

APPLICATION FOR VOLUNTARY FUNERAL ASSURANCE

Tick the appropriate box\*:  
New Application ☐ Amendment to Existing Policy ☐ Policy No: (For IP office use only)

Name of Company or Funeral Scheme:  
Scheme Contact Number/s:  
Scheme Email Address:

Select Policy Type\*: ☐ Normal ☐ Society 1+5 ☐ Society 1+9 ☐ Society 1+13 Select Payment Method\*: ☐ Pay@ ☐ Debit Order ☐ Cash  
Managed by Insurance Partners Funeral Fund Brokers (Pty) Ltd FSP35033 | Telkom 021 949 8671 Vox Tel: 087 808 3007 Fax: 021 948 9815 / 086 628 0359

PRINCIPAL MEMBER DETAILS

SURNAME*		FIRST NAMES*	
IDENTITY NUMBER*	MARITAL STATUS*	COVER AMOUNT*	MONTHLY PREMIUM*
		R	R

CONTACT DETAILS

CONTACT NUMBER*	WORK NUMBER	EMAIL ADDRESS
PHYSICAL ADDRESS*		POSTAL CODE*

SPOUSE DETAILS (Becomes mandatory if Marital Status is Married or Living Together)

SURNAME	FIRST NAMES	IDENTITY NUMBER

CHILDREN DETAILS (Please read Eligible Children below)

FIRST NAME AND SURNAME	IDENTITY NUMBER
1.	
2.	
3.	
4.	
5.	
6.	

ADDITIONAL BENEFITS (6 Months waiting period for persons under 75 years and 12 months for persons over 74 years) M/PREMIUM

SELECT BENEFIT	GRAVE BENEFIT: <input type="radio"/> R6000	FOOD BENEFIT: <input type="radio"/> R5000 <input type="radio"/> R7000 <input type="radio"/> R10000	R
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EXTENDED FAMILY DETAILS (Please read Extended Family below. 6 Months waiting period for persons under 75 years and 12 months for persons over 74 years. May not have more cover than the Principal Member)

FIRST NAME AND SURNAME	IDENTITY NUMBER	RELATION	C/AMOUNT	MPREMIUM
1.			R	R
2.			R	R
3.			R	R
4.			R	R
5.			R	R
6.			R	R
7.			R	R
8.			R	R
9.			R	R
10.			R	R
11.			R	R
12.			R	R
13.			R	R

BENEFICIARY DETAILS (Must be a family member or employer of the Principal Member, Spouse or Children listed on the policy)

SURNAME*	FIRST NAME*	IDENTITY NUMBER*	RELATION*	CONTACT NUMBER*
Policy holder elects the Funeral Services Provider to receive Benefit				
I, as policyholder, hereby nominate the above entity as beneficiary of the benefits of this policy for the limited purpose of providing funeral services. I further nominate the beneficiary above to receive the balance of the benefit upon the rendering of the funeral services by the funeral service provider.				Signature

## TERMS AND CONDITIONS

The Funeral policy provides for a cash benefit to be paid in settlement of a death claim of a Family Member covered under the policy.

### PRINCIPAL MEMBER

A person who is employed or is a member of a Policyholder on whose behalf Premiums are being paid, or a paying individual who qualifies for membership of a Policy, provided in all cases the eligibility conditions are met.

### EXTENDED FAMILY

Family members who may be covered are those who are dependent on the Principal Member for financial assistance towards the funeral and related costs. This may include but is not limited to parents, parents-in-law, uncles, aunts, brothers, sisters, and children of the Principal Member from the age 0 to 84 (85 next birthday) on normal policies and 0 to 74 (75 next birthday) on society policies. Society policies are limited to a maximum of thirteen (13) non-paying extended family members including spouse and children of the Principal Member. If a spouse and children information is given, subtract them from the maximum allowed (example: 13 Maximum - 1 Spouse - 6 Children = 6 Other Members). Although additional family members can be added to a society policy at an additional cost up to the age of 84 years (85 next birthday) and for a maximum of R10000 cover.

### ELIGIBLE CHILDREN

A child is a person who is the natural or legally adopted child of the Policy Holder or the natural or legally adopted child of their spouse, up to and including the day that the child:

- Reaches the age of 21 if the child is not married; or
- Reaches the age of 25 if the child is attending full time education at a recognised educational institution; or
- A child who is permanently disabled before age 21 and who is unable to care for themselves, is covered until death or until the Principal Member ceases to qualify. This child must be reported before the age of 21; or
- If a child after the 26<sup>th</sup> week of pregnancy, that child is stillborn.

