

# Sanlam Reality Application form

for Bonitas current and new medical aid members.



Once completed, please submit with your medical aid application form.  
Please tick all boxes where applicable.

## Personal details

First name: (As per ID) \_\_\_\_\_  
Preferred name: \_\_\_\_\_  
Full names: (As per ID) \_\_\_\_\_  
Surname: \_\_\_\_\_  
Identity number: \_\_\_\_\_

## Sanlam Reality membership

Please select your membership option.

(Refer to our website or call 0860 732 5489 for more information.)

Membership option	Single option	Family option
Reality Club	R35 pm	n/a
Reality Core	R70 pm	R100 pm
Reality Health	R160 pm	R200 pm

Note: By selecting the family option we will automatically add your dependants as per your medical aid.

### Money Saver Card:

Money Saver card only  Add the Money Saver card to my membership

Note: There is no card admin fee for the first three months.  
More cards can be ordered for family members.

## Sanlam Reality communication options

I prefer to receive communication via the following channels:

Email  SMS  Phone  Mail

I would like to receive information about discounts and special offers available only to members:

Yes  No

## Permission to use medical aid information

Sanlam Reality will use your personal information (as supplied by your medical aid scheme) to complete your Sanlam Reality registration. Sanlam Reality will keep your personal and/or health information, as well as the information of your spouse and dependant/s, confidential.

However, by signing this form, you agree to the disclosing and use of disclosed information, including that of your spouse and/or dependant/s that you have provided, in the following manner:

We may collect, process, store, and share all confidential information, as contained in this application and provided to us after the inception of your Sanlam Reality membership, to:

- Administer the Sanlam Reality programme.
- Health data may be shared/utilised in order to qualify for specific benefits.
- Provide any services that you or your spouse or any dependant/s may require.
- Enable any contracted third party that requires such information to render a service or provide goods to you or your spouse or any dependant/s on your Sanlam Reality membership, but only if such contracted third party agrees to keep the information confidential.
- Enable any other entity within the Sanlam Group, where you or your spouse or your dependant/s have applied for a product, to administer the product.

I hereby agree and give permission.

## Intermediary details

Complete this section if an intermediary introduced you to Sanlam Reality.

Surname: **RCP ADVISORY SERVICES cc**  
First name: \_\_\_\_\_  
Intermediary code: \_\_\_\_\_  
Contact number: **031 312-5088**

## Debit order authorisation

I hereby authorise that Sanlam Reality can use the banking details provided for my medical aid claims.

OR

Sanlam Reality may create a debit order instruction based on the information indicated below for the specific amount which will be deducted on the first of every month unless otherwise requested. I undertake to inform Sanlam Reality of any changes to my bank details and authorise Sanlam Reality to verify such details. (Total 'SL' Debit or Real Futures Pty Ltd will reflect on your bank statement for this deduction.)

### Debit order information:

Account name: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Bank code: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Account type: \_\_\_\_\_  
Savings  Transmission  Cheque

### Signature:

I hereby confirm that the above information is true and correct. I agree that by joining the Sanlam Reality programme I am bound by Sanlam Reality's rules as set out by the programme. For full T&Cs, visit [www.sanlamreality.co.za](http://www.sanlamreality.co.za).

Signed: \_\_\_\_\_

at \_\_\_\_\_ on \_\_\_\_\_

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

**NOTE: Please complete this application form in full & return to RCP Advisory Services cc via email or fax.**

Tel: (031) 312-5088

Email: [cookie@rcpsa.co.za](mailto:cookie@rcpsa.co.za)

Fax: 086-545-2062

**SUBMIT**