

# PET INSURANCE APPLICATION FORM \*STRICTLY CONFIDENTIAL\*

- Please note your Pets (cats and dogs) need to be older than 8 weeks and Small Dogs younger than 11 years. Medium Dogs younger than 10 years. Big Dogs younger than 9 years. Cats younger than 11 years.
- \* Discounts are applied for more than one pet on a policy and for cats.
- \* Premiums are risk profile dependent.

## POLICYHOLDER

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

ID No: \_\_\_\_\_ Gender:  M  F Passport No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell: \_\_\_\_\_ Other Number: \_\_\_\_\_

Email: \_\_\_\_\_

**DELIVERY ADDRESS FOR ONECARD:**  
**PLEASE NOTE: Delivery to below address between 8h00 to 17h00 weekdays**

Building Name: \_\_\_\_\_

Street Address and Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Suburb: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_


Contact Number for Delivery: \_\_\_\_\_

## PLAN SELECTION - Please select your Pet Plan below with a tick

**PREMIUMS ARE RISK PROFILE DEPENDENT - Prices effective 19 December 2023 and benefits effective 1 February 2024.**

ACCIDENT PLAN	PRIMARY PLAN	HOSPITAL PLAN	CLASSIC PLAN	SUPER PLAN
FROM R80	FROM R160	FROM R190	FROM R280	FROM R430

The above pricing includes Zero Excesses payable and Pet Med Booster on Primary, Hospital, Classic and Super plans. Please note your premium may change once your application is received based on the outcomes of pre-existing, hereditary and or congenital conditions of your pet. The positive to this is these conditions will be covered after twelve (12) months regardless if it is considered to be Pre-existing, Hereditary or Congenital unless specifically excluded.



### CATS

**CAT 1:**

Pet Name/s: \_\_\_\_\_

Breed of Pet: \_\_\_\_\_  
(this field is mandatory)


Microchip no: \_\_\_\_\_

Gender Pet/s:  M  F Date of Birth Pet/s: \_\_\_\_\_

Is your Cat spayed/neutered?  Y  N

Are you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify? \_\_\_\_\_



### DOGS

**DOG 1:**

Pet Name/s: \_\_\_\_\_

Breed of Pet: \_\_\_\_\_  
(this field is mandatory)

Microchip no: \_\_\_\_\_

Gender Pet/s:  M  F Date of Birth Pet/s: \_\_\_\_\_

Dog Size:  S  M  L Is your Dog spayed/neutered?  Y  N

Are you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify? \_\_\_\_\_

**CAT 2:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Is your Cat spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**CAT 3:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Is your Cat spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**CAT 4:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Is your Cat spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**CAT 5:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Is your Cat spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**DOG 2:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Dog Size:  S  M  LIs your Dog spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**DOG 3:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Dog Size:  S  M  LIs your Dog spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**DOG 4:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Dog Size:  S  M  LIs your Dog spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**DOG 5:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Dog Size:  S  M  LIs your Dog spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**CAT 6:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Is your Cat spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**CAT 7:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Is your Cat spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**CAT 8:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Is your Cat spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**DOG 6:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Dog Size:  S  M  LIs your Dog spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**DOG 7:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Dog Size:  S  M  LIs your Dog spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**DOG 8:**

Pet Name/s:

Breed of Pet:  
(this field is mandatory)

Microchip no:

Gender Pet/s:  M  F

Date of Birth Pet/s:

Dog Size:  S  M  LIs your Dog spayed/neutered?  Y  NAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  N

If yes specify?

**CHOOSE YOUR EXCESS BUSTER:**

Waives all excesses on your pet policy. Price PM.

Pet Primary plan <b>R25</b> per Pet	<input type="checkbox"/> Y	<input type="checkbox"/> N
Pet Hospital plan <b>R30</b> per Pet	<input type="checkbox"/> Y	<input type="checkbox"/> N
Pet Classic plan <b>R35</b> per Pet	<input type="checkbox"/> Y	<input type="checkbox"/> N
Pet Super plan <b>R40</b> per Pet	<input type="checkbox"/> Y	<input type="checkbox"/> N

**CHOOSE YOUR PET MED BOOSTER:**

Waives excesses and adds Pet Med Booster. Price PM.

