



HEALTHGUARD

GLOBAL TRAVEL COVER

POWERED BY



APPLICATION FORM

PLEASE NOTE

- Before completing this form, carefully read the Global Travel Cover rules detailed overleaf.
- Your application form should be accompanied by proof of payment to HEALTHGUARD International (Pty) Ltd.
- Application forms should reach HEALTHGUARD or it's Authorised Agent at least one working day before your departure. All questions must be answered and the application form should be signed by the applicant.
- Completed forms should be delivered or posted to HEALTHGUARD Head Office or the Authorised Agent.

Authorised agent





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POWERED BY  **mso**
MEDICAL SERVICES ORGANIZATION

REGULATIONS

Global Travel Cover (GTC) is a product offered by HEALTHGUARD International (Pty) Ltd R.S.A. All communication and administration of GTC is the responsibility of HEALTHGUARD International (Pty) Ltd (R.S.A.) or its authorized agent.

- Definitions:** - In these Rules the following definitions shall apply:-
 - Cover** shall mean benefits under the Rules applicable to GTC as in points 10 and 11.
 - Healthguard** shall mean HEALTHGUARD International.
- The Cover shall, unless anything to the contrary appears herein, be governed by and be subject to these Rules and Guidelines as amended from time to time.
- Applicants must apply for cover **before** the persons to be covered leave their country of permanent residence.
- HEALTHGUARD or its authorized agent shall have complete and absolute discretion to accept or refuse any application for cover and it shall not be bound to disclose the reason for its decision.
- Where a policy is cancelled by the applicant or by a person acting on his behalf prior to commencement of the policy, then any premium paid shall be refunded less a handling fee of 20%.
- Where the policy is cancelled after its commencement no refund shall be made.
- Where an application is accepted, cover will be effective from 00:01 hours on the **start date** as specified in the cover note and will cease at 24:00 hours on the **end date** as specified on the cover note.
- Cover is effective only for those regions or countries as specified in the cover note. The maximum period of cover shall be as specified in the cover note.
- The elected period of cover and regions or countries to be covered in respect of all the persons named on any one application form shall be the same.
- GTC covers the cost of urgent treatment arising from unforeseen illness or accidental bodily injury to any covered person whilst traveling outside the country of their permanent residence on holiday and business. HEALTHGUARDS' decision as to what is emergency or accidental will be final and binding.
- Levels of benefits provided under under the GTC are as follows:-

Maximum Cover	US\$
* Medical	50,000
* Dental	300
* Follow up treatment in country of residence	300

* included within the limit of US\$50,000
- Notwithstanding the benefits provided by the GTC, covered persons are expected to be responsible and cost conscious in respect of the conditions for which they seek medical care.
- Prior approval is required for any treatment that is estimated to cost in excess of US\$1500,00. Such approval must be obtained from HEALTHGUARD or its authorized agent by telephone, fax, letter or e-mail prior to the rendering of such treatment. Where such approval is obtained the **HEALTHGUARD approval authority number** must be quoted on all relevant claim forms otherwise such payment may be refused and HEALTHGUARD'S refusal shall be final and binding.
- A covered person wishing to avail himself of the benefits under GTC shall submit, to HEALTHGUARD or its authorized agent or cause to be submitted on his behalf, a claim in respect thereof, together with all supporting documents and accounts, in such manner as HEALTHGUARD may from time to time prescribe.

- Any claims not received within four (4) months from the date on which the service was rendered, shall be disallowed by HEALTHGUARD and this shall be final and binding unless the covered member satisfies HEALTHGUARD that the failure to cause the claim to be submitted on his behalf, was in no way due to his inaction or negligence.
- Where a foreign provider of services accepts the GTC cover note and grants the covered person credit facilities relating to the payment of the cost of the medical services rendered, then, providing the conditions as contained in these Rules are complied with, HEALTHGUARD will settle such accounts direct with the foreign provider of services in accordance with the benefits specified herein.
- Where the foreign provider of services does not accept the GTC cover note, or should the foreign provider of services account have been paid by some other person or body other than HEALTHGUARD, then providing the conditions as contained in these Rules are complied with, HEALTHGUARD will pay its awards, as determined by benefits specified herein, to the covered person.
- The HEALTHGUARD interpretation shall be binding and final should any dispute arise as to the meaning of these Rules.

EXCLUSIONS

The GTC shall not apply:

- In the applicant's country of permanent residence.
- Where the treatment received by the covered person relates to an excluded benefit specified on this cover note.
- Where the treatment (including the purchase of drugs and medicines) of the covered person relates to an existing medical condition for which, in the opinion of HEALTHGUARD, treatment in the near future could reasonably have been foreseen. The decision of HEALTHGUARD shall be final and binding.
- Where, in the opinion of HEALTHGUARD, the covered person has travelled outside their country of permanent residence in the knowledge that whilst outside the country medical, surgical or related treatment will be received.
- To the cost of dental, ophthalmic, obstetrical, cardiac, orthopaedic or urological treatment and procedures except where necessitated as a result of accidental injury or an unforeseen life-threatening emergency.
- To the cost of spectacles, contact lenses, hearing aids, glucometers and other similar items.
- Where the medical emergency has arisen as a result of participating in any hazardous or competitive sporting activities which in the opinion of HEALTHGUARD is considered hazardous.
- To treatment which may be claimed from other sources such as insurance policies. With the exception of item (g) HEALTHGUARD members may submit their claims for the above exclusions.

