

## PREMIUM PAYMENT GRACE PERIOD EXTENSION REQUEST FORM

We are aware that the payment of premiums has a direct impact on the cover of an insured as well as the payment of claims. Taking the importance of the cover of insureds into account we will consider offering, on successful application, a temporary extension where a policyholder is unable to meet their premium obligations.

Please submit completed forms to: [HGRCompliance@hollard.co.za](mailto:HGRCompliance@hollard.co.za).

### PRIVACY

We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share your personal information with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing the risk or servicing you. We impose the same strict confidentiality standards on these third parties as is applied by us. By providing the required personal information, and signing this form, you hereby confirm that you consent to us processing and sharing your personal information with other third parties. We will treat this information with caution and we have put reasonable security measures in place to protect it. The information provided will only be used for its intended purpose and will not be shared within the Hollard Group or another organisation for marketing additional products and/or services to you.

Name of Policyholder	
Name of Fund and/or name of Employer	
Registration number of Fund and/or Employer	
Risk scheme Policy number/s	

Please complete the following:

What industry do you operate in?	
What is your main source of revenue?	
Is your company regarded as essential services, and were you issued with the relevant certificate? If yes, please attach a copy of the certificate issued.	
Are you operating during the mandated lockdown period?  If yes, on what basis (e.g. percentage of staff working from home, full production, reduced production, etc.)	
What is the current and future impact to the turnover or income of your business due to the lockdown?	
Are your risk premiums up to date as at 31 March 2020?	
If you are currently in arrears, when do you anticipate paying the outstanding risk premiums?	

How are salaries being paid to employees/members Indicate with X	Full salary	
	Reduced salary (please indicate percentage)	
	No salary	
	Other	
Have you communicated to your employees/members the impact that a reduction of salaries or not receiving salaries will have on their risk benefits? If yes, please submit copies of the communication to us.		
Are your risk benefits attached to a retirement fund? If yes, please answer the questions below in as much detail as possible.		
Is your retirement fund allowing you a contribution holiday during this period?  If yes, for how long? and  Will approved risk premiums continue to be paid? and  If yes, on what basis?		

**Terms and Conditions:**

- The premium payment grace period extension request is in respect of risk benefits excluding funeral benefit premiums (if applicable and which must be paid in full).
- The premium payment extended grace period only applies to policyholders who are unable to afford the payment of risk premiums in part, or full, as a direct or indirect consequence of the Covid-19 National State of Disaster measures implemented by the national government.
- The granting of an extension of the grace period does not result in the waiver of premiums nor in a waiver of the Policy Terms and Conditions. Premiums remain due in terms of the Policy Terms and Conditions.
- Hollard Group Risk will confirm in writing should your application be successful with detailed terms and conditions.
- Insureds are not covered for any risk benefits where risk premiums are not received and/or no extension has been agreed to by Hollard Group Risk.
- Each application will be considered on its merits and at the discretion of Hollard Group Risk.
- Should your application be unsuccessful you will be required to continue paying premiums in full and if you default on your premiums, no benefit will be paid as per the terms and condition of the policy.
- Should the policyholder default on the obligation in terms of any extended grace period - the policy will be terminated from the date of the last premium received.
- The policyholder indemnifies Hollard Group Risk against any claims by insureds where benefits are not paid or benefits are pro-rated as a result of outstanding premiums or reduced premiums received.
- We reserve the right to review and amend the terms granted as the circumstances change.



I confirm that by signing this form I agree to the aforementioned terms and conditions and understand the consequences thereof. I declare that the answers and statements I have made are true to the best of my knowledge.

I have read, understand and agree to the privacy statement in this form which includes the collection and processing of personal information. If I am agreeing to the aforementioned on behalf of someone else, I confirm that I have the necessary approval and/or mandate to do so.

Signed at  on this  day of  20

Name and Surname of authorised signatory who warrants his/her authority to sign on behalf of the policyholder:

Please include an electronic signature (if available):

Identity Number of authorised signatory:

Designation of authorised signatory:

Telephone number of authorised signatory:

Email address of authorised signatory:

The following links can be accessed to provide information with regard to debt relief during this time:

- Department of Labour COVID-19 TERS: E-mail [covid19ters@labour.go.za](mailto:covid19ters@labour.go.za)
- SMME Relief Finance Scheme: Visit [www.dsbd.gov.za](http://www.dsbd.gov.za)
- South African Future Trust (SAFT): Visit <https://opp-gen.com/saft/>
- Please contact your bank with regard to the debt relief they are offering