

CONVERSION OPTION QUOTATION REQUEST

This form should be completed by the main member who wants to convert existing group risk benefit(s) to an individual life policy. The main member will only be eligible for the same level of cover as provided for under the group risk scheme(s).

SECTION A: IMPORTANT INFORMATION

The following terms and conditions apply to converting a member's group risk benefits to an individual life policy:

- The conversion option must be exercised within 60 days of the main member leaving the employ of the employer and/or the fund.
- The main member must have left the employer's employ on the earlier of 60 or 5 years before the maximum coverage to be able to convert disability and illness related benefits.
- The main member (and spouse in respect of the spouse's death benefit) must be 65 or younger to be able to convert death related benefits. If the member is converting death related benefits at their retirement age of 65, they have 60 days after the last day of the month in which they turn 65 to convert the death benefit.
- The main member must have stopped working for reasons other than disability, or left the employer's employ for reasons other than ill-health or dismissal because of fraud, theft, dishonesty or misconduct.
- The main member (and spouse in respect of the spouse's death benefits) must have had cover with his employer, for the benefit he wants to convert, for at least 12 months before converting the benefit to an individual policy.
- The benefit can't be converted if the main member starts working for a new employer who offers similar benefits to those the member wants to convert to an individual policy.
- The insured must reside within Southern Africa.

This completed form should be accompanied by the following supporting documentation and submitted to hgradmin@hollard.co.za:

- ☐ a copy of the main member's (and spouse's if converting the spouse's death benefit) identity document.
- ☐ a copy of the main member's last payslip.
- ☐ proof of address, not older than 3 months, for the main member (and spouse if converting the spouse's death benefit).

Please note that you will receive your quotation from the individual life insurance department of Hollard Life. Hollard Group Risk has appointed Hollard Life to handle quotations, claims and policy administration of converted individual life policies.

PRIVACY STATEMENT

We respect the confidentiality of your personal and medical information as well as your privacy. If necessary, we may need to share either your personal information or medical information, or both, 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 medical information, and signing this form, you hereby confirm that you consent to us processing and sharing your personal and medical 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 with Hollard Group or another organisation for marketing additional products and/or services.

SECTION B: MAIN MEMBER'S DETAILS

First names:	<input type="text"/>		
Surname:	<input type="text"/>		
Identity number:	<input type="text"/>		
Date of birth:	<input type="text"/>	Gender: M <input type="checkbox"/>	F <input type="checkbox"/>
Contact number:	<input type="text"/>		
Physical address:	<input type="text"/>		
	Code:	<input type="text"/>	
Personal email address:	<input type="text"/>		
Occupation:	<input type="text"/>		
Employer:	<input type="text"/>		
Employment termination date:	<input type="text"/>		
Date exiting the retirement fund:	<input type="text"/>		
Reason for leaving the employer's employ:	<input type="text"/>		
Annual pensionable salary as at the last month of service:	R	<input type="text"/>	

Please indicate the percentage of time spent on:

Manual tasks:	<input type="text"/>	%	Travel:	<input type="text"/>	%
Administration:	<input type="text"/>	%	Supervision:	<input type="text"/>	%

Please indicate your level of education by selecting the appropriate box:

- ☐ No matric
- ☐ Matric
- ☐ Matric plus 1 or 2 year diploma
- ☐ Matric plus 3 or 4 year diploma
- ☐ Degree (3 years)
- ☐ Degree (4 years)
- ☐ Post-graduate degree

Do you regularly participate in a high-risk occupation, sport, hobby or pastime that may expose you to a higher than average risk of injury (e.g. motorised speed contests, aviation, diving, bungee jumping, etc.)?

☐ No ☐ Yes (If yes, please give details below)

Do you currently smoke, or have you smoked in the last 12 months?

☐ No ☐ Yes (If yes, please indicate below how many of each you smoke)

Cigarettes per day

E-cigarettes/Vape per day

Pipes per day

Cannabis per day

Hubbly / Hookah per week

Other per week Type:

Have you already, or do you have any intention of leaving Southern Africa (permanently or temporarily for a period of one month or more)?

