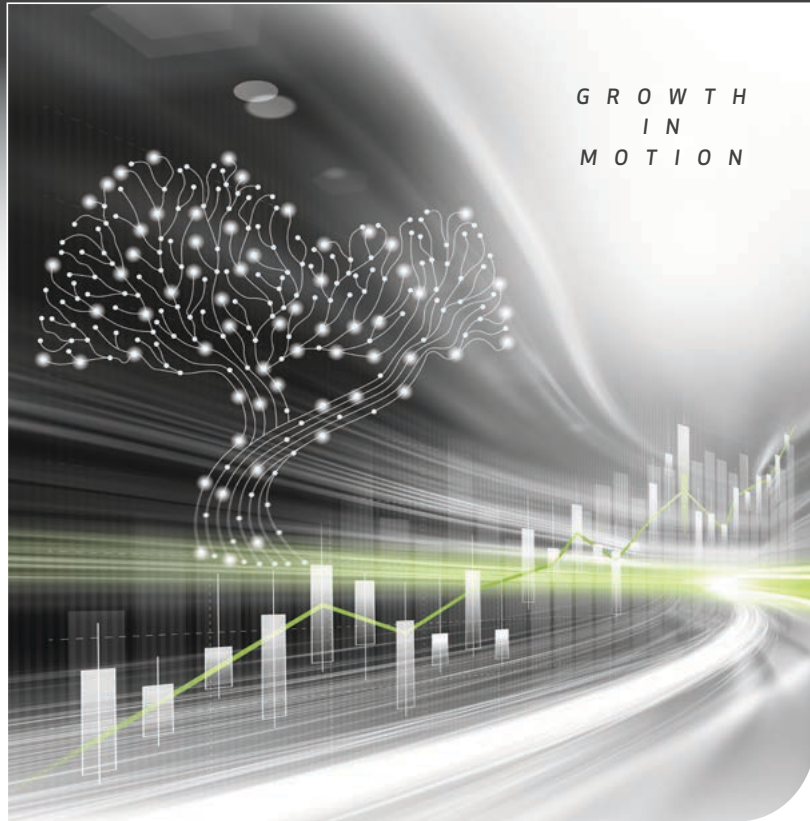


AMBLEDOWN GAP ELITE 2023

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



G R O W T H
I N
M O T I O N



Ambledown is an Authorised Financial Services Provider, No.10287



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

BENEFITS		LIMITATIONS	GAP ELITE
Gap Cover 100			○
Sub-Limit Cover		R185,837	○
Cancer Cover		<i>or any higher amount published by the Regulator</i>	○
Casualty Ward Benefit (R10,000 Limitation)			○
Premium Waiver Benefit	Once off 6 months Medical Scheme contributions and Gap Cover premium. * See specific condition		○
Dread Disease (Severe Illness) Benefit	Once off R50,000 on diagnosis. ** See dread disease exclusions. * See specific condition		○
ER 24 Virtual Support	24/7 medical advice and support		○
Boston Online Home Education	Social, Emotional Learning (SEL) and High School Learning support		○
PREMIUMS		Per Family Per Month (Incl.vat) 18 To 65 Years Old	
		Per Family Per Month (Incl.vat) 66 Years & Older	

** Dread Disease exclusions

1. All tumours, which are histologically described as pre-malignant, as non-invasive or as cancer in situ.
2. All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
3. Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.
4. Any skin cancer other than malignant melanoma.
5. Cancerous cells that have not invaded the surrounding or underlying tissue.
6. Early cancer of the prostate gland or breast, (Stage I described as T1a, N0, M0, G1)

* Specific condition

The Dread Disease and Premium Waiver Benefits terminate at the member reaching the benefit expiry age, or age 65. This means that claims submitted before the benefit expiry age will be assessed and paid, but claims after the benefit expiry age will not be accepted.

Specific limitations

1. 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.

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.

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.



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.
- No benefit shall be payable for the severe illness benefit if the Insured Person was diagnosed with Cancer (as defined) prior to the inception of this Policy.
- 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.



Broker details

hide form fields									
show form fields									
Brokerage: _____									
Broker email address: _____									
FSP number: _____									
Telephone number:	Area code								