Pet Primary plan <b>R35</b> per Pet	<input type="checkbox"/> Y	<input type="checkbox"/> N	Adds <b>R350</b> per annum
Pet Hospital plan <b>R35</b> per Pet	<input type="checkbox"/> Y	<input type="checkbox"/> N	Adds <b>R350</b> per annum
Pet Classic plan <b>R80</b> per Pet	<input type="checkbox"/> Y	<input type="checkbox"/> N	Adds <b>R800</b> per annum
Pet Super plan <b>R90</b> per Pet	<input type="checkbox"/> Y	<input type="checkbox"/> N	Adds <b>R900</b> per annum

**CHOOSE YOUR DIAGNOSTIC BOOSTER:**

This add-on benefit provides cover specifically for diagnostic procedures. Price PM.

Pet Primary plan <b>R120</b> per Pet	<input type="checkbox"/> Y	<input type="checkbox"/> N	Adds <b>R3 000</b> per annum
Pet Classic plan <b>R200</b> per Pet	<input type="checkbox"/> Y	<input type="checkbox"/> N	Adds <b>R5 000</b> per annum
Pet Super plan <b>R220</b> per Pet	<input type="checkbox"/> Y	<input type="checkbox"/> N	Adds <b>R5 500</b> per annum

(010) 001 0141 [www.oneplan.co.za](http://www.oneplan.co.za)

2nd Floor, South Tower, Nelson Mandela Square, Corner Maude &amp; 5th Street, Sandton City, Johannesburg, 2196

Oneplan™ is administered by Oneplan Underwriting Managers (Pty) Ltd, an authorised financial services provider FSP43628. Oneplan is not a benefit option regulated by the Medical Schemes Act, but a non-life insurance product underwritten by Bryte Insurance Company Limited a licensed insurer and an authorised FSP (17703).

Underwritten By



## PAYMENT INSTRUCTIONS

Please note we accept payment only via monthly Debit Order. Kindly attach an ATM slip or bank statement with your application form

Account Type:  Cheque  Savings  Transmission

Monthly Debit Order Amount: R \_\_\_\_\_ Debit Order Date: 1st  28th  Day of the month

Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Inception Date "when do you want your policy to start"

Account Holder's Signature:



Thank you for providing your banking details, Oneplan has implemented the DebiCheck approval to validate this contract. DebiCheck, ensures our clients debit orders are safe, protected and permission controlled. We will send you an SMS when we process your application, please reply with the number "1" to mandate the debit order against your account. The SMS is reverse billed and you will not be charged for the response.

Please confirm the cellphone number linked to your bank account:

## ONEPLAN TERMS AND CONDITIONS

I, the undersigned, hereby warrant:

### DISCLOSURES:

That all intermediary (Oneplan Brokers (Pty) Ltd), Administrator (Oneplan Underwriting Managers (Pty) Ltd) and Insurer (Bryte Insurance Company Limited a licensed Insurer and authorised FSP (17703)) information has been made available to me and that I have made an informed decision to take out this policy without the benefit of a full financial needs analysis. Further, I warrant that I have taken note and understand the cover limits, waiting periods and the limitations of this policy. Should there be any dispute as to the information provided, the combined policy wording and schedule that can be found in the Oneplan Mobile App and on the self-service login on the Oneplan, website [www.oneplan.co.za](http://www.oneplan.co.za) will be deemed to be correct and will be the basis of this agreement. In no way do I expect that the policy will provide unlimited cover in the event of medical occurrences unless expressly indicated as such. This is an application for a binding insurance contract on the intermediary and myself and no further acceptance of terms and conditions or any other documents will be necessary for this contract to become binding. I fully understand that the Oneplan Pet Insurance Policy is based on insurance cover and that the policy is a month-to-month contract. The cover in this policy has no surrender/cancellation/maturity values and if my premium is unpaid, the cover applicable to the policy will lapse, subject to the Grace Period offered by the Administrator. I further declare that all the information entered by me or on my behalf is true and correct and should any further information be required, I will make this available to the Administrator or Insurer as necessary for my policy or any query related to the policy. The disclosure of medical conditions is true and correct and I am in no way entering this agreement with the knowledge of undisclosed conditions or expected future conditions. The policy schedule necessary for this policy to be binding on the parties will be made available to me electronically.

