



**GAP COVER  
CHANGE OF BENEFIT AND PERSONAL UPDATE FORM**

**Return address and Zestlife contact details:**

E-mail: info@zestlife.co.za or fax: 021 001 0248 or tel: 021 180 4220 / 0860 009 378

Client name and surname: \_\_\_\_\_ Client ID number: \_\_\_\_\_

Gap Cover policy number: \_\_\_\_\_

**1. Policyholder personal details**

E-mail address	
Telephone (work)	
Cell number	
Medical scheme	
Medical scheme option	
Total number of people on your medical scheme	

**2. Change of benefit form**

I am younger than 55 and the only person covered under my Gap policy and want to be on the reduced individual cover premium.	Yes	No
I am currently on the reduced rate applicable to single member's and want to upgrade my cover to cover my dependants on my medical scheme or my qualifying spouse on his/her own medical scheme.	Yes	No
I want to convert from Universal Gap to Essential Gap Cover.	Yes	No
I want to convert from Essential Gap to Universal Gap Cover.	Yes	No
I want R100 000 additional Extended Cancer Cover (additional premium is R92 per month).	Yes	No
I want R200 000 additional Extended Cancer Cover (additional premium is R150 per month).	Yes	No
Health question for Extended Cancer Cover: Have you or any of your medical scheme dependants ever had any form of cancer, cancerous growths, tumours, lumps or malignant moles?	Yes	No
I want the Extended Dentistry Cover (additional premium is R262 per month).	Yes	No

I confirm that I understand the benefits offered by the Gap option that I have selected above.

**2020 Premiums**

**Cover for individuals**

**Cover for families**

	<b>Universal</b>	<b>Essential</b>	<b>Universal</b>	<b>Essential</b>
Younger than 55 years old	R401 pm	R296 pm		
55 – 64 years old	R506 pm	R372 pm	R506 pm	R372 pm
You or any family member older than 65	R568 pm	R424 pm	R568 pm	R424 pm

Any changes selected above will be effective from the 1<sup>st</sup> of the month following receipt of notification by Zestlife.

Policyholder signature \_\_\_\_\_ Date \_\_\_\_\_