AMBLEDOWN **GAPPLUS & EXTEND** 2023

UNDERWRITTEN BY GUARDRISK INSURANCE COMPANY LIMITED ~GICL A LICENSED NON-LIFE INSURER, REG. NO. 1992/001639/06, FSP NO. 75





Guardrisk Insurance Company Limited, a licensed non-life Insurer and an authorised financial services provider (No.75)

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. THE MASTER POLICY ISSUED IS THE SOURCE OF ALL BENEFITS, RIGHTS, AND OBLIGATIONS AND EXCLUSIONS. TO DETERMINE YOUR INDIVIDUAL NEEDS, WE SUGGEST THAT YOU CONTACT YOUR BROKER AND REQUEST ADVICE FROM HIM/HER.

BENEFITS		MITATIONS insured person per annum		GAP PLUS & EXTEND
Gap Cover 100				0
Co-Payment Cover		D10= 0==		0
One penalty Co-Payment (R13,000 Limitation)		R185,837 or any higher amount published by the Regulator		0
Sub-Limit Cover		,		0
Casualty Ward Benefit (R10,000 Limitation)				0
ER 24 Virtual Support	24/7 medical advice and suppor	t		0
Boston Online Home Education	Social, Emotional Learning (SEL and High School Learning suppo			0
PREMIUMS				
		Per Family Per Mo 66 Y	nth (Incl.vat) ears & Older	

Specific limitations

- Treatment in a casualty unit of a Hospital shall be limited to R10,000 in aggregate per insured person per annum.
- 2. Severe Illness Benefit is limited to R50,000 payable once in a lifetime per Insured Person.
- The maximum benefit payable for cost incurred for the penalty co-payment imposed by the medical scheme is payable once per annum and limited to R13,000 per family per annum.

Overall limitations

The Policy Benefits are subject to an overall benefit limitation of R185,837 or any higher amount published by the Regulator in aggregate per Insured Person per annum.



Underwriting matters which are of importance

- Please note that this product will assist with the shortfalls for in-hospital
 expenses and does not provide cover for day-to-day expenses once your
 Medical Savings Account has been depleted, nor will it cover your expense if
 you are in the self-payment gap.
- The minimum entry age for the Principal insured person is 18 and the maximum entry age is 65. Applicants 66 and older have the option of selecting products for seniors.
- Extended Family Dependants: (parents, parents in-law, adult children etc.) A
 family is defined as the principal insured and immediate family which includes
 the spouse and children. Extended family dependants are not considered as
 part of the family.
- Eligible child is a person who has not reached the age of 21 and this age may be
 extended to 25 (under 26) in respect of a child who is unmarried and a
 dependant on the Principal Insured Persons' Medical Aid Scheme.
- Biological, adopted, fostered and step children are eligible dependants if they
 are under 21 years of age, or they are under 26 years of age and who is unmarried
 and a dependant on the Principal Insured Persons' Medical Aid Scheme.
- There is no age limit for mentally or physically handicapped children who are wholly dependent on the Principal Insured and such child is covered by a registered Medical Aid Scheme.
- There is no limit to the amount of children covered by the policy.
- Continuation: Any individual may apply to continue cover if that individual was
 a member of group policy and terminates his employment. Ambledown has
 the right to alter the premium rates to individual rates or adjust the premium
 for the additional costs of the debit order and other administrative tasks.
 Terms and conditions shall apply according to the new contract issued.
- 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.



Waiting periods

- Ambledown will apply the 3 month general waiting period condition to all applications for new membership.
- The only time we would not apply the 3 month general waiting period is:
- Claims qualifying as an accident in terms of the policy definition, or
- If the client changes gap cover policies with similar benefits offered by different product providers with the same insurer (CICL).
- A 12 month pre-existing clause applies. The clause excludes claims for any
 treatment received for a condition for which treatment or advice has been
 received in the 12 months prior to the inception of the policy. The intention
 is to exclude any benefit where treatment or advice was received 12 months
 prior to inception. Once membership is greater than 12 months, then
 benefits are payable regardless of the date in which the illness manifested
 itself or the injury occurred.
- Benefit upgrades: A 3 month general waiting period and 12 month pre-existing clause will apply to the additional benefits obtained when a member upgrades cover. The existing benefits enjoyed prior to the upgrade will not be subjected to the waiting periods mentioned.



Enquiries

Enquiries should be addressed to Ambledown: Tel: 086 126 2533 Fax: 011 463 1600

Individual debit order business: admin@ambledown.co.za

Group business: premium@ambledown.co.za



Claiming procedures

Claims should be submitted no later than one hundred and eighty (180) days / six (6) months from the first day of treatment. Claim forms are obtainable from www.ambledown.co.za and the completed form and supporting documentation should be returned to:

Email: claims@ambledown.co.za

Fax: 011 463 1665

Postal: Ambledown Financial Services (Pty) Ltd

PO Box 1862, Cramerview, 2060

Or, you can download the g-App to submit and track your claim, quick and easy. The claim will be assessed and a decision made within ten (10) working days from receipt of all the correct documents. If there are any unforeseen delays, these will be communicated and an indication given of the expected date of a final decision.

We may use your email address and telephone number to inform you on the progress of the claim.

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Brokerage:									
Broker email address:									
FSP number:									
Telephone number: Area code									



