of my spouse and dependants (if applicable).

Annexure 2 – Premium information

12. Premium details

Discovery Gap Cover

Your premium for the Discovery Gap Cover product will depend on your scheme plan and the age of the oldest member on the Scheme plan at the time of applying for the policy. If the oldest person leaves or joins the Scheme your gap policy will be rerated.

The premium table is displayed below:

Premium table for Discovery Gap Cover:

Age at entry of the oldest member on the Scheme plan	Discovery Health Medical Scheme Executive and Classic plans		Discovery Health Medical Scheme Essential and Coastal Plans	
	Single Member	Family	Single Member	Family
0 - 34	130	220	200	510
35 - 54	175	240	250	630
55 - 64	220	320	420	800
>65	275	450	550	1050

Discovery Supplementary Gap Cover:

Your premium for Discovery Supplementary Gap Cover will depend on your age, smoker status and the number of members on your medical scheme plan. Your spouse's premium will depend on their age and smoking status. If your spouse is on a separate medical scheme plan, they will have to take out a separate Discovery Supplementary Gap Cover policy.

The premium table for the principal:

Age next of Principal Life Assured	Premiums for non-smokers					Premiums for smokers				
	Premium for single insured person (IP)	Premium for IP+1	Premium for IP+2	Premium for IP+3	Premium for IP+4	Premium for single insured person (IP)	Premium for IP+1	Premium for IP+2	Premium for IP+3	Premium for IP+4
20-29	R65	R125	R155	R185	R210	R70	R160	R195	R230	R265
30-34	R75	R145	R175	R205	R240	R100	R200	R240	R285	R330
35-39	R95	R180	R215	R255	R295	R130	R260	R315	R375	R435
40-44	R115	R230	R280	R330	R375	R165	R355	R430	R510	R590
45-49	R150	R315	R385	R450	R520	R220	R510	R620	R735	R850
50-55	R215	R470	R570	R670	R765	R320	R775	R950	R1 120	R 1 295
56-60	R320	R695	R840	R990	R1 135	R485	R1 180	R1 445	R1 705	R1 970

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The spouse premium depends on the spouse's age and their smoker status. The spouse premium table:

Age next of spouse	Non-smoker	Smoker
20-29	R20	R25
30-34	R25	R35
35-39	R35	R50
40-44	R40	R65
45-49	R50	R80
50-55	R65	R100
56-60	R85	R135

The total premium for Discovery Supplementary Gap Cover is the sum of your premium and the spouse premium (if applicable).

Please note that the benefits will increase in line with the Scheme contribution increases. The Supplementary Gap Cover contribution will increase by a factor that will be in line with Scheme contribution increases and will also take into account other experience factors on the Supplementary Gap product as well as an additional increase based on your age. We further reserve the right to adjust premiums if the terms or conditions of the policy were to change or if there are changes to your medical scheme plan.

Commission will be paid to your financial adviser on the premium calculated above. The commission is regulated by law and initial commission will not be more than 85% of the first annual premium. The cost of commission is included in the premium.