

EMPLOYER DETAILS FORM

**Underwritten by Guardrisk Insurance Company Limited
A registered Non-life Insurer and Authorised Financial Services Provider
Company Registration No. 1992/001639/06, FSP No. 75**

YOUR COMPANY DETAILS

Employer name (registered name)																													
Company Reg. No.																													
VAT Reg. No.															Tel. No.														
Physical address																											Postal code		
																											Postal code		
Postal address																											Postal code		
																											Postal code		

YOUR COMPANY'S PRIMARY CONTACT PERSON

Title, name and surname																													
Office/ Tel. No.															Mobile No														
E-mail address																													

YOUR COMPANY'S SECONDARY CONTACT PERSON

Title, name and surname																													
Office Tel. No.															Mobile No														
E-mail address																													

THE COVER APPLICABLE TO YOUR EMPLOYEES

Cover basis: **Compulsory** **Voluntary**

Employees have the following cover options: **Supreme Gap** **Primary Gap**

Please indicate start date of cover for employees:

d	d	m	m	y	y	y	y
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Cover can only start on the first day of the calendar month following application. No requests for backdating of cover will be considered.

YOUR PREFERRED BILLING METHOD (Please note that advance billing is compulsory for groups of less than 35 employees)

Premiums are payable monthly in: **Advance** **Arrears**

Payment is to be made via: **Employee Debit Order** **Employer EFT** **Employer Debit Order***

Only available for voluntary groups

***BANKING DETAILS FOR EMPLOYER DEBIT ORDER DEDUCTIONS** (Please attach proof of bank account)

Name of account holder															Name of bank																							
Account holder Reg. No / ID No															Branch code																							
Account no.															Savings								Cheque								Current							
Deduction date	1 st				7 th				10 th				15 th				20 th				25 th																	

If an employee's cover is not activated in time for the debit order date, the employee will be double deducted during the next debit order run.

YOUR FINANCIAL ADVISER'S DETAILS

Name and Surname																		
Brokerage											FSP No.							
Office Tel No.											Cell No.							
E-mail address																		

PERMISSION TO PROCESS AND DISCLOSE PERSONAL INFORMATION

You hereby warrant that you, as the employer, have obtained consent from your employees to collate, collect, process, store and disclose information in respect of their gap insurance cover with MedGap, underwritten by Guardrisk Insurance Company Limited. You further warrant that you will provide Guardrisk Insurance Company Limited with all information required

Authorised signatory

On behalf of the employer and employees, duly authorised

Name

Designation

Signature

Date

EMPLOYER DECLARATION

1. You undertake to pay monthly contributions for your employees by the payment due date (if payment is via EFT).
2. You confirm your understanding that Guardrisk may suspend or cancel the cover of your employees and their dependents if payment is not made by the payment due date.
3. You further confirm that during any period of suspension, Guardrisk will not be responsible for paying of any claims in respect of your employees.
4. You acknowledge that applicants for cover must be employed by you on the date that cover starts in order to be eligible for the premium applicable to your company.
5. You commit to notify Guardrisk timeously of any administrative changes such as new applicants, cancellation of cover, etc. and you confirm your awareness that Guardrisk will not backdate any changes in cover.
6. You agree that you are responsible for any losses that Guardrisk may suffer because you did not give us this information.
7. You confirm that it is your responsibility to ensure that you provide Guardrisk with updated employee personal and contact details and you undertake to make this information available to Guardrisk as-and-when requested. Employee details to be made available to Guardrisk include *inter alia* full names, identity number, postal and physical address, e-mail address and mobile number.
8. You commit to provide Guardrisk with a membership and premium reconciliation on a monthly basis in accordance with agreed timelines.

Authorised signatory

On behalf of the employer and employees, duly authorised

Name

Designation

Signature

Date