

MEDICAL MALPRACTICE / PROFESSIONAL INDEMNITY PROPOSAL FORM

PERSONAL INFORMATION

| | | | |
|---|--|------------------|-------|
| Initials and Surname: | | Identity Number: | |
| Race and Gender: | | PPS Member?: | |
| Postal Address: | | Marital Status: | |
| Physical Address: | | Province: | Code: |
| Estimated Annual Turnover: | | | |
| Any potential claims or complaints you are aware of? (If yes supply details): | | | |
| Description of business activities: | | | |

CONTACT INFORMATION

| | |
|------------------|---------------------|
| Cellular Number: | Alternative Number: |
| HSPCSA Number: | E-Mail Address: |

COVER OPTIONS FOR STUDENTS AND OR INTERN SASPEN MEMBERS

| Sum insured | Monthly Debit Order Premium | Excess | Tick Option Required |
|----------------|-----------------------------|-----------|----------------------|
| R 2,500,000.00 | R120 | R2,500.00 | |
| R 5,000,000.00 | R150 | R2,500.00 | |

COVER OPTIONS FOR QUALIFIED DIETICIANS INCLUDING PUBLIC AND PRODUCTS LIABILITY

| Sum insured | Monthly Debit Order Premium | Excess | Tick Option Required |
|----------------|-----------------------------|-----------|----------------------|
| R 2,500,000.00 | R160 | R2,500.00 | |
| R 5,000,000.00 | R220 | R2,500.00 | |
| R10,000,000.00 | R310 | R2,500.00 | |

WHEN MUST YOUR COVER START **a.** immediately (pro rata premium will be charged)
 b. 1st day of next month (normal debit order amount selected above to be collected)

BANKING DETAILS AND DEBIT ORDER AUTHORITY

| | |
|---------------------------------------|---------------------------------------|
| Initials & surname of account holder: | Account Number: |
| Name of banking institution: | Branch code: |
| Branch name: | Type of account (cheque/savings) etc: |

I hereby declare that the information, which I have provided is accurate and correct and I will inform SASPEN or Intersure of any material changes as and when they occur. I furthermore hereby declare that the Insurance Company or any other institution appointed or approved by them Company is authorized to debit the monthly premium from my bank nominated account.

Date: _____ **Signature:** _____

Completed Proposal can be emailed to SASPEN@intersure.co.za whereby cover will be confirmed upon acceptance and confirmed in writing within 30 days. For any queries relating to the scheme please contact Intersure on 0861 468 377.

MEDICAL MALPRACTICE POLICY FOR MEDICAL PROFESSIONS**WORDING AND FULL INFORMATION WITH DISCLOSURES TO BE PROVIDED WITH POLICY DOCUMENTS****GENERAL**

- Cover will be in respect of the individual member and not the practice. Practice/ business accounts may be used for payments.
- Cover will only respond where the practitioner has the appropriate qualification to carry out the specific treatment
- Clinical notes must note the patient's condition before, during and after treatment must be maintained. Cover is subject to the patient being informed and signing a consent form (or the patient's legal guardian) for the treatment concerned, following a recorded assessment of the patient.
- All cover under this policy is given solely with respect to claim(s) or circumstance(s) first made against an Insured and reported to the insurer during the period of Insurance, in accordance with the conditions of this policy.
- By completing the proposal form does not automatically grant cover as such is subject to final underwriter's acceptance. Acceptance and policy documents will be provided with 30 days of receipt of this application.
- SASPEN does not take any responsibility relating to cover or administration and cannot be held liable for any claims being rejected due to non-payment of premium or general policy terms and conditions.

STUDENT MEMBERS

- Student and Intern members Indemnity for Medical Malpractice and Professional Indemnity only. Cover will only respond when under the supervision of a fully qualified professional in their field of study, where the professional is at hand at all times to provide guidance check the progress of treatment and check proposed treatment plans prior to implementation thereof where necessary.

