

Platinum funeral plan

APPLICATION FOR MEMBERSHIP FOR THE SAFRICAN PLATINUM FUNERAL PLAN



Principal Member's Details

Surname:			First Names:			Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed					
Identity No.:			Date of birth:			Cellphone No.:			Telephone No.:		
			D D M M Y Y								
Physical Address:								Code:			
Postal Address:								Code:			
E-Mail Address:											

Spouse's Details

Surname:			First Names:			Identity No.:			Date of birth:		
									D D M M Y Y		

Principal Member's Children

Name and surname:	Identity No. or Date of birth	Name and surname:	Identity No. or Date of birth
1.		2.	
3.		4.	
5.		6.	
7.		8.	

Extended Family Dependants

Surname:	First Names:	Identity No / Date of birth	Option selected (A, B, C)	Premium Rate
Total				

Extended Family Dependants

Extended family benefit:	OPTION A R10 000	OPTION B R20 000	OPTION C R30 000
Below age 65 years	R 53.00	R 106.00	R 159.00
Between age 65 - 74 years	R 106.00	R 208.00	R 312.00
Between age 75 - 84 years	R 140.00	R 280.00	R 420.00

Full Family Benefit Choice

Category of Insured	Benefit Amount
Full Family:	
Principal Member	R 100,000.00
Spouse	R 50,000.00
Child 14 - 21 years	R 20,000.00
Child 6 - 13 years	R 10,000.00
Child 1 - 5 years	R 10,000.00
Child 0 - 11 months	R 10,000.00
Stillborn	R 10,000.00
Premium per Principal Member per month (age 18 - 65 years)	R 400.00
Premium per Principal Member per month (age 66 - 74 years)	R 550.00

Premium Calculation

Full Family Benefit:	
Total Extended Family	
Total Premium	

Beneficiary Nomination

I hereby nominate the following person, who is my dependant or nominee, for any benefits due to be paid in the event of my death.

Surname:	First Names:	Identity No.:	Relationship to Principal Member:

Debit Order Authority

Name of Bank: _____ Name of Account Holder: _____

Account Number: _____ Branch Code: _____

I hereby authorize Safrican Insurance Company Limited ("Safrian") to commence a debit order withdrawal from my account on the _____ day of the month and monthly thereafter, with a possible percentage 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 whatever reason it is not honoured, 2 (two) withdrawal runs will be submitted the next month. In the event of this run being dishonored, 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 (ten) working days prior to the elected deduction date; if not, the deduction will only qualify for the following calendar month's deductions, and cover will only commence the following month.

Signature of Account Holder

Date

Declaration

I hereby apply to join the Platinum Funeral Plan with effect 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 benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Safrican Insurance Company Limited shall not be liable for any amount until it has accepted this application and first premium. If over the age limit when joining, the claim will be repudiated and premiums refunded.

Principal Member's Signature

Date

Broker / Agent Name

Date

Broker Code

FUNERAL BENEFITS:

The basic funeral plan provides for a cash benefit to be paid in settlement of a death claim of a Principal Member, his/her Spouse, Eligible Children and Extended Family, where applicable. The maximum entry age to the Plan is 74 years. Premiums are payable up to the death of the Principal Member.

Principal Member: Any individual between ages 18 – 74 years, who is economically active and in possession of a current bank account that allows debit orders, provided in all cases the eligibility conditions are met, and the individual has not reached the maximum entry age of 74 years. The individual must be resident in South Africa.

Spouse: A person married to the Principal Member by law, tribal custom or under the tenets of any Asian religion, which shall include a Common Law Spouse of the Principal Member. A Spouse may not exceed the maximum entry age of 80 years. Only a maximum of 2 Spouses may be covered.

Common Law Spouse: A person who is deemed by Safrican at its sole discretion to be a Spouse, 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, or a relationship between two people after a cohabitation period of 6 (six) months.

Child: An unmarried child, age 21 years and younger, of the Principal Member, including a stepchild, posthumous child, an illegitimate child, a legally adopted child or a stillborn child (after the 26th week of pregnancy). Only 2 stillbirth claims will be accepted per family during the term of the Policy. Children are covered to age 21 years or younger and this is extended to age 25 years if still a full-time student at a recognised institution or until the Principal Member ceases to qualify. Children who are mentally retarded or totally and permanently disabled at age 21 years or younger, who are unable to care for themselves, are covered until death or until the Principal Member ceases to qualify. Details of any children of a Common Law Spouse, illegitimate children and stepchildren must be given to Safrican at the same time as the Principal Member joins the Plan, or within 1 month of the child becoming eligible for cover. Failing this, Safrican will require satisfactory proof to support any claim.

Extended Family: Family members who may be covered are those who are dependent on the Principal Member for financial assistance towards funeral and related costs. 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: Dependents may not exceed the maximum entry age of 84 years. Up to 10 Extended Family members may be nominated for cover. Extended Family Members may be covered multiple times under the Plan, provided that the maximum limit for cover is not exceeded for such Extended Family.

WAITING PERIODS:

- For a Principal Member, his/her Spouse and Eligible Children, and his/her Extended Family below age 74 years, there is a 6 (six) month waiting period for claims due to natural causes.
- Only claims due to accidental death will be paid immediately, provided that premiums are received.
- For Extended Family above age 74 years, there is a 12 (twelve) month waiting period for claims due to natural causes.
- 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, not the then current benefit amount enjoyed. Where premium payments are missed then resumed, the applicable waiting period will apply from the date payment of premiums is resumed.

