

# PET INSURANCE APPLICATION FORM

Please note your Pet (cats and dogs) need to be older than 8 weeks and younger than 9 years old to qualify for cover.  
Application Form for policies incepting from the 1st of March 2020.

## POLICY HOLDER

Title:

First Name:

Last Name:

ID No:  Gender:  M  F Passport No:

Date of Birth:  Y Y Y Y M M D D 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

PLAN PRICING	ACCIDENT PLAN <input type="checkbox"/>		HOSPITAL PLAN <input type="checkbox"/>		CLASSIC PLAN <input type="checkbox"/>		SUPER PLAN <input type="checkbox"/>	
	Cat	Dog	Cat	Dog	Cat	Dog	Cat	Dog
First pet	R60	R60	R140	R155	R278	R299	R410	R430
10% Discount for second pet	NA		R126	R140	R250	R269	R369	R387
15% Discount for third pet and per additional pet thereafter	NA		R120	R133	R238	R256	R351	R368

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:

Gender Pet/s:  M  F Date of Birth Pet/s:  Y Y Y Y M M D D

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:

Gender Pet/s:  M  F Date of Birth Pet/s:  Y Y Y Y M M D D

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:

Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  D

Are 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:

Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  D

Are 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:

Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  D

Are 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:

Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  D

Are 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:

Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  D

Are 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:

Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  D

Are 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:

Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  D

Are 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:

Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  D

Are 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: Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  DAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  NIf yes specify? **CAT 7:**Pet Name/s: Breed of Pet: Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  DAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  NIf yes specify? **CAT 8:**Pet Name/s: Breed of Pet: Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  DAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  NIf yes specify? **DOG 6:**Pet Name/s: Breed of Pet: Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  DAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  NIf yes specify? **DOG 7:**Pet Name/s: Breed of Pet: Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  DAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  NIf yes specify? **DOG 8:**Pet Name/s: Breed of Pet: Gender Pet/s:  M  F Date of Birth Pet/s:  Y  Y  Y  Y  M  M  D  DAre you aware of any medical conditions or injuries that your pet suffers from currently or previously had?  Y  NIf yes specify? **CHOOSE YOUR EXCESS BUSTER: Waivers all excesses on your pet policy, price per month.**Pet Hospital plan **R20** per Pet  Y  NPet Classic plan **R20** per Pet  Y  NPet Super plan **R25** per Pet  Y  N**CHOOSE YOUR ROUTINE CARE PLUS: 6 months waiting period for benefit, price per month.**Pet Hospital plan **R35** per Pet  Y  N Adds on R350 Routine Care and Waivers excessesPet Classic plan **R75** per Pet  Y  N Adds on R720 Routine Care and Waivers excessesPet Super plan **R85** per Pet  Y  N Adds on R850 Routine Care and Waivers excesses

## 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 Holders Signature: \_\_\_\_\_

## 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) 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 policy wording that can be found in the self-service login on the 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 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 through [www.oneplan.co.za](http://www.oneplan.co.za) in the self-service section of the site.

### 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 the Policy Holder who has presented valid invoices for services rendered to the Insured Pet of this policy.

### 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.

### ITC RATING CHECK:

I authorise the Administrator to submit my details to ITC to properly rate my account and credit record. The Administrator warrants that all information received from ITC in this regard will be treated as confidential and will not be disclosed to any third parties.

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INITIAL HERE

## **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. However, should the ITC rating above indicate that it is necessary for the policy to be debited through the advanced debit order mechanism (NAEDO), the debit order date will fall between the 25th of the month prior to 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 premiums are collected in advance and not in arrears.

## **DECLINED / FAILED PAYMENTS:**

Will be debited on the next debit order date, or alternatively through the advanced debit order collection mechanism (NAEDO) that may be run at any time from the date of notification by our 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 the 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.

## **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 NAEDO (the advanced debit order mechanism previously mentioned) or through other recovery mechanisms and that failure to recover 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 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 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 days (one calendar month) before any such changes come into effect.

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#### **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. I understand that my premium will only be refunded thirty (30) days after it has been deducted and I may need to submit supporting documentation before any refunds are granted.

#### **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. Dependant 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, Oneplan 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.

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