WHAT TO DO IF YOU HAVE TO USE YOUR GLOBAL TRAVEL COVER

- Show the doctor or hospital staff your cover note.
- If the doctor or hospital staff is unsure about accepting the cover note, they may telephone, fax or e-mail HEALTHGUARD or its authorized agent in order to verify your cover. Contact details are as follows: -

MSO Head Office

Healthcare Park, Woodlands Drive, Woodmead,
Sandton, South Africa, 2191

Main Switchboard: +27 (11) 259 5000

MSO International: +27 (11) 259 5403

Medical Assistance: +27 (11) 259 5003

www.mso.co.za

IN ALL COMMUNICATIONS THE COVERED PERSON'S NAME AND GLOBAL TRAVEL COVER POLICY NUMBER MUST BE QUOTED.

- If your treatment is likely to cost in excess of US\$1500, 00, get someone to contact HEALTHGUARD (see 2 above) to give us full details of the treatment you require and its estimated costs. Do this at the earliest opportunity.
- Once you have received treatment, complete section A of the claim forms which are attached to your cover note and ensure that a completed claim form is attached to each account that is submitted to HEALTHGUARD.
- Advise the doctor/hospital staff to ensure that their accounts are as detailed as possible. In addition all accounts should be in English or, if in another language, they should be accompanied by an English translation of the account details.
- Ensure that your accounts, with completed claim forms, are mailed to HEALTHGUARD as soon as possible.
- Advise the doctor/hospital staff that they should expect to receive payment of their accounts within 4 weeks of receipt by HEALTHGUARD.
- Every effort has been made to ensure the acceptability of Global Travel Cover worldwide, though HEALTHGUARD cannot guarantee that all providers of health services will accept the Global Travel Cover Note.

*Please complete in block capitals



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Are you a current member? Yes No If yes, your membership number?

Please list all the beneficiaries travelling, including the applicant if applicable.

Table with 4 columns: Surname, First Name and Other Initials, Date Of Birth (DD-MM-YY), Country of Usual Residence. Rows 1-5.

6. State countries to be visited

APPLICANTS DETAILS

7. Contact No. (Home) Work I.D No. 8. Employed by 9. Contact address 10. Mobile No. 11. E-mail address 12. Purpose of travel - please read exclusions before answering this question Holiday Business Sport Other

DETAILS OF COVER REQUIRED

(N.B. The cover for everyone named on this form must be the same, If any beneficiary named above requires substantially different cover please delete his/her name and submit a separate application for this person. Please read Rule 7 before answering this section.)

13. From which date do you wish travel cover to start? 4. From which date do you wish travel cover to end? 15. Number of calendar days.

16. Before answering this question please read carefully the Exclusions detailed on the adjacent page, particularly (c)

(A) Do you or any beneficiary named on this application suffer from any condition for which you are on regular medication or for which treatment in the near future could reasonably be foreseen? Yes No If the answer is yes, please disclose the condition.

*Please note that a false declaration will invalidate any cover note that may be issued in terms of the application form

(B) Have you or any beneficiary named on this application been to see a Doctor in the last 30 days prior to the date of this application?

If you need more space, please tick this box and put the additional details in the space provided overleaf

17. Using the answers given in questions 1,7 and 16 please refer to the tables of Global Travel Cover premiums and calculate the premiums payable on this application. Please note that if any port of your trip will include visits to the U.K., USA., or Canada, then premium table B will apply to the entire trip

(A) Date funds paid into the HEALTHGUARD International (Pty) Ltd account (B) Amount paid into HEALTHGUARD international (Pty) Ltd account (C) Please indicate mode of payment (D) Amount payable was calculated using Global Travel Cover premium table Yes No

GENERAL

18. I wish to collect my cover from HEALTHGUARD on OR I wish my cover note to be posted to

APPLICANT'S DECLARATION

I hereby apply for Global Travel Cover for the persons named above and I declare that I have read, understood and agree to be bound by the Global Travel Cover Rules and Guidelines I declare that all the information given in this application is true and complete and I agree that any misstatement or omission therein may lead to my cover being declared void by the HEALTHGUARD.

Applicant's Signature: Date:

*Please ensure that you have carefully read the global cover rules and guidelines before signing



HEALTHGUARD GLOBAL TRAVEL COVER

POWERED BY  **MSO**
MEDICAL SERVICES ORGANIZATION

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connect@cimas.co.zw

cimas.co.zw

fb.com/cimasmedicalaid

East Block, Borrowdale Office Park

P.O. Box 1243, Harare, Zimbabwe



DATE:

TO WHOM IT MAY CONCERN

RE: MEMBERSHIP NUMBER:

This is to advise that the above mentioned member is going for business/holiday in:

.....

(Country)

He/She is required to deposit US\$.....into **Standard Chartered Bank** Account for a Global Travel Cover.

Please assist as necessary.

Yours faithfully

.

.....

For Foreign Claims Department



Together we make a difference

ZB BANK

Account Name: Cimas Medical Aid

Account Number: 4178-060937-200

Branch: Rotten Row

Currency: USD

STANDARD CHARTERED BANK

Account Name: Cimas Medical Aid Society

Account Number: 9450816843700

Branch: Highlands

Currency: Rand