FULL MEMBERS

- Fully qualified members Indemnity inclusive of Medical Malpractice/ Professional Indemnity, Public Liability and Products Liability
- Other extensions including Business Identity theft, HPCSA (+ other statutory Body), Statutory defense and Wrongful arrest cost are all included each with its own limit as indicated on the policy document

REGULATORY REQUIREMENT

- If SASPEN had not already done so at inception of the individual's policy, proof of Membership in the event that a member gives notice of a potential or actual claim or complaint against them. SASPEN will be required to provide proof that the member is a paid-up member.
- The members of the Scheme must ensure that they undertake regular Continuing Professional Development (CPD) Training if required to do so in terms of legislation and/or by a regulating industry body.
- Equipment / Instruments must be properly sterilised and maintained in accordance with manufacturer's stipulations and/or industry body regulations.

DISCLOSURE, STATUS OF FINANCIAL SERVICES PROVIDER IN TERMS OF THE FAIS ACT

- Intersure Financial Services PTY LTD is an authorized Financial Service Provider, Company Registration number 2000/019763/07, FAIS License number 13906 and as such participates in providing advice and intermediary services
- Independent Status of Intersure (Pty) Ltd and Professional Indemnity Insurance. Intersure Financial Services PTY LTD is an authorized Financial Services

Provider and does not place more than 30% of business with any one insurer. Intersure Financial Services PTY LTD accepts responsibility for the actions of the representatives acting within the given mandates. Intersure Financial Services PTY LTD has Professional Indemnity insurance in place. Intersure Financial Services PTY LTD has implemented a conflict of interest management policy as required by FAIS and the General Code of Conduct. A copy of the said policy is available to clients at our offices.

- All quoted premiums are all inclusive of VAT, Commission, broker fees and binder cost. The amount of commission and broker fees depend of the limit of indemnity chosen and a fixed sliding scale is used. Annual premiums increases are targeted between 3 - 10% depending of claims incurred, scheme loss ratio, economic, medical environment and other factors that may impact the viability of the scheme.
- If you have a complaint, please contact Intersure Financial Services PTY LTD. The complaints officer will assist you to address the concerns you have. Please note that in terms of the FAIS act, all complaints must be addressed to us in writing and may be handed in at our office. Should we not be able to address the concerns to your satisfaction, you may wish to lodge a complaint with any of the Ombudsmen whose details can be found in your policy documents or can be sent to you separately upon request. If you wish to learn more about our complaints policy and procedure, please contact us on our office via telephone, fax number or e-mail.
- Intersure Financial Services Compliance Officer's Details. Marina Jooste (Eas-e comply (Pty) Ltd Compliance practice number CO28) PO Box 940, Houghton, 2041. Telephone No: 0861 266759

FRAUDULENT AND OR MISREPRESENTATION

- If indemnity is sought under this Policy by any fraudulent means and the insurer elects to exercise its right in terms of the policy against specific Insured under the policy, then the underlying insurer Hollard will give notice in writing to Intersure Insurance Brokers to that effect and Intersure Insurance Brokers will notify The South African Society for Parental and Enteral Nutrition (SASPEN) in writing of such cancellation so that they can communicate this directly with their member. An endorsement will be made to the policy schedule thereafter reflecting the name of the Insured who can no longer take up cover under this policy going forward. Such endorsement will appear on a separate sheet to the policy schedule for the purposes of protecting the personal information of the individual involved and a copy will only be provided to SASPEN itself but will not be made available to the general body of members.
- In relation to The Run-Off Period, the Extension does not remove the condition of timeous notification of potential claims to underwriters. The Insured would still be required to notify underwriters as soon as they become aware of any potential claim or HPCSA complaint against them. The extension will not apply if the Insured was not fully paid-up prior to retiring, was struck off the roll or suspended from practice by the HPCSA or breached the provisions of this Policy prior to permanently ceasing practice. Cover would be for the same amount of cover as paid for by the Insured immediately prior to ceasing to practice. Cover would be for the same amount of cover as paid for by the Insured immediately prior to ceasing to practice. Deductibles will also be determined by the policy in place when the Insured retires, emigrates or otherwise permanently ceases to practice. The cover will terminate immediately if the Insured takes out other Medical Malpractice cover for work carried out in South Africa. This Extension of cover would cease if the Scheme is moved to another Insurer but existing Insurers would handle all matters already reported.

Date: _____ **Signature:** _____

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