Thank you for joining the AGS HEALTH Dental Cover plan.

Please complete:

SECTION 1 - Your and any dependents details

SECTION 2 – IGNORE

SECTION 3 – Bronze OR Gold plan?

SECTION 4 - Your bank details SIGN and DATE

SECTION 5 – SIGN and DATE

SECTION 6 – SIGN and DATE

Please then email to peter@peterpyburn.co.za

Or

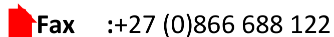
FAX: 0866 688 122

Peter J Pyburn Financial Life Planner

Approved Financial Services Provider Licence # 2995.

Member: Masthead, FIA, Council for Medical Schemes.

Phone: Mobile : 083 3778893


Fax :+27 (0)866 688 122

bestmedicalaid.co.za

"My interest is in the future, as I'm going to spend the rest of my life there." C. Kettering

AGSHEALTH
health unexpected

INDIVIDUAL APPLICATION FOR MEMBERSHIP

Important notes:

- AGS Health (Pty) Ltd (hereon forward referred to as AGS Health) is not a medical scheme registered under the Medical Schemes Act, 131 of 1998.
- AGS Health is a registered medical insurance product underwritten by African Unity Life.
- Please do not resign from your current medical scheme/insurer until you have received written notification of acceptance from AGS Health.
- Please ensure that the first name and surname of the principal member, spouse and dependents are completed in accordance with the ID or passport.

BROKER CODE / NAME: CAD0038/8 P. PYBURN	Nominate start of policy month:	

X

Section 1: Principle Member Personal details											
Title:		Initials:		First name:							
Surname:											
Previous surname:											
ID/Passport number:											
Country in which passport was issued:											
Gender:	Male		Female		Date of birth:	Y Y Y Y	/	M M	/	D D	
Country of residence:											
Marital status:	Single		Married		Separated		Divorced		Widowed		
Home address:											
							Postal code:				
Postal address: (if different)											
							Postal code:				
Contact Details: Please note that the email address you provide will be used when AGS Health communicates with you.											
Home:		-		Cell:							
Email address:											

Occupational Details of Principal Member:			
Occupation: mark with a X			
Agriculture, Food and Natural Resources		Hospitality and Tourism	
Architecture and Construction		Human Services	
Arts, Audio/Video Technology and Communications		Information Technology	
Business Management and Administration		Law, Public Safety, Corrections and Security	
Education and Training		Manufacturing	
Finance		Marketing, Sales and Service	
Government and Public Administration		Science, Technology, Engineering and Mathematics	
Health Science		Transportation, Distribution and Logistics	

Income Level:	
R4 000 to R12 000	
R12 000 to R20 000	
R20 000 to R28 000	
R28 000 to R36 000	
R36 000 above	

Spouse or partner (If spouse or partner is also applying for membership)					
Title:		Initials:		First name:	
Surname:					
Previous surname:					
ID/Passport number:					
Gender:	Male		Female		Date of birth: Y Y Y Y / M M / D D

Dependents: under the age of 21. If full time student, up to age 23 on proof of studies				
	Full Names	Surname	Relationship	ID / Date of birth
Dependent 1				
Dependent 2				
Dependent 3				
Dependent 4				

Section 2: Have you or your dependents had any of the following: please indicate with tick	Yes	No
2.1.1 Disorders or problems with an organs/(s) e.g. heart or cardiovascular system, respiratory or lung, digestive system, stomach, gall bladder, pancreas or liver, kidneys, bladder or reproductive organs, nervous system or brain?		
2.1.2 Diabetes, sugar in urine, thyroid or other glandular or blood disorders. E.g. anaemia, bleeding disorders, growth disorder, Cushing's disease or Addison's disease?		
2.1.3 Cancer, a growth or tumor of any kind including moles removed (malignant/benign)? Please specify if these were benign or malignant.		
2.1.4 Are you or any of your dependents taking ongoing medication for any condition not listed in any other question?		
2.1.5 Are you or any of your dependents currently undergoing, or anticipating any specialised dental / maxillo facial treatment?		
2.1.6 Have you or any of your dependents had an operation or admission to any hospital (including for injuries sustained in an accident or motor vehicle accident) in the last 12 months?		
2.1.7 Are you or any of your dependents awaiting or planning an operation or admission to any hospital in the next 12 months?		
2.1.8 Is there any other condition or symptom, which is not detailed in any other question, for which medical advice, diagnosis, care or treatment has already been recommended or received by you or your dependents, and could potentially result in a medical claim within the next 12 months?		
2.1.9 Is there any other condition or symptom, which is not detailed in any other question, that you or any of your dependents have experienced and for which you have not yet sought medical advice?		
2.1.10 Have you or any of your dependents had any of the following symptoms or conditions: abnormal pap smears or mammograms, endometriosis, ovarian cysts, fibroids, infertility, disorders of the cervix, recently missed or irregular menstrual cycles or do you suspect that you may be pregnant?		