### PAYMENT OF COVER:

I accept that the payment of any cover due to a valid claim will be paid to the Administrator trust account held in my name, for distribution to the Policy Holder or Provider who has presented valid invoices for services rendered to the Insured Pet of this policy.

**INITIAL HERE**

## ACCEPTANCE:

The Administrator will advise me of the acceptance of the terms of the above policy and if there are any terms and conditions that require additional disclosure for my individual policy.

## CONFIDENTIALITY, SHARING AND PROTECTION OF PERSONAL INFORMATION:

We at Oneplan respect your constitutional right to privacy. We are bound by the terms and provisions of both Section 51 of the Electronic Communications and Transactions Act, 2002 ("ECT Act") as well as the Protection of Personal Information Act 4 of 2013 ("POPI Act") regarding the processing of your personal information. We may use necessary legal means to check and validate the information you provide to us such as the information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. The reason why we collect and use your personal information is for the purposes of providing you with insurance cover, giving you access to our products and services, to conduct market research, to help us improve our products and services tailored to your needs, for audit and record keeping purposes, to comply with legal and regulatory requirements, for the detection of fraud, crime and/or money laundering and to enable us to process your instructions or requests pertaining to your policy or our other products and services. In taking out this policy, you have provided us with your personal information and have further consented to us processing your personal information in accordance with the provisions of the POPI Act and you further confirm that the information you have provided us with is accurate and correct. Oneplan will retain your personal information only for as long as we are legally required to and will destroy the personal information you have provided to us upon your request or when we are no longer required to retain this information by law. You may request Oneplan to delete, amend, update, change or correct your personal information processed by us by sending a request in writing to our Customer Care Manager at the following email address [care@oneplan.co.za](mailto:care@oneplan.co.za)

## PAYMENT INSTRUCTIONS:

I hereby authorise Oneplan Underwriting Managers (Pty) Ltd or appointed collection agent to deduct premiums, excess amounts or any amounts as per the policy schedule and terms and conditions of the parties. I acknowledge that failure / rejection of said debits may result in my policy being suspended or cancelled. I agree that all payment instructions issued by the Underwriter will be treated by my nominated bank as if the instruction has been issued by me personally.

## PAYMENT:

I hereby agree and authorise the above account to be debited every month with the premium amount starting on the inception date or the next business day, the debit order date will fall between the 25th of the month prior to the inception date and the 7th of the month of the inception date. The inception date is deemed to mean the next occurrence of the date chosen. Should this date have passed, the policy inception date will fall into the next calendar month. I acknowledge that all premiums are payable in advance via debit order or Authenticated Collections which will be deducted from my nominated bank account.

## DECLINED / FAILED PAYMENTS:

Will be debited on the next debit order date, that may be run at any time from the date of notification by our premium collection agent of the failed / returned payment as mentioned above. I acknowledge that in the event of declined / failed debits, I may incur additional bank charges as levied by my bank. Should my first payment be returned once, the policy cover will be suspended, and the policy may be re-dated to begin on the first of the following month. No claim will be entertained until the premium has been paid to the Administrator within the Grace Period. I hereby grant permission to the Administrator to double debit my account in the event of a rejected payment. If this double payment is returned, no further attempts will be made to collect premiums and cover will be cancelled with immediate effect. The Administrator reserves its right to collect cancellation fees with whatever means in law necessary to offset the costs of marketing collateral issued and charges as contained herein.

## ONEPLAN MOBILE APP CLAIMS PROCESS:

I understand that utilisation of the automated claims process as provided by Oneplan Underwriting Managers (Pty) Ltd, is a formal submission of a claim which may require claim validation.

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Underwritten By  
 Bryte

### **ONEPLAN MOBILE APP CLAIM VALIDATION:**

I accept the terms and conditions of the Onecard Transactional Card and the Administrator, as well as the conditions of the policy terms and conditions upon utilisation of my Onecard. I understand that I may be required to furnish a valid proof of payment to validate a claim. Should I fail to provide the requested documentation, I accept that my cover will be suspended after the 48-hour notice period. Should it be found that the claim was invalid or fraudulent I understand that Oneplan Underwriting Managers will utilise whatever means available in law to recover monies paid for fraudulent claims either through debit order or other recovery mechanisms and that failure to recover monies will result in adverse credit listings being brought against the Principal Insured of the policy and may further incur legal charges for the collection of monies, which charges shall be borne by me (the principal insured).

