

Gap Cover Health Declaration 2019

Administration and Billing



Contact us

Tel: 0860 99 88 77, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

Discovery Gap Cover is a short-term insurance product, underwritten by Discovery Insure. Discovery Supplementary Gap Cover is a long-term insurance product, underwritten by Discovery Life and is a separate product that is not conditional on the purchase of Discovery Gap Cover. These are not medical scheme products and the cover is not the same as that of a medical scheme. These products are not a substitute for medical scheme membership.

What you are declaring

You are declaring your health status for either Discovery Gap Cover, or Discovery Supplementary Gap Cover, or both products. "Discovery Gap Cover" refers to either the Discovery Gap Comprehensive or Discovery Gap Core option.

What you must do

- Complete the form in black ink. Please print clearly.
- Please ensure the main member of the Scheme signs this form, and initials any changes, where applicable.
- Email the completed and signed form to gapadministration@discovery.co.za or fax the completed and signed form to **011 539 2766**.
- Please include a copy of each applicant's identity document. We also accept valid passports and birth certificates for children.

When you sign this form, you confirm that the information you have given is true and correct.

Choose a product(s)

Please specify the product(s) for which you are declaring your health for:

Discovery Gap Cover Discovery Supplementary Gap Cover Both Discovery Gap Cover and Supplementary Gap Cover

Declaration from main applicant (this person is also the main member on the scheme)

Your policy number:

Title Initials Surname

First name(s) (as per identity document)

Telephone (H) Telephone (W)

Cellphone Fax

Email

I, (first name and surname)

declare that my dependants and I have not suffered any deterioration in health. We have not received medical advice, been diagnosed, received care or treatment for any conditions or disorders since my/our gap cover ended. We do not intend seeking medical advice, care or treatment in the next eight weeks. This declaration forms part of my application to apply for cover and this information is true, correct and complete. I understand that any false statement or not disclosing information will make my cover invalid.

If you are unable to sign the declaration, please give complete details of any changes in your health.

Please do not sign incomplete forms.

Signed at (town or city)

Date

Signature of applicant

The applicant must sign and date any change.

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