TERMS & CONDITIONS:

- Each Principal Member must complete an application form electing his/ her dependants and extended family. Benefits cease on the date of death of the Principal Member, or withdrawal from the Plan by the Principal Member, whichever event occurs first.
- An individual may only be covered once as any category of insured under the Platinum Funeral Plan.

GRACE PERIOD:

A one-month grace period applies from the start of the Policy.

EXCLUSIONS:

This benefit will not be paid if death is directly or indirectly caused by or attributable to:

- Terrorism or war (whether declared or not).
- Radioactive contamination, whether directly or indirectly.
- Death as a result of illegal activities.
- Suicide will not be covered during the first 2 (two) years of membership.
- Divorced spouses at inception of the policy are not covered, and the cover for spouses who divorce during the term of the policy will cease immediately on divorce.

FRAUDULENT CLAIMS:

If any fraudulent claim is made against this Policy, Safrican will be under no further obligation whatsoever to pay this claim, and shall, at its own discretion, be entitled to cancel this Policy with immediate effect.

PREMIUM RATE AND POLICY TERMS REVIEW:

The premium rate payable, and the terms and conditions of the policy, shall be subject to alteration by Safrican at any time on 1 (one) months notice to the policyholder.

COOLING OFF PERIOD:

- The policyholder has a 30 (thirty) day cooling off period from receipt of this document to examine the Policy.
- Provided that no death or claim has taken place in this period, should he/she elect not to take up the policy, he/she must inform Safrican in writing of his /her intention not to accept.
- All premiums already paid shall be refunded, less the cost of any risk cover.

CANCELLATION:

After the 30 day cooling off period has ended, the policyholder as well as Safrican reserves the right to cancel this Policy at any time after giving the other party 3 (three) months written notice of such intention.

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.

DEBIT ORDER:

The debit order will be lodged on the date as selected by the account holder. Please ensure that the debit order is drawn from your bank account on the date selected; if not please contact our offices immediately.

INTERMEDIARY SERVICES:

In cases where an intermediary is involved, commission will be paid on a sliding scale, based on premiums as and when received by Safrican.

SUMMARY CLAIMS PROCEDURE:

- In the event of a death, a Claim Notification Form must be requested from a Safrican office, and submitted together with the relevant supporting documents, within 6 (six) months of the date of death. Failure to do so within this notification period will result in the benefit being forfeited.

Documents to be submitted include, but are not limited to:

- Fully completed Claim Notification Form
- Proof of Death:
 - (BI-5) Original or faxed certified copy of computer produced Death Certificate; **or**
 - (BI-18) Original or faxed certified copy of unabridged Death Certificate; **or**
 - (BI-20) Original or faxed certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents; **and**
 - (BI-1663) Original or faxed copy of the Notification of death.
- Certified copy of Principal Member's identity document if a South African citizen, **or** certified copy of Principal Member's passport if foreign national.
- Certified copy of deceased's Identity Document if a South African citizen **or** certified copy of deceased's Passport if a foreign national.
- In the event of a claim for a full-time student, confirmation satisfactory to Safrican (e.g. last academic report), from a recognised educational institution, to confirm full-time study at the time the death occurred. Part-time and correspondence students are not covered.
- For a disabled child, confirmation satisfactory to Safrican of State Dis-ability Grant, copy of Medical Aid Application of the Principal Member or Medical Report.

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

Safrican will endeavour to settle the claim within 48 hours, provided all the claim procedure criteria have been met. Faxed copies must be clearly certified. The details of the Commissioner of Oaths with all the relevant details must be clear. Documentation submitted other than those listed, will not be accepted. Affidavits are not accepted. NB: Posted documents MUST be sent via registered mail. Should a member have underpaid his / her premium, the benefit payable in respect of a claim may be reduced in proportion to the underpayment at Safrican's discretion. NB: The policyholder is entitled to be provided, upon request, with a copy of the Policy.

Your policy is underwritten by: Safrican Insurance Company Limited ("Sfrican"), Reg No. 1935/007463/06, an authorised Financial Services Provider (FSP No. 15123). Safrican is authorised to sell the following products: Long-term Insurance Subcategory A, B1, B2

Safrican holds professional indemnity and fidelity insurance cover.

Should you require assistance or need to fax a claim, kindly contact: Safrican Head Office First Floor, Grosvenor Corner, 195 Jan Smuts Avenue Rosebank, Johannesburg **Tel:** (011) 778-8000 **Claims Fax:** 0866 773 224 **or** (011) 778-8182 **Query Line Fax:** (011) 778-8183. For the details of the nearest Safrican branch office to you, please contact our Head Office or www.sfrican.co.za.

If you have any reason to complain, kindly contact the Compliance Officer of Safrican on the following details: **Compliance Officer Post:** P.O. Box 616, Johannesburg, 2000 **Fax:** (011) 778-8181 **E-mail:** compliance@sfrican.co.za.

Should a complaint not be resolved to your satisfaction, you may escalate the complaint to either the FAIS Ombudsman or the Long-term Insurance Ombudsman whose details are set out below. Note that you should be able to show that you have already attempted to resolve the matter with Safrican first.

FAIS Ombudsman, Financial Services Board, P.O. Box 74571, Lynnwood Ridge, 0040. **Tel:** (012) 470-9080 **Fax:** (012) 348 3447.
The Ombudsman of Long-term Insurance, Private Bag X45, Claremont, 7735. **Tel:** (021) 657-5000 **Fax:** (021) 674-0951.