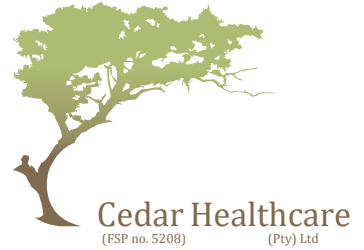


# CEDAR MEDICAL EXPENSE SHORTFALL APPLICATION FORM

**Insurer:** Lombard Insurance Company Limited  
(Reg. No. 1990/001253/06) FSP no. 1596

**Risk and Underwriting Managers:**  
Turnberry Management Risk Solutions (Pty) Ltd  
(Reg no : 2007/026488/07) FSP no. 36571

**Financial Advisor:** Cedar Healthcare Consultants (Pty) Ltd,  
FSP no. 22138



Name of Company:  Date of Employment:   
Debtor number:

Tel: 011 677 9891 | Fax: 086 676 0777 | Email: newbusiness@turnberry.co.za | Address: 4 Osborne Lane, Bedfordview, 2007

## MEMBER INFORMATION

Principle Member:	<input type="text"/>		
ID Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Physical Addresses:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Postal Addresses:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Email:	<input type="text"/>	Cellphone No:	<input type="text"/>
Home Tel No:	<input type="text"/>	Work Tel No:	<input type="text"/>
Medical Scheme:	<input type="text"/>	Medical No:	<input type="text"/>

## DEPENDANT INFORMATION

Name of Dependant		Identity Number (Date of Birth if no ID No)	Gender M/F	Relationship to Policyholder
Surname	First Name			

## MEDICAL EXPENSE SHORTFALL POLICY

**THE PRODUCT OFFERED IN THIS APPLICATION FORM IS NOT A MEDICAL SCHEME. THIS PRODUCTS IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP  
R163 PER FAMILY PER MONTH**

I hereby wish to make application to join the Cedar Medical Expense Shortfall Plan with effect from \_\_\_\_\_

I hereby confirm, as the Principle Member of a Registered Medical Scheme that I accept all the terms and conditions of the Gap Cover Insurance Plan.

Signature: \_\_\_\_\_

Date:

PAYROLL DETAILS				
PRIMARY PAYROLL ADMINISTRATOR (THIS IS THE MAIN CONTACT PERSON THAT IS AUTHORISED TO DEAL WITH CEDAR HEALTHCARE CONSULTANTS AND FORWARD THE FINANCIAL AND NON-FINANCIAL CHANGES FOR ALL EMPLOYEES)				
Name of Payroll Administrators:				
Contact No.		Fax:		Email: <div></div>
Approved by: _____ Designation: <div></div>				
Signature: _____ Date: <div></div>				

WAITING PERIODS		
Criteria		Benefit
1	New Gap Cover Group	Window period will be determined as part of the negotiations.
2	Existing Gap Cover group with new employees	Joining within 60 days from date of employment no Waiting Periods will apply.
3	Joining after 60 days from date of employment	12 month waiting period on Pre-Existing Conditions 12 month waiting period on Pregnancy/Childbirth