Details of any children of the Common Law Spouse, illegitimate children and stepchildren must be given to Safrican at the date the Principal Member joins the Scheme/Policy. Failing this, Safrican will require satisfactory proof to support any claim.

### COVER START DATE

This is the date when cover for a funeral benefit begins under this policy and is the date on which the first premium for the benefit is due.

### WAITING PERIOD

A waiting period means the Policyholder, or the Life Assured may only claim for the funeral benefits once the policy has been active for a period of 6 (six) or 12 (twelve) full calendar months with no termination or lapses in between. The waiting period will start once Safrican Insurance receives the first premium on the policy. Society policies will start anew if any changes are made to the existing policy including policy type.

If the Policyholder or Lives Assured were previously insured, the following will apply:

- No waiting period will be served if the full 6 (six) months waiting period was served with the previous insurer.
- If the full 6 (six) months waiting period was not served with the previous insurer, the Policyholder and other lives assured of the policy will serve the remainder of which was not served with Safrican.
- No waiting periods applies for death because of an accident. Cover for death as result of an accident begins at the start date of this policy, on condition that Safrican Insurance has received the first month's premium.

Please note that Safrican Insurance reserves the right to request proof of previous insurance when accepting a new application for funeral cover. Waiting Period will apply to the increased cover and/or additional Benefits, not the current benefits.

### ENTRY AGES AND COVER (NOT INCLUDING ADDITIONAL BENEFIT)

Normal Policy:

- Maximum cover of R30000 depending on age. Children: 14 to 21 (25 if fulltime student) - 100%, 6 to 13 - 50%, 0 to 5 - 25% and stillbirth - 12.5%
- Principal Member from 18 to 84 years (85 next birthday)
- Spouse from 18 to 84 years (85 next birthday)
- For children, please reference Eligible Children above
- For extended family, please reference Extended Family above.

Society Policy:

- Maximum cover of R20000. Children under 6 years, stillbirths and Extended Family will enjoy the same cover as the Principal Member up to R10000 but only R10000 cover from R11000 onwards.
- Principal Member from 18 to 74 years (75 next birthday)
- Spouse from 18 to 74 years (75 next birthday)
- Eligible Children can stay on until death or the life of the policy. Their dependants do not qualify for any benefit amount.
- For extended family, please reference Extended Family above.

Additional Grave Cover:

- Covers only the Principal Member, Spouse, and the Eligible Children. Extended Family do not qualify for this cover

Additional Food Cover:

- Covers only the Principal Member and Spouse. Children and Extended Family do not qualify for this cover

### ACCIDENT

Any specific event, occurring at an identifiable time and place that is unplanned and unexpected by the person, insured, resulting from unforeseen and unintentional circumstances, from an external source of the body.

### DECLARATION

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 wilful 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. \*\*NB: If the participant is over the age limit when joining, the claim will be repudiated, and premiums refunded. \*\*\*NB: Please make sure that everywhere there is a \* the information must be completed.

### LAPSE & CANCELLATION

Safrican will terminate the policy when 2 (two) consecutive premiums were missed. Principal Member, as well as Safrican, reserves the right to cancel this Policy upon receipt of a 30-day cancellation notice of such intent.

### GRACE PERIOD

A premium is only regarded as paid once payment was successfully received and provided is not subsequently reversed. If any premium is not paid on time, a1 (one) month grace period for payment is allowed. If the premium is still not paid after 2 (two) months, the policy will lapse. No benefit amounts are payable under a lapsed policy.

### COOLING OFF PERIOD

The Principal Member has a 31-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, he/she must inform Safrican in writing if he/she chooses not to accept the policy. All premiums already paid will be refunded, less the cost of any risk cover.

### PREMIUM RATE & 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 with one 1 (one) month written notice to the Principal Member.

### SURRENDER VALUES

Should you wish to terminate the policy, you will not receive any cash benefit and/or surrender value. You may not use the benefits under this to be ceded or pledged in any way. No loans will be accepted against this Policy.

### FRAUDULENT CLAIMS

Safrican will not pay any fraudulent claim that that is made against the policy. Safrican will, at its own discretion, be entitled to cancel this policy, and any other policy held by the Principal Member and/or claimant, with immediate effect, should any fraudulent claim be made with the knowledge or intent of the Principal Member and/or claimant to Safrican detriment.

### EXCLUSIONS

The Benefit will not be paid if death is directly or indirectly caused by or attributable to:

- Terrorism and war (whether declared or not)
  - Radioactive contamination, whether arising directly or indirectly
  - Suicide claims will not be covered during the first 6 (six) months of membership
- Divorced spouse at inception of the policy is not covered, and cover for spouses who divorce during the term of the policy will cease immediately on divorce. Should you wish to lodge a claim for a divorced spouse, you will be required to provide a settlement agreement which has been made an order of court.

