

COMPLICATIONS ARISING - FOLLOWING COSMETIC MEDICAL PROCEDURES

PROPOSAL FORM

WHAT IS COVERED

- 1) An unexpected adverse event occurring during the original procedure
- 2) Non-elective surgery or procedures administered as a result of a complication arising whilst undergoing the original procedure or illness arising or bodily injury occurring once the original procedure has been completed
- 3) The above may only be claimed within (30 days) of the original procedure; i.e. the policy will only respond if a complication, illness, or bodily injury occurs during or up to 30 days after the original procedure

WHAT IS NOT COVERED

- 1) Applicants with Non-RSA bank accounts
- 2) Claims arising after 30 days from the date of the original procedure
- 3) Claims attributed to, and as a result of, pre-existing medical conditions 24-months prior to the original procedure (See definitions per Policy Wording).
- 4) HIV-related illness
- 5) Reproductive system disorders
- 6) Costs of the original procedure
- 7) Revision surgery related to pre original procedure
- 8) Any payments made by a Medical Aid for the treatment of a complication
- 9) Procedures conducted out of hospital (i.e. in a doctor's rooms or a doctor's rooms which are not certified as a registered surgery)
- 10) Any person over the age of 65 years
- 11) for and/or arising from or contributed to by any Medical Malpractice occurring during the Original Procedure
- 12) Refer to Policy Wording for more detail

WHAT YOU NEED TO KNOW IF YOU NEED TO CLAIM

- 1) Contact our Claims Administrator, at 021- 531 2922 or email claims@genlib.co.za within 30 days from the Date of Procedure and request a Claim Form
- 2) Supply a Doctor's Report regarding the complication
- 3) Supply all Invoices related to the cost of the complication arising

Genlib CC Reg. No. 2008/032635/23 VAT. No. 4670244831 FSP No. 35482 CEO GA Rodinis

T +27 (0)21 531 2922 F +27 (0)21 531 3714 E reception@genlib.co.za www.genlib.co.za

Unit 002, Howard Terraces, Rose Innes Street, Pinelands, 7405, Cape Town | PO Box 622, Howard Place, Pinelands, 7450, Cape Town

- Should you fail to notify us within the 30 days from Date of Procedure, the claim will not be honoured
- Please note that we will not pay doctor's or service providers directly

BROKER'S DETAILS (IF APPLICABLE)

Company Name		Contact Person	
Telephone		E-Mail	

INSURED'S DETAILS

Note: Cover is not available to persons over the age of 65 years and is not available to applicants with Non-RSA Bank Accounts.

Patient's Name		Identity Number	
Telephone		E-Mail	
Smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>	Doctor's Name	
Postal Address		Physical Address	
Procedure Name		Procedure Date	

INSURED'S BANK ACCOUNT DETAILS

Bank Name		Branch Code	
Account Type		Account Name	
Account Number		Name of Insured	

COVER REQUIRED

#	Amount of Cover	Non-Smoker's Cost	Select	Smoker's Cost	Select
1	R 30 000 Cover	R 1 200.00	<input type="checkbox"/>	R 1 560.00	<input type="checkbox"/>
2	R 20 000 Cover	R 800.00	<input type="checkbox"/>	R 1 080.00	<input type="checkbox"/>
3	R 15 000 Cover	R 700.00	<input type="checkbox"/>	R 910.00	<input type="checkbox"/>

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GENLIB'S BANK ACCOUNT DETAILS (FOR DIRECT DEPOSITS)

Bank Name	First National Bank	Branch Code	25065500
Account Name	IOM-Genlib	Account Number	62226305763
Payment Reference	Name of Insured		

DECLARATION

I / We, the Applicant, declare that to the best of my / our knowledge, the statements set forth herein are true. It is agreed that this Proposal Form shall be the basis of the Contract should a Policy be issued.

Signed at		On this		Day of		20
Name						
Signature						

ONCE-OFF DEBIT ORDER AUTHORITY (IF APPLICABLE)

APPLICABLE / NOT APPLICABLE)

Insure Group Managers Ltd (Epic), Registration number: 1990/001674/06 and authorised FSP No.: 45351 is mandated by Genlib to conduct our Debit Order instructions. I/We, the Insured, hereby:

- 1) Authorise Insure Group Managers Ltd (Epic) to draw against my/our bank account the contracted value in terms of an authority / mandate from Insurers to collect and manage monies in respect of personal insurances in addition to other value-added products for which I/we extend this authority to collect by debitorder;
- 2) Understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on my/our bank statement with the reference prefix GENLIB and will be followed by my Policy or Agreement number;
- 3) Further authorise Epic to deposit directly into the above account any amount which may be due to me/us either in respect of any refund amounts;
- 4) Acknowledge that I/we shall not be entitled to any refund of amounts which have been withdrawn while this authority was in force, if such amounts were legally due;
- 5) Acknowledge that this authority remains in force until cancelled in writing by me/us or Epic by giving thirty (30) days' notice in writing.

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TERMS & CONDITIONS

- 1) Completion and submission of this **once off debit** authority will activate the Policy once funds have cleared through the bank.
- 2) The Company will receive all payments in terms of this authority without any prejudice to the Company's rights or the rights of the Insurance company.
- 3) A summary of the insurance cover provided may be found in the Brochure.
- 4) Should your medical aid cover the cost of the complication, this policy will not refund the cost of the complication.
- 5) Payments for claims will only be paid to RSA bank accounts.
- 6) **All queries regarding this insurance must be referred to Genlib and not the Doctor's practice.**

ACCOUNT-HOLDER MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally.

Signed at		On this		Day of		20
Authorised Account Signature						

Signed at		On this		Day of		20
Second Signature (For Joint Accounts or when a Legal Guardian assists a minor)						