

COMPLICATIONS ARISING - FOLLOWING COSMETIC MEDICAL PROCEDURES

APPLICATION 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 whilst the insured is not in South Africa
- 3) Claims arising after 30 days from the date of the original procedure
- 4) Claims attributed to, and as a result of, pre-existing medical conditions in respect of which the Insured has received advice, treatment or medication in the 24-month period prior to the date of the Original Procedure (See definitions per Policy Wording)
- 5) HIV-related illness
- 6) Reproductive system disorders
- 7) Costs of the original procedure
- 8) Revision surgery related to pre original procedure
- 9) Any payments made by a Medical Aid for the treatment of a complication
- 10) 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)
- 11) Any person over the age of 65 years
- 12) for and/or arising from or contributed to by any Medical Malpractice occurring during the Original Procedure
- 13) 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

- 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 15 000 Cover	R 785.00	<input type="checkbox"/>	R 1 021.00	<input type="checkbox"/>
2	R 20 000 Cover	R 897.00	<input type="checkbox"/>	R 1 212.00	<input type="checkbox"/>
3	R 30 000 Cover	R 1 347.00	<input type="checkbox"/>	R 1 751.00	<input type="checkbox"/>

BANK ACCOUNT DETAILS (FOR DIRECT DEPOSITS)

Bank Name	Nedbank Limited	Branch Code	198765
Account Name	Genlib CC – Fulcrum Collections (Pty) Ltd	Account Number	1183221975
Payment Reference	Name of Insured		

Premium to be paid prior to the date of the procedure with proof of payment sent to admin@genlib.co.za

ONCE-OFF DEBIT ORDER AUTHORITY & MANDATE (IF APPLICABLE)

A. AUTHORITY

Given by (Account Holder Name)			
Bank		Branch Code	
Account Number			
Type of Account	<input type="checkbox"/> Current (Cheque) <input type="checkbox"/> Savings <input type="checkbox"/> Transmission		
Amount	R		
To (Beneficiary Name)	Insurer as per Policy Schedule	Bank Reference	Name of Insured

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on The Procedure Date.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank Statement. Such will contain the name Genlib, which will be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

B. MANDATE

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

C. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. ASSIGNMENT

I/We acknowledge that this Authority may be ceded or assigned to a third party in the event that an authorised Collection Agency is utilised to process Premium Collections and Payments.

E. AGREEMENT REFERENCE NUMBER

This Agreement Reference number is: (Name of Insured)

Signed at		On this		Day of		20
Authorised Account Signature				Second Signature (For Joint Accounts)		

TERMS & CONDITIONS

- 1) Cover is restricted to **RSA only**.
- 2) Completion and submission of this **once off debit** authority will activate the Policy once funds have cleared through the bank.
- 3) 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.
- 4) A summary of the insurance cover provided may be found in the Brochure.
- 5) Should your medical aid cover the cost of the complication, this policy will not refund the cost of the complication.
- 6) Payments for claims will only be paid to RSA bank accounts.
- 7) **All queries regarding this insurance must be referred to Genlib and not the Doctor's practice.**

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						