



## CHEMICAL, ENERGY, PAPER, PRINTING, WOOD AND ALLIED WORKERS' UNION (CEPPWAWU)

### FUNERAL SCHEME APPLICATION FOR MEMBERSHIP FOR THE CEPPWAWU FUNERAL SCHEME

MEMBER SURNAME:	FIRST NAMES:	EMPLOYEE No.	EMPLOYER NAME	MONTHLY SALARY
IDENTITY NO / DATE OF BIRTH :	MARITAL STATUS:		CELLPHONE NUMBER:	TELEPHONE NUMBER:
POSTAL/PHYSICAL ADDRESS:				
IMMEDIATE FAMILY NAMES & SURNAME: HUSBAND/ WIFE, CHILDREN UNDER AGE 21		IDENTITY NO: / DATE OF BIRTH:		RELATIONSHIP:

**FULL FAMILY COVER (Please tick on appropriate benefit option box)**

BENEFIT OPTION A	MEMBER R10,000	SPOUSE R10,000	CHILDREN AGE 14 TO 21 R10,000	CHILDREN AGE 6 TO 13 R5,000	CHILDREN AGE 1 TO 5 R2,500	CHILDREN AGE 0 TO 11 R1,000	PREMIUM PER MONTH R25.00
BENEFIT OPTION B	MEMBER R20,000	SPOUSE R20,000	CHILDREN AGE 14 TO 21 R10,000	CHILDREN AGE 6 TO 13 R5,000	CHILDREN AGE 1 TO 5 R2,500	CHILDREN AGE 0 TO 11 R1,000	PREMIUM PER MONTH 45.00

**EXTENDED FAMILY COVER (Relatives of the member (parents, in-law, brothers, sisters, nephews, nieces, uncles aunts and children over the 21), aged 74 and below at entry date.**

Surname	First Name:	ID Number/Date of Birth:	Option A – Monthly Premium R18.00	OPTION B Monthly Premium R30.00	OPTION C Monthly Premium R60.00	Premium
			R3,000	R5,000	R10,000	
			R3,000	R5,000	R10,000	
			R3,000	R5,000	R10,000	
			R3,000	R5,000	R10,000	
			R3,000	R5,000	R10,000	
			R3,000	R5,000	R10,000	
TOTAL EXTENDED FAMILY MEMBERS PREMIUM						
FULL FAMILY PREMIUM						
TOTAL PREMIUM						

**DECLARATION**

I, hereby apply to join the CEPPWAWU Funeral Scheme with effect from ...../...../..... I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any claim to a benefit under this. Policy and I undertake to abide by the terms and conditions of the Policy. Safrican shall not be liable for any amount until it has accepted this application.  
Also further state that I have read and understood the terms and conditions attached to this group policy.

Member \_\_\_\_\_

Date \_\_\_\_\_

**PAYROLL DEDUCTION:**

I, ..... Employee Number ..... hereby authorize the employer /SAFRICAN to deduct the amount of R\_\_\_\_\_ per month from my salary in respect of the CEPPWAWU Funeral Scheme.

Member \_\_\_\_\_

Date \_\_\_\_\_

Name of Representative: .....

Representative Code : .....

**FUNERAL BENEFITS:**

The basic funeral plan provides for a cash benefit to be paid in settlement of a death claim of a Member, his/her spouse and / or children. The maximum entry age to the fund is 70 years. Premiums are paid up to normal retirement age.

**Principal Member:** a permanent, genuine, and actively employed person or member of the Policyholder, who is allowed to elect participation in the Policy, in accordance with the eligibility conditions as stated in the policy schedule, and who has not reached retirement age.

**Spouse:** a person married to the Principal Member by law or tribal custom or under the tenets of any Asian religion, which shall include a Common Law Spouse of the Principal Member.

**Common Law Spouse:** a person who is deemed by Safrican, at its sole discretion to be the common law spouse of the Principal Member, having regard to the particular circumstances of each case, and shall include, where applicable, Customary Marriages or a relationship between two people of the same gender.

**Child:** an unmarried child of the Principal Member including a posthumous child, stepchild, child of any common law spouse of the Principal Member, illegitimate or legally adopted child, providing that proof of any child is submitted to Safrican and acceptance acknowledged by Safrican. A child who is stillborn shall be covered for funeral benefits if the death occurred after the 26<sup>th</sup> week of pregnancy. Only 2 stillbirth claims will be accepted per family during the term of the policy.

