



SAFRICAN

EX-FUNDI MEMBERS FAMILY BENEFIT PLAN

APPLICATION FOR MEMBERSHIP FOR THE EX-FUNDI MEMBERS FUNERAL SCHEME

MEMBER SURNAME:	FIRST NAMES:	EMPLOYEE No.	DATE JOINED NAPTOSA	BRANCH
IDENTITY NO / DATE OF BIRTH :	MARITAL STATUS:		CELLPHONE NUMBER:	TELEPHONE NUMBER:
POSTAL ADDRESS:				

IMMEDIATE FAMILY NAMES & SURNAME: HUSBAND/WIFE, CHILDREN UNDER AGE 21	IDENTITY NO: / DATE OF BIRTH:	RELATIONSHIP:

Beneficiary : Name and Surname:----- ID Number:-----

EXTENDED FAMILY DEPENDANTS:

Surname	First Name:	ID Number/Date of Birth:	Plan selected (A,B)

EXTENDED FAMILY BENEFIT CHOICES:

EXTENDED FAMILY BENEFIT	Option A R5 000	Option B R7 500
Below age 65	R 16.50	R 24.75
Between age 65 – 74	R 42.00	R 63.00
Between age 75 - 84	R 60.00	R 90.00

FULL FAMILY BENEFIT CHOICES:

FULL FAMILY BENEFIT	Option A	Option B
---------------------	----------	----------

Member	R 10,000	R 20,000
Spouse	R 10,000	R 20,000
Child 14 – 21 years	R 10 000	R 10 000
Child 6 – 13 years	R 5,000	R 5,000
Child 1 - 5 years	R 3,000	R 3,000
Child 0 - 11 months	R 1,250	R 1,250
Stillborn	R 1,250	R 1,250
Rate / Member/ Month	R 22.00	R 40.00

Full family benefit selected 10 000

20 000

Full family benefit	Premium		
Extended Family:	Number of dependants	Unit price	Total Premium
Between age 18 – 64			
Between age 65 - 74			
Between age 75 – 84			
TOTAL			

I hereby authorise Safrican Insurance Company Limited to commence a debit order withdrawal from my account on the: _____ day of each month, commencing on the:20..... and monthly thereafter with a possible percentage of increase each year, for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected, if for whatsoever reason it is not honoured, two withdrawal runs will be submitted the next month. In the event of this run being dishonoured the policy will lapse. No cash payments are accepted for arrear or any other premiums. I understand that this signed document is required in the Safrican Offices 10 working days prior to the elected deduction date, if not; the deduction will only qualify for the following calendar month's deductions.

DEBIT ORDER INFORMATION:

BANK NAME:	
BANK BRANCH:	
BRANCH CODE:	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT:	
ACCOUNT HOLDERS NAME:	

I hereby apply to join the EX-FUNDI MEMBERS 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.

Principal Member

Date

TERMS AND CONDITIONS OF THE EX-FUNDI MEMBERS FUNERAL SCHEME

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 & children and extended family members where applicable. The maximum entry age to the fund is 65 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 26th 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).

Extended Family: Family members, who are dependent on the Principal Member for financial assistance in the event of a death in the family, may be covered. These may include Parents / Parents-in-law, uncles, aunts, brothers, sisters, nephews, nieces, grandparents and children of the Principal Member who are over age 21.

Please Note:

- Maximum entry age 84 years
- Up to 10 Extended Family members may be nominated for cover.
- Only in case of a marriage may Extended Family (Parent-in-law) be added, provided the maximum number of Extended Family has not been exceeded (approval to be granted by Safrican before premiums are amended).
- Extended Family Members may only be covered once under the fund.

WAITING PERIODS:

- For Principal Members and his / her immediate family and their extended family members below age 74, there is a 6 (Six)

month waiting period for claims due to natural causes. Only claims due to accidental death will be paid immediately.

- For Extended Family Members above age 74, there is a 12 (Twelve) month waiting period for claims due to natural causes. Only claims due to accidental death will be paid immediately.
- Should a member select a higher benefit than the one currently enjoyed, the waiting period mentioned in the above two points will apply on the improved benefit.
- 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 date payment of premiums is resumed.

TERMS & CONDITIONS:

- Each Principal Member must complete an application form electing his / her dependants and extended family.
- 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 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 as 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.

COMPLIANCE OFFICER:

Fax: (011) 727-5537

E-mail: complianceofficer@safrican.co.za

SAFRICAN HELP LINE

(011) 727-5400

PLEASE FAX THE COMPLETED

APPLICATION FORM TO:

(011) 727-5580