All questions above must be answered with a 'Yes or 'No'. If 'Yes' to any question, please provide full details below. If more space is required, please include additional pages					
Name of member:	Condition and date diagnosed:	Name of medication:	Are you currently on treatment?	Last treatment/ symptoms date:	Attending doctor:
2.1.11 Are you or any of your dependents currently pregnant?				Yes	No

Section 3: Plan Option choice					
COMBINATION PLANS					
Green Combo		Blue Combo		Red Combo	
Compact Plan		Hospital & Accidental Plan			
OTHER PLANS					
Green Day-2-Day Only		Blue Day-2-Day Only		Red Day-2-Day Only	
Hospital Plan Only		Accidental Plan Only			
Primary Doctors Name:			Doctor / Practice Contact:		
Secondary Doctors Name:			Doctor / Practice Contact:		
FUNERAL PLANS					
R10 000 Single Plan		R20 000 Single Plan		R30 000 Single Plan	
R10 000 Family Plan		R20 000 Family Plan		R30 000 Family Plan	
DENTAL PLANS					
Bronze Dental Plan		Gold Dental Plan		Silver Dental Plan	

X

AGS Solutions Pty Ltd (Reg No: 2019/135008/07) is a Juristic Rep of Fais-IT Solutions a Financial Services Provider (FSP: 45810), which markets products owned by AGS Health Pty Ltd (Reg No: 2015/430737/07) a Financial Services Provider (FSP: 48780) and underwritten by African Unity Life (Reg No: 2003/016142/06) a Financial Services Provider (FSP: 8447) and underwritten by Genric Insurance Company (Reg No: 2005/037828/06) a Financial Services Provider (FSP: 43638).

Contact: Tel: 010 141 3080 Email: info@agssolutions.co.za Web: www.agssolutions.co.za

X

Section 4: Banking details for Debit Order			
Tick here if we may use the same bank account details provided for your AGS Health Claim refunds			
If not, please complete the bank details below. (Please do not provide credit card details. AGS Health is not allowed to record your credit card details)			
Name of account holder:			
Name of bank:			
Account number:			
Account type:	Current/Cheque:		Savings:
Branch code:			
Debit order Date:			
Please note that you, as the principal member, need to sign this section, if somebody else's bank account details have been provided.			

X Signature of Principal Member ______________________________ Date ________________

X Signature of account holder ______________________________ Date ________________

Section 5: Consent for AGS Health to process personal information

5.1 I declare to the best of my knowledge and believe that the given particulars are true and correct.
5.2 I am satisfied that the plan chosen by me suite my needs.
5.3 I can afford the monthly premium of the plan chosen by me.
5.4 I have chosen this plan purely out of free will and on my own account without the request for a financial need's analysis or financial advice from any person.

AGS Health and the Administrator are committed to maintaining the confidentiality of your personal information and complying with the Protection of Personal Information Act, 2013 when processing your personal information. We request your consent to process your personal information and obtain your personal information from any other person for the purposes set out in this section. While your consent is voluntary, it is a requirement for your membership.

