

•	MAIN MEMBER'S DETAILS
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# APPLICATION FORM

### Please tick where applicable:

Funeral Plan:	Single Member	Traditional (1+6)	Traditional (1+9)		
<b>Cover Amount:</b>	R5 000	R7 500	R10 000	R15 000	

**Joining Fee: R100** 

### MAIN MEMBER'S DETAILS

Title:	
Surname:	
Full Names:	
	•••••
	•••••
	•••••
Monthly Payment Date:	••••••
_	

02















## **DEPENDENT'S DETAILS**

	Title	Surname	Full Names	ID No/DOB	Relationship	Gender
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

03







info@sethembe.co.za





www.sethembefs.co.za





## BENEFICIARY DETAILS

Title:	•••••	•••••	
Surname:		•••••	•••••
Full Names:	•••••	•••••	
Identity Number:			
Client			
Signature:	•••••		
Date:			
Sales Representative			
Signature:	• • • • • • • • • • • • • • • • • • • •		
Date:			











#### **TERMS AND CONDITIONS:**

- Natural death- six (6) months waiting period
- Accidental death- 2 months waiting period
- Age Limit- 94 years
- Claims paid within 48 hours on receipt of required documentation
- Children covered up to 21 years or 25 years if still studying or has a special or mental health condition
- An annual increase of 10% on premiums, on the anniversary month of the policy

#### Documents required to claim:

- Certified copy of death certificate- a serial number on top must be clearly visible
- Certified ID copy of the deceased
- Certified ID copy of the main member
- Completed BI 1663 form (notification of death)
- If death is unnatural, a police report must be attached

#### Claim process:

- 1. Request claim form or download it from <u>www.sethembefs.co.za</u>- fill it in and attach supporting documents
- 2. Add proof of banking details of the beneficiary
- 3. Submit via email or at our branch office

"Claims are paid within 48 hours of receipt of all documentation."