☐ No ☐ Yes (If yes, please indicate which countries you intend traveling to and why)

Southern Africa: Angola, Botswana, Eswatini, Lesotho, Malawi, Mauritius, Mozambique, Namibia, The Republic of South Africa, and Zambia

If you have had cover with Hollard Group Risk for less than 12 months, please indicate whether or not you had previous similar cover taken out by your employer with another insurer at the time of your cover moving to Hollard Group Risk. If yes, please indicate who the insurer was and the cover start date with that insurer.

☐ No

☐ Yes: Previous Insurer: Cover start date:

Are you moving to a new employer who offers similar benefits to the benefit you are wanting to convert to an individual life policy?

☐ No ☐ Yes

SECTION C: SPOUSE'S DETAILS (complete only if you want to convert the spouse's death benefit)

First names:

Surname:

Identity number:

Date of birth: Gender: M ☐ F ☐

Contact number:

Physical address:

Code:

Email address:

Does your spouse currently smoke, or have they smoked in the last 12 months?

☐ No ☐ Yes (If yes, please indicate below how many of each they smoke)

Cigarettes per day
E-cigarettes/Vape per day
Pipes per day
Cannabis per day
Hubbly / Hookah per week
Other per week Type:

Has your spouse already, or do they have any intention of leaving Southern Africa (permanently or temporarily for a period of one or more)?

☐ No ☐ Yes (If yes, please indicate which countries they intend traveling to and why)

SECTION D: COVER REQUIRED

Please indicate the amount of your current group risk benefit that you would like to convert to an individual life policy (which is limited to a maximum of your current benefit amount):

Benefit	Amount	Group risk policy number
Death benefit:	<input type="text"/>	<input type="text"/>
Lump sum disability benefit:	<input type="text"/>	<input type="text"/>
Disability income benefit:	<input type="text"/>	<input type="text"/>
Total and temporary disability benefit:	<input type="text"/>	<input type="text"/>
Critical illness benefit:	<input type="text"/>	<input type="text"/>
Spouse's death benefit:	<input type="text"/>	<input type="text"/>

Please note that the criteria for claim eligibility for the converted policy may not be the same as for the group policy that you were covered on. The following principles will apply for the Disability Income Benefit and the Total and Temporary Disability benefit in the converted policy:

- At the date that the conversion option is accepted, a member will be regarded as being gainfully employed and following the same occupation as at the date of leaving the employment covered under the group risk benefits.
- This status of being gainfully employed will be applicable for a period of 6 months only. If you are not employed after this time, your disability benefits will be adjusted to impairment benefits.
- Hollard Life must be advised of any changes in your employment status or occupation. This is to be submitted in writing to lifeclientservice@hollard.co.za.

Please take note that changes in employment status and occupation can result in a claim being assessed against different criteria or a different benefit. In this regard ensure that you familiarise yourself with the new policy.

SECTION E: MAIN MEMBER DECLARATION

I declare that the answers and statements I have made are true to the best of my knowledge and I have not withheld any material facts from Hollard Life. I further confirm that I understand that the terms and conditions, and the criteria for claim eligibility under the converted policy may not be the same as the group policy.

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

Full name of member

Signature of member

SECTION F: FOR INTERNAL USE ONLY

Main Member Details

First names:	<input type="text"/>
Surname:	<input type="text"/>
Identity number:	<input type="text"/>
Date of birth:	<input type="text"/>

The current benefit structure for the benefit(s) applied for is as follows :

	Multiple/Scale	Accepted cover	Waiting period	Escalation	Cease age	Free cover limit
Death benefit:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lump sum disability benefit:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability income benefit:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total and temporary disability benefit:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Critical illness benefit:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's death benefit:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Herewith are details of any underwriting decisions (if applicable):

Hollard Group Risk has verified that the insured is covered for the conversion option, as well as the details of the conversion option quotation request form.

Signed at on this day of 20

<input type="text"/>	<input type="text"/>
Name of HGR representative	Signature of HGR representative