1. The personal information we require relates not only to you but also to your child and adult dependents, and you confirm that you are authorised to provide consent in this section on behalf of your dependents on AGS Health.
2. You authorise, and give consent to, AGS Health and the Administrator to collect, store, collate, process, share and further process your personal information, including health information, and that of your dependents, for purposes of your membership of AGS Health, risk profiling and management and as set out in this section.
3. If you have consented to the disclosure of your personal information to any other entity or person (person means any natural or juristic person, firm, company, corporation, state, agency or organ of a state, association, trust or partnership, whether or not having legal personality) or if a contractual relationship exists between AGS Health or the Administrator which requires AGS Health or the Administrator to provide your personal information to any other person AGS Health or the Administrator may do so.
4. You must give AGS Health and the Administrator all information and evidence they may require from time to time for the purposes of assessing this application, your membership of AGS Health, risk profiling or management. You authorise AGS Health and the Administrator to obtain, from any person, including any medical doctor or other healthcare provider who has attended you or your dependents in the past or who will attend to you or your dependents in the future, any information we may require concerning you or any of your dependents in assessing any risk or claim in relation to this application, your membership of AGS Health, risk profiling or management and you consent to that person providing, and instruct that person to provide, AGS Health and the Administrator with this information on request. You waive the provisions of any law or regulation that restricts the disclosure of this information. You must also submit to any examination by AGS Health' medical assessor as and when AGS Health requires this.
5. You understand that your personal information will be shared between AGS Health, the Administrator and contracted third parties both locally and outside the Republic of South Africa who require this information, for purposes related to your membership of AGS Health and:
   - to grant you access to interact with AGS Health on its website; and
   - to provide any credit bureau or registered credit provider with your credit information as defined in the National Credit Act, 2005 (credit information includes, for example, my credit history, financial history, pattern of payment or default under any credit agreements, debt re-arrangement arrangements or judgments obtained for outstanding debts).

X ______________________________ ______________________________

Signature of Principal Member Date

Section 6: General Terms and Conditions

DISCLOSURES: I warrant that I have taken note and understand the cover limits, waiting periods and the limitations of this policy. Should there be any dispute as to the information provided, the policy wording that that forms part of the Welcome Pack will be deemed to be correct and will be the basis of this agreement. In no way do I expect that the policy will provide unlimited cover in the event of medical occurrences unless expressly indicated as such. This is an application for a binding insurance contract on the intermediary and myself and no further acceptance of terms and conditions or any other documents will be necessary for this contract to become binding. I fully understand that the AGS Health Policy is based on insurance cover and is not a medical aid and that the policy is a month-to-month contract. The cover in this policy has no surrender/cancellation/maturity values and in the event that my premium is unpaid, the cover applicable to the policy will lapse, subject to the grace period offered by the Administrator being AGS Health. I further declare that all the information entered by me on this application is true and correct and should any further information be required I will make this available to the Administrator or Insurer as necessary for my policy or any query related to the policy. The disclosure of medical conditions is true and correct, and I am in no way entering this agreement with the knowledge of undisclosed conditions or expected future conditions. The policy wording necessary for this policy to be binding on the parties will be made available to me through communication by the Administrator.
PAYMENT OF COVER: I accept that the payment of any cover due to a valid claim will first be paid to the Administrator trust account held in my name, for distribution to the service providers who have presented valid invoices for services rendered to a beneficiary of this policy. I understand and accept that after these payments have been made only the remaining portion of the claim will be paid to me, the principle insured of this insurance product. I hereby issue power of attorney and a mandate to AGS Health to act on my behalf for each and every claim. I understand that no additional charge will be levied against me for the services offered in assisting me with my claim.
ACCEPTANCE: The Administrator will advise me of the acceptance of the terms of the above policy and if there are any terms and conditions that require additional disclosure for my individual policy.
ITC RATING CHECK: I authorise the Administrator to submit my details to ITC to properly rate my account and credit record. The Administrator warrants that all information received from ITC in this regard will be treated as confidential and will not be disclosed to any third parties.
PREMIUM INCREASES/POLICY AMENDMENTS: The Administrators reserve the right to increase premiums or amend the policy cover at their discretion. Notice of any premium increases or cover amendments will be given in writing 30 days (one calendar month) before any such changes come into effect.
POLICY INITIATION FEE: I consent to my account being debited with the once-off policy initiation fee of R 150.00 (One Hundred and Fifty Rand) on the same date as my first policy debit order.

