

## ONCE OFF DEBIT ORDER AUTHORITY

EMAIL: [info@fhf.co.za](mailto:info@fhf.co.za)

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**INSURED'S DETAILS:**

*Name of patient/ Insured :	
*Smoker / Non-smoker :	
*ID number:	
*Cell phone number:	
*Postal Address:	Postal Code:
*Email address:	
*Dr's Name:	
*Procedure undertaken :	*Procedure Date:

**Please be advised that smokers incur an 30% increase in their premium**

**BANK ACCOUNT DETAILS:**

Bank:	Name of Account:
Bank code:	Account number
Type of account:	

I / We hereby request you to draw against the above mentioned account the amount necessary for payment of the **once off amount** due in respect of the **Emergency procedure medical expenses insurance policy**.

Please tick the box for the cover required

1. Cover R 30,000	Premium Amount: R2400 vat inclusive	(R3120 – smoker)	
2. Cover R 20,000	Premium Amount: R1600 vat inclusive	(R2080 – smoker)	
3. Cover R15, 000	Premium Amount: R1400 vat inclusive	(R1820 – smoker)	

Should the bank for any reason reclaim from the Company any of the amounts paid in terms of this request, I / we undertake to refund such amounts to the Company.

This authority may be cancelled by me / we by giving thirty days notice in writing, sent by prepaid registered post, but I / we understand that I / we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my / our bank.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2014

\_\_\_\_\_  
Authorized account signature

\_\_\_\_\_  
Second signature

\_\_\_\_\_  
Capacity

(A second signature will be required for joint accounts or when a legal guardian assists a minor)  
This agreement is subject to the notes below.

**NOTES:**

1. In the event of the installment being not paid (when due) these arrangements shall terminate and cover shall deem to have lapsed.
2. The Company will receive all payments in terms of this authority without any prejudice to the Company's rights or the rights of the insurance company.
3. Completion and submission of this once off debit authority will activate the policy once funds have cleared through the bank.
4. A summary of the insurance cover provided may be found in this brochure
5. It is the patient's responsibility to advise Genlib or FHF if they have not received a policy document, or if a debit has not come off their account. Should either not occur, the policy will not be in force.
6. Should a Medical Aid cover any of the costs for treatment of a complication, this policy will NOT refund such costs.
7. Smokers taking out this policy will pay an additional premium. This amount will be confirmed by FHF or Genlib.