

Employer Application Form

IMPORTANT NOTE: This is a paperless e-form and can be completed digitally without a written signature. Use the 'tab' key to advance from field to field. Once completed save and email the form to service@kaelo.co.za. All new application forms need to be received by Kaelo before the 15th of each month for inception date the following month.

A Employer Details

Full Company Name: _____

Physical Address: _____

Postal Address: _____ Code: _____

Registration No: _____ Switchboard Telephone No: _____

Primary Contact Person: _____ Telephone No: _____

Email Address: _____

Billing Contact Person: _____ Telephone No: _____

Email Address: _____

Name of Payroll System used: _____

VAT No: _____ Total Staff Compliment: _____

B Application Cover Details:

The quote will be used to activate the services purchased.

Desired Commencement Date: _____

Kaelo Health - MyHealth

| Product Selection | No. of employees joining | Premium excl. VAT | Premium incl. VAT |
|---|--------------------------|-------------------|-------------------|
| <input type="radio"/> Kaelo Health - MyHealth Plus | | R | R |
| <input type="radio"/> Kaelo Health - MyHealth Core | | R | R |
| <input type="radio"/> Kaelo Health - MyHealth Vital | | R | R |
| <input type="radio"/> Buy-up Option | | R | R |
| <input type="radio"/> Pregnancy & Childbirth Cover Buy-up | | R | R |
| <input type="radio"/> Kaelo Health - MyHealth Guardian Plus | | R | R |
| <input type="radio"/> AskNelson Programme (Non Kaelo Health - MyHealth Members) | | R | R |

- Employer has been informed that Kaelo Health falls under the Short Term Insurance Act
- Employer has conducted a financial needs analysis and received advice from intermediary listed below
- I acknowledge that the Kaelo Health - MyHealth premiums will be paid as per point C

Kaelo Lifestyle

| Product Selection | No. of employees joining | Premium excl. VAT | Premium incl. VAT |
|---|--------------------------|-------------------|-------------------|
| <input type="radio"/> AskNelson Programme | | R | R |

Kaelo Gap

| Product Selection | No. of employees joining | Premium excl. VAT | Premium incl. VAT |
|---|--------------------------|-------------------|-------------------|
| <input type="radio"/> Voluntary Membership * | | R | R |
| <input type="radio"/> Compulsory Membership ** | | R | R |
| <input type="radio"/> Kaelo Gap & Kaelo Lifestyle (AskNelson) | | R | R |
| <input type="radio"/> Kaelo Lifestyle (AskNelson) (non-medical aid members) | | R | R |

* **Voluntary:** Member application and medical aid membership certificate is required.
 ****Compulsory:** Take on data specification and medical aid membership certificate is required.

Kaelo Clinics

| Product Selection | No. of employees joining | Premium excl. VAT | Premium incl. VAT |
|--|--------------------------|-------------------|-------------------|
| <input type="radio"/> Primary Health Clinic | | R | R |
| <input type="radio"/> Occupational Health Clinic | | R | R |

Select how the contributions are going to be paid over?

- Via individual debit orders (This option is only available for voluntary Kaelo Gap and Kaelo Health - MyHealth Guardian Plus members)
- Corporate EFT
- By The Employer via corporate Debit Order

Corporate Debit Order Details

| | |
|-----------------------|---|
| Account Name: _____ | Bank Name: _____ |
| Account Number: _____ | Account Type: <input type="radio"/> Cheque <input type="radio"/> Transmission <input type="radio"/> Savings |
| Branch Name: _____ | Bank Code: _____ |

(The strike date for Corporate debit orders will always be the last day of the month. If last day falls on a weekend or public holiday then the debit order will come off on the first working day that follows)

C Banking Details for Product Premiums

| Product | Banking Details |
|---------------------------------|---|
| Kaelo Gap | Acc Name: Centriq Kaelo Risk Bank: ABSA Account Number: 407 491 3108 Account Type: Current Branch Code: 631005 Swift Code: ABSAZAJJ |
| Kaelo Health - MyHealth | Acc Name: Centriq Kaelo Primary Health Bank: ABSA Account Number: 409 778 4582 Account Type: Current Branch Code: 632005 Swift Code: ABSAZAJJ |
| Kaelo Lifestyle & Kaelo Clinics | Acc Name: Kaelo Simply Healthcare Bank: Standard Bank Account Number: 001 627 724 Account Type: Current Branch Code: 051001 Swift Code: SBZAZAJJ |

D Declaration

- The signatory below hereby makes the following declarations and confirms that he/she understands the terms and conditions of this cover. The information supplied in this application form, as well as any attached member schedules, is true and correct. Any material deviation between the actual data and the data in this application form, the attached member schedules, or any non-disclosure of pertinent information which may affect the insureds risk covered, may result in a back-dated revision of the applicable monthly premium or possibly the cancellation of the cover with no refund.
- The Employer confirms that a copy of the rules and/or policy document has been received, read and understood.
- The Employer confirms that the necessary consent has been obtained from each employee to share employee data in terms of the Protection of Personal Information Act and any other applicable legislation.
- No claim will be considered unless the membership of the employee has been confirmed and accepted by Kaelo. Receipt of premiums by the Provider or payment of such premium by the Employer does not constitute such acceptance.
- If membership within the group is taken up on a voluntary basis (Kaelo Health - MyHealth Guardian Plus, Kaelo Gap), all new employee applicants will be subject to individual underwriting.
- The employer undertakes the billing is done in advance on the 1st business day of each month and premiums are payable in arrears by the last working day of the month.
 - Employer undertakes to supply a monthly schedule of correct membership details with the monthly premium payment and acknowledges that if membership is not correctly reflected the Provider may reject claims made by members not on the monthly schedule.
 - Pricing excludes VAT unless otherwise specified.
 - Annual increase will apply on January of each year.
 - AskNelson powered by Kaelo Lifestyle (utilisation based pricing)
 - The progressive rage will start at the lowest utilisation level, i.e. in the 0% - 6% band.
 - Utilisation band will be reviewed in July of each year.
 - Price reviews will be capped at an increase or decrease of two utilisation bands.
 - Invoicing will be based on actual number of employees received by the 5th of the month.
 - Pricing excludes VAT unless otherwise specified.
 - Annual increase will apply on January of each year.

Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP: 36931).
Some of these products are underwritten by Centriq Insurance Company Limited (FSP: 3417).

7. The claims experience and demographic profile of the group will be assessed annually and future premiums may be adjusted accordingly.
8. Voluntary termination by the Employer of the cover requires three calendar months' notice (Kaelo Lifestyle & Clinic) and one month for other products and must be provided in writing by the employer.
9. This document forms the basis of the contract between the Underwriter, Service Provider, the members, and the Employer. The signatory below declares that he/she is duly authorised by the Employer to place his/her signature below and thereby enter into this agreement.

Full Name: _____ Designation: _____

Signature: _____ Date:

E Intermediary Details

To be completed by the Employer appointed Intermediary.

Intermediary House Name: _____

FSP No: _____ Intermediary Code: _____

Consultant Full Name: _____ Designation: _____

Signature: _____ Date: