Agility StaffCare

BY AUTO&GENERAL FLEXICARE

EMPLOYER APPLICATION FORM

flexicare
private day to day health insurance

1. EMPLOYER DETAILS

Full Company Name

Physical Address:

Code:

Postal Address:

Code:

Registration No:

Switchboard Tel:

Primary Contact Person:

Tel:

Email Address:

Billing Contact Person:

Tel:

Email Address:

Vat No:

Total Staff Compliment:

2. COVER DETAILS

Is membership of **Agility** StaffCare compulsory? Yes No

Describe membership eligibility policy (e.g. who is eligible/process to authorise new members etc.)

3. PRODUCT SELECTION

	NO OF EMPLOYEES		
Agility StaffCare Flexicare		**Plus**	Agility StaffCare: **Basic Cover**
			Or
			Agility StaffCare: **Advanced Cover**

Benefit start date:

4. BANKING DETAILS

(Please attach proof of banking details (i.e. letter from bank or cancelled cheque)

Monthly debit order **Monthly EFT**

Please complete banking details below:

Account name:

Bank:

Account number:

Branch name:

Branch code:

5. DECLARATION

1. 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 or the attached member schedules, or any non- disclosure of pertinent information which may affect the insured risk covered, may result in a back-dated revision of the applicable monthly premium or possibly the cancellation of the cover with no refund.
2. The Employer confirms that a copy of the rules and / or policy document has been received, read and understood.
3. 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.
4. No claim will be considered unless the membership of the employee has been confirmed and accepted by Agility Insurance Administrators. Receipt of premiums by the Provider or payment of such premium by the Employer does not constitute such acceptance.

4.1. The Employer undertakes that 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.

4.2. 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.

4.3. Pricing includes VAT unless otherwise specified

4.4. Annual increase will apply in January of each year or as determined by the insurer.

5. The claims experience and demographic profile of the group will be assessed periodically and future premiums may be adjusted accordingly.
6. As per the Policy Wording (attached) you may cancel this cover at any time, by giving 31 days prior written notice. Premiums are payable up to and including the Termination date.
7. 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:	

6. INTERMEDIARY DETAILS

To be completed by the Employer appointed Intermediary

Intermediary House Name:	
FSP No:	
Intermediary Code:	
Consultants Full Name:	
Designation:	

Signature:		Date:	

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Email: info@staffcare.co.za www.agilitychannel.co.za
JHB: 54 Maxwell Drive, Woodmead
CPT: 35 Carl Cronje Drive, Avanti Office Park, North Block, 4th floor, Tyger Valley, Cape Town