PREMIUM REFUNDS: Should a policy be cancelled in writing within the first 30 days of the date of application (cooling off period), the premium and initiation fee will be refundable if it has been deducted from my nominated bank account. If the policy is cancelled after the 30 days cooling-off period, a one calendar month written notification period will apply and the policy will only be cancelled 30 days after the first day of the following month. I understand that my premium will only be refunded 30 days after it has been deducted and I may need to submit supporting documentation before any refunds are granted.
CANCELLATION: Cancellations requested after the inception date are subject to a full calendar month notice period and must be submitted in writing and a cancellation fee of R150.00 (One Hundred and Fifty Rand) may be levied.
TERMS AND CONDITIONS: By accepting this product, you are confirming that is appropriate and in accordance with your needs. Please note it's your responsibility to take care as to the appropriateness of the advice given. You were not provided with full comprehensive advice. Please note that there was no one that compared our product with any other competing product. You have been presented with a product of AGS Health only. Should this product replace a current policy fulfilling the same need, you will need to cancel that policy timeously to avoid paying fees and charges twice. Please be informed that there are waiting periods and exclusions that apply. Please refer to the policy document which you will receive within 2 business days. It is your responsibility as a client of AGS Health to read the policy and understand the policy.
We receive 3.25% commission from African Unity Life which equates to 100% of total commission received. Should you miss your monthly payment due, your policy will be suspended, and you will have no benefit. Should you miss two payments, your policy will lapse.
PAYMENT INSTRUCTIONS: I hereby authorise AGS Health Ltd or appointed collection agent namely Qsure Group Managers LTD t/a Epic, to deduct premiums, excess amounts or any amounts are per the policy wording or terms and conditions of the parties. I acknowledge that failure / rejection of said debits may result in my policy being suspended or cancelled. I agree that all payment instructions issued by the underwriter will be treated by my nominated bank as specified in Section 9 of the application, as if the instruction has been issued by me personally.
PAYMENT: I hereby agree and authorise the account specified in Section 9 of the application to be debited every month with the premium amount starting on the inception date or the next business day. The inception date is deemed to mean the next occurrence of the date chosen. Should this date have passed, the policy inception date will fall into the next calendar month. I acknowledge that premiums are collected in advance and not in arrears.
DECLINED / FAILED PAYMENTS: Will be debited on the next debit order date, or alternatively through a special debit that may be run at any time from the date of notification by our collection agent of the failed / returned payment as mentioned above. This will carry an administration charge of R50.00 (fifty rand), which will be levied to my account and collected with my premium. I acknowledge that in the event of declined / failed debits, I may incur additional bank charges as levied by my bank. Should the payment be returned once, the policy cover will be suspended, and the policy may be re-dated to begin on the first of the following month. No claim will be entertained until such time as the premium has been paid to the Administrator within the grace period. I hereby grant permission to the Administrator to double debit my account in the event of a rejected payment. If this double payment is returned, no further attempts will be made to collect premiums and cover will be cancelled with immediate effect. The Administrator reserves its right to collect cancellation fees with whatever means in law necessary to offset the costs of marketing collateral issued and charges as contained herein.
EXCESSIVE CLAIMS: I understand that should my claims history be deemed excessive; a policy increase may be levied on my premium. This increase is at the discretion of the Administrators and subject to a 30 day (one calendar month) written notice period.
HEALTH LOADING: I accept and understand that pre-existing conditions (known or unknown) may be excluded and/or may increase my monthly contribution.
REACTIVATION FEE: Should the policy status become cancelled or lapsed for whatever reason, a reactivation charge of R 150.00 (One Hundred and Fifty Rand) will be charged and cover will commence with full waiting periods applicable.
TRANSACTIONAL CARDS: Cards are issued per individual policyholder on all plans – excluding Funeral cover. Dependent cards are available at an extra charge of R50.00 (Fifty Rand) per card. This fee, upon request, will be deducted from my account upon a signed request received for new cards.
POLICY DELIVERY: The policy documents, Membership cards, policy guides, panic button and associated documents will be sent out within thirty days after the receipt of the initiation fee and successful collection of my first premium collection. The information in the policy wording as well as in all declarations made will form the basis of the contract, and it is warranted by AGS Health that such information is accurate. This policy, however, shall not be invalidated on account of any incorrect statement made in good faith, unless the incorrectness of such statement is of such a nature as to be likely to have materially affected the assessment of the risk under the Policy at the time the policy was issued

X ________________________________ ________________________________

Signature of principal member Date

These products are brought to you by: **AGS SOLUTIONS**

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