### PROTECTION OF PERSONAL INFORMATION

Your personal information is processed, analysed, and stored for the purposes for which it was collected, to:

- conclude and administer this application, which may include underwriting
- allow for the collection of payments
- assess and process claims, and to do mandatory checks
- comply with all legal and regulatory requirements, including industry codes of conduct, include service providers in other jurisdictions for lawful purposes and for the conclusion of contracts
- protect and pursue the legitimate interests of Safrican Insurance
- prevent loss, fraud
- legitimate interests of Safrican Insurance
- prevent loss, fraud

### SUMMARY OF CLAIMS PROCEDURE

In the event of a death, a Claim Notification Form must be requested from the undertaker where you applied for the policy and submitted together with the relevant supporting documents. Failure to submit all required supporting documentation within 6 (six) months of the date of death may result in the benefits being forfeited.

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

- Fully completed Claim Notification Form
- Proof of Death:
  - (BI-5) Clearly Certified copy of computer produced Death Certificate; or
  - (BI-18) Clearly Certified copy of Unabridged Death Certificate; or
  - (BI-20) Certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents.
- (BI-1663) Original, faxed or emailed copy of the Notification of Death
- Clearly certified copy of Principal Member's Identity Document (front and back of Smart ID)
- Clearly certified copy of Deceased person's Identity Document (front and back of Smart ID) if the deceased is not the Principal Member
- Mandate Form (gives Safrican permission to pay claim to selected person or undertaker and protects Safrican from any future claims made by any other person)
- Clearly certified copy of Claimant's Identity Document (front and back of Smart ID)
- Clearly certified copy of Marriage Certificate where deceased is the spouse
- Current bank statement of the claimant or undertaker who is doing the funeral

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, from receipt of ALL claim documentation, provided all the claim procedure criteria have been met.

ACTIVATION FEE	ACTIVATION PREMIUM	FINAL MONTHLY PREMIUM*
R	R	R
PRINCIPAL MEMBER SIGNATURE*	COMPLETION DATE*	INCEPTION DATE*



# INSURANCE PARTNERS

Group Funeral Scheme Brokers FSP35033

07 Cleveland Street  
Boston  
Bellville  
7530PO Box 454  
Sanlamhof  
7532

VOX: 087 808 3007 Telkom: 021-949 8671

Fax: 021-948 9815 / 086 628 0359

Email: info@insurancepartners.co.za Web: www.insurancepartners.co.za

**Authority / Mandate Given By**

GIVEN BY (NAME OF ACCOUNTHOLDER) *		
PHYSICAL ADDRESS*	POSTAL CODE*	

**Bank Account Details**

BANK NAME*	BRANCH NAME AND TOWN*	BRANCH NUMBER*	ACCOUNT NUMBER*
SELECT ACCOUNT TYPE*		DATE*	CONTACT NUMBER*
<input type="radio"/> Current (cheque) <input type="radio"/> Savings <input type="radio"/> Transmission			
AMOUNT*	TO (NAME OF BENEFICIARY)		BENEFICIARY ADDRESS
R	Insurance Partners Funeral Fund Broker PTY LTD 2017/655426/07		07 CLEVELAND STREET, BOSTON, BELLVILLE, 7530

Abbreviated short name to be used and will show on your bank statement:

**INSURPARTN**

Refer to contract reference number \_\_\_\_\_ ("the Contract Reference Number" and for completion in office only)

I/We hereby authorise Netcash (Pty) Ltd to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number.

The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued must carry the Contract Reference Number, included in the said payment instructions, and must be provided to identify the specific contract. The said Contract Reference Number should be added to this form in section E before the issuing of any payment instruction and communicated directly after having been completed.

I/we agree that the first payment instruction will be issued and delivered on \_\_\_\_\_ (date) and thereafter regularly on the \_\_\_\_\_ of each month.

If, however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day; or

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in the previous clause) and sent by prepaid registered post or delivered to your address indicated above.

**Mandate**

I/we acknowledge that all payment instructions issued by you will be treated by my/our abovementioned bank as if the instructions had been issued by me/ us personally.

**Cancellation**

I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing.

**Assignment**

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

Signed \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

ASSISTED BY \_\_\_\_\_  
FOR OFFICE USE ONLYREP  
CAPACITY = REP**Agreement Reference Number**

THE AGREEMENT REFERENCE NUMBER IS (for office use only) \_\_\_\_\_