Unmarried children are covered to below age 22 and to below age 26 years if a full-time student. Unmarried children who are mentally retarded or totally and permanently disabled prior to age 22, who are unable to care for themselves are covered to death, cessation age of the Principal Member or withdrawal. (In both instances, proof satisfactory to Safrican of the condition of disablement or confirmation of full-time study must be submitted at claim stage. This does not include part-time and correspondence students).

**OPTIONAL EXTENDED FAMILY COVER**

Extended Family Members who depend on the Principal Member for financial assistance in the event of a death, may be covered. A maximum of 10 Extended Family Members may be nominated for cover. Once selected they may not be changed, added to or replaced. Extended Family Members will only be covered provided that all the required details have been furnished on the application form, and the correct premiums are paid.

- There is a 6 (six) month waiting period for Extended Family Members for death due to natural causes.
- Maximum entry age is 74 years.

- Extended Family Members must be nominated at the time the Principal Member joins the fund.

**WAITING PERIODS:**

- There is a 6 (Six) month waiting period for claims due to natural causes. Only claims due to accidental death will be paid immediately.
- Suicide will not be covered during the first 2 (two) years of membership.
- Where premium payments are missed then resumed, the applicable waiting period will apply from the date the payment of premiums is resumed.

**TERMS & CONDITIONS:**

- Each Principal Member must complete an application form electing his / her dependants.
- Immediate cover for accidental death.
- Benefits for the dependants of the Principal Member will cease at normal retirement age, or on the death of the Principal Member before retirement age, which ever may occur first.
- Premiums are payable to retirement age.

**SURRENDER VALUES:**

There are no surrender values attached to this Policy. Benefits under this Policy may not be ceded or pledged in any way. No loans will be granted against this policy.

**CLAIMS PROCEDURE:**

In the event of a death, a Claim Notification Form must be requested from CEPPWAWU or SAFRICAN's office, and must be submitted together with the relevant supporting documents within 12 (Twelve) months of the date of death. Failure to do so within the 12 (Twelve) month period from date of death, could result in the benefit being forfeited.

Documents to be submitted:

- Fully completed Claim Notification Form.
- Proof of death:  
(BI-5) Original computer produced or faxed certified Death Certificate, or  
(BI-12) Original or faxed certified copy of the Medical Certificate, in respect of Stillbirth only, signed by a Medical Practitioner or District Surgeon, or  
(BI-20) Original or faxed certified copy of the Abridged Death Certificate with Home Affairs stamp and number in black.
- Copy of Principal Member's ID
- Copy of deceased's ID document.
- In the event of a claim for a full-time student, a letter confirming full-time study at a recognised educational institution must be submitted. (part-time and correspondence students are not covered)
- For a disabled child, confirmation of the Disability Grant, copy of the Medical application or Medical report is required.

Claims, in respect of dependants, will only be paid where such dependants have been nominated on the original application form.

**Safrican reserves the right to request any further documentation or information it may deem necessary to accurately assess a claim.**

Safrican will endeavour to settle the claim within 48 hours of receiving all of the required fully completed documentation.

Faxed copies must be clearly certified. The details of the Commissioner of Oaths with all the relevant details must be clearly legible. Documentation submitted, other than those listed, will not be accepted. **AFFIDAVITS ARE NOT ACCEPTED.**

Should a member have underpaid his / her premium, the benefit payable in respect of a claim will be reduced in proportion to the underpayment.

**SAFRICAN HELP LINE**  
**(ASK FOR CLIENT SERVICE)**

**(011) 332-0500**

**PLEASE FAX COMPLETED APPLICATION FORMS TO THE FOLLOWING NUMBER:**

**(011) 332 -0557**

You may contact the Compliance Officer on the details below if you are dissatisfied with the manner in which the product was sold to you.

**COMPLIANCE OFFICER:**

Fax: (011) 332-0639  
E-mail: [compliance@safrican.co.za](mailto:compliance@safrican.co.za)  
Safrian Insurance Company  
PO Box 616  
Johannesburg  
2000

You may contact either the FAIS Ombud or the Long-Term Insurance Ombudsman whose details are set out below: if you are not satisfied with our Compliance Officer's response.

FAIS Ombud  
Financial Services Board, P.O. Box 35655,  
Menlo Park 0102  
Tel: (021) 428 8000  
Fax: (012) 347 0221

The Ombudsman for the Long-term Insurance Industry,  
Private Bag X45, Claremont 7735  
Tel: (021) 674 0330  
Fax: (021) 674 0951