



SADTU EXTENDED FAMILY BENEFIT PLAN

APPLICATION FOR MEMBERSHIP FOR THE SADTU EXTENDED FAMILY FUNERAL SCHEME

MEMBER SURNAME:	FIRST NAMES:	IDENTITY NO/DATE OF BIRTH	EXISTING GROUP SCHEME
POSTAL ADDRESS:		CELLPHONE NUMBER:	TELEPHONE NUMBER:

EXTENDED FAMILY DEPENDANTS

Surname	First Name:	ID Number/Date of Birth:	Age below 65	Age 65-74	Age 75-84	Plan selected (A,B,C)

BENEFIT CHOICES:

CATEGORY OF COVER	PLAN A R10 000	PLAN B R7 000.00	PLAN C R5 000.00	Rate applicable for Cover selected.
Extended Family below 65 years	R26.00	R18.50	R13.50	
Extended Family between 65-74 years	R76.00	R53.50	R38.50	
Extended Family between 75-84 years	R101.00	R71.00	R51.00	
Extended Family above 84 years			R101.00	
Administration fee (R5.00 per policy)				R5.00
TOTAL				

Debit order Authority:

Name of Bank: _____ Branch Code: _____

Name of Accountholder: _____ Account Number: _____

Account type: Cheque Savings Transmission

I hereby authorize Safrican Insurance Company Limited to commence a debit order withdrawal from my account on (add appropriate date of the month) _____ day of the month, and monthly thereafter 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 done the next month. In the event of this run being dishonoured the policy will lapse. 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.

Cash Deposit:

You also have the option to deposit your premium directly into the bank account indicated hereunder as an alternative method of payment. First National Bank, Account Number: 62023403687, Branch Code: 252045. Please use your ID number as reference on the deposit slip.

Salary Stop order Instruction:

Persal Number: _____ Department Code: _____

_____ Member

_____ Date

TERMS AND CONDITIONS FOR EXTENDED FAMILY BENEFIT PLAN

EXTENDED FUNERAL BENEFIT

The Extended Funeral Plan provides for a cash benefit to be paid in settlement of a death claim of a Extended Family Member.,The minimum age of a person who wishes to take up membership of this plan is 18 years, and the maximum entry age is 84.

DECLARATION:

- I hereby apply for the Safrican Extended Family Benefit Plan in accordance with the terms and conditions of the Policy Contract and agree that this application form serves as a Participation Certificate which reflects the terms and conditions and benefits with the cost, which I have read and understand. The Master Policy Document may be viewed at the Safrican Offices.
- All the information on this form, or supplied in connection with this application is true and complete and will form the basis of this policy. I understand that any misrepresentation of false information may lead to the cancellation of these benefits.
- I understand that I will have a 30 (thirty) day period from receipt of this document to examine the Safrican Extended Family Benefit Plan and I may elect not to take up the Plan, in which case I will inform Safrican in writing of my intention not to accept, and have any premium already deducted refunded.
- I undertake to keep Safrican informed of any change of banking details and of my contact details.
- I understand and agree that subject to the waiting period for death by natural causes, Safrican will only be at risk once this application is accepted by Safrican and the first premium has been received.
- I am financially responsible for assistance in respect of any funeral costs for all the dependants as reflected.
- I understand that I may take up ONE such contract under the Safrican Extended Family Benefit Plan, either as a new member or as an option to effect a similar policy when ceasing to be a member of an existing Safrican scheme.

WAITING PERIODS:

- From date of receipt of the first premium, when joining the Safrican Extended Family Benefit Plan, there is a 6 (six) months waiting period for claims due to natural causes for members below age 74 years and a 12 (twelve) months waiting period for members over 74 years, after this period irrespective of cause of death.
- Claims due to accidental death will be paid immediately.
- Suicide will not be covered during the first 2 (two) years of membership.
- In the event of a member electing a higher benefit, a 6 (six) months waiting period will apply to the increased benefit amount only for member below age 74 years, and a 12 (twelve) months waiting period for member over age 74 years.
- Should payments be missed and resumed the waiting period will again apply from the date of premium is resumed and received.

TERMS & CONDITIONS:

- Cover will commence on the day the first premium is received.
- No arrear premiums will be accepted.
- An Extended family Member may only be covered once.

DEBIT ORDER PROCEDURE:

The Debit Order will be lodged on the date selected by the Member. In the event of the Debit Order not being honoured on the due date, two debit order amounts will be run the next month. At his run, should the debit order still not be honoured the policy will lapse. The Member must apply to have his/her membership reinstated, if approved, the waiting periods will once again come into force from effect of the date on which the debit order is successful. During this period until the actual debit order is honoured – no claims will be paid. **Please ensure that the debit order is drawn from your bank account on the date selected. If it is not deducted on the selected date, please contact our offices immediately.**

CANCELLATION:

The member as well as Safrican reserves the right to cancel this Policy at any time after giving the other party three months written notice of such intention.

ADMINISTRATION FEE:

Please note that there is an additional fee of R5.00 per month per policy that must be paid to Safrican for Administrating the Scheme.

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 6 (six) months of the date of death. Failure to do so within the 6 (six) 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.

EXTENDED FAMILY

Claims, in respect of dependants, will only be paid where such dependants have been nominated on the original application form.
(012) 348 7078

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.**

CONTACT NUMBERS:

For assistance with information on the Safrican Family Benefit Plan, kindly contact:

SAFRICAN HELP LINE:

(012) 348-9260

Fax: (012) 348-7078



SAFRICAN

PLEASE FAX YOUR COMPLETED APPLICATION FORM TO:

(012) 348 -7078