### **HEALTH LOADING:**

I accept that due to my pet's current medical history, my monthly premium may be loaded with an additional amount as a health loading. I understand that pre-existing conditions (known or unknown) may be excluded for twelve (12) months and/or may increase my monthly contribution.

### **PREMIUM INCREASES/POLICY AMENDMENTS:**

The Administrators reserve the right to increase premiums or amend the policy cover at their discretion. Notice of any premium increases or cover amendments will be given in writing 31 (thirty-one) days before any such changes takes effect.

### **POLICY INITIATION FEE:**

I consent to my account being debited with the once-off policy initiation and card fee of R160.00 (One Hundred and Sixty Rand) on the same date as my first policy debit order.

### **PREMIUM REFUNDS:**

Should a policy be cancelled in writing within the first seven (7) days of the date of application (cooling off period), Oneplan will refund you your premium less an early termination penalty fee, calculated on the days you have enjoyed cover, if it has been deducted from your nominated bank account. If the policy is cancelled after the seven (7) days cooling off period, a one calendar month written notification period will apply and the policy will only be cancelled thirty (30) days after the first day of the following month.

### **CANCELLATION:**

Cancellations requested after the cooling off period is subject to a full calendar month notice period and must be submitted in writing to [cancel@oneplan.co.za](mailto:cancel@oneplan.co.za).

### **REACTIVATION FEE:**

Should the policy status become cancelled or suspended for whatever reason, a reactivation charge of R160.00 (One Hundred and Sixty Rand) will be charged.

### **TRANSACTIONAL CARDS:**

Cards are issued per individual policyholder. Additional cards are available at an extra charge of R160.00 (One Hundred and Sixty Rand) per card. This fee, upon request, will be deducted from my account upon a signed request received for new cards.

### **POLICY DELIVERY:**

The policy documents, Onecard transactional cards, policy guides and associated documents will be sent out within thirty days after the receipt of the initiation fee and successful collection of my first premium collection. The information in the policy schedule as well as in all declarations made will form the basis of the contract, and it is warranted by Oneplan Underwriting Managers (Pty) Ltd that such information is accurate. This policy, however, shall not be invalidated on account of any incorrect statement made in good faith, unless the incorrectness of such statement is of such a nature as to be likely to have materially affected the assessment of the risk under the Policy at the time the policy was issued.

**INITIAL HERE**

## AS A ONEPLAN PET CLIENT YOU GET ACCESS TO THE ONEPET PREMIUM PET STORE

If you are an active, Primary, Hospital, Classic or Super Pet Client you get up to **25% discount (depending on the plan you have chosen)**, to use across the entire store.

If you follow these steps you can maximise your discount in accordance with the plan you are on:

1. Make sure you have the Oneplan App downloaded and you are registered. (the app also switches to data free should you not have data, making sure you are always connected).
2. Make sure you have the cutest profile photo uploaded of your pet in the App under your Pet Policy, My Information or under the My Pet Wellness Profile. (try and include their head, body and legs, to properly identify them).
3. Last but not least if you were thinking of an upgrade, you will get more discount added to your policy increasing your savings and you could maybe even, make back in savings, what your upgrade costs you additional per month.

We really do love pets as much as you do, which is why we have the Onepet Premium Pet Store, ensuring you have access to discounted premium pet food and preventative healthcare products, all recommended by a vet or our vet nurses on our pet claims team. We really would love to have you take full advantage of this online store as it is there for you, our valued client.

Once you have signed up, you can login with your policy number and the same password you use for the Oneplan App. Shop online visit: [www.onepetstore.co.za](http://www.onepetstore.co.za)

## PERSONAL INFORMATION USE AND PROCESSING CONSENT

- I consent to my personal information being used for the reason for which it was collected.
- I consent to future marketing from Oneplan.
- I consent to receive information about new exciting pet related initiatives, discounts, specials, and marketing relating to my Pet Insurance policy with Oneplan.

INITIAL HERE