**EUM - FAMILY PLAN PROPOSAL**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **R10,000 COVER** | **MEMBER + SPOUSE + CHILDREN** | | **MEMBER +**  **SPOUSE** | | **MEMBER + CHILDREN** | | **MEMBER**  **ONLY** | | **EXTENDED FAMILY**  **(Per Member)** | |
| **AGE** | **PREMIUM** | **** | **PREMIUM** | **** | **PREMIUM** | **** | **PREMIUM** | **** | **PREMIUM** | **** |
| **18 - 64** | R 69.00 | **** | R 65.00 | **** | R 57.00 | **** | R 54.00 | **** | R 39.00 | **** |
| **65 - 74** | R 140.00 | **** | R 128.00 | **** | R 105.00 | **** | R 99.00 | **** | R 82.00 | **** |

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| **R20,000 COVER** | **MEMBER + SPOUSE + CHILDREN** | | **MEMBER +**  **SPOUSE** | | **MEMBER +**  **CHILDREN** | | **MEMBER**  **ONLY** | | **EXTENDED FAMILY**  **(Per Member)** | |
| **AGE** | **PREMIUM** | **** | **PREMIUM** | **** | **PREMIUM** | **** | **PREMIUM** | **** | **PREMIUM** | **** |
| **18 - 64** | R 105.00 | **** | R 100.00 | **** | R 87.00 | **** | R 85.00 | **** | R 70.00 | **** |

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| **R30,000 COVER** | **MEMBER + SPOUSE + CHILDREN** | | **MEMBER +**  **SPOUSE** | | **MEMBER +**  **CHILDREN** | | **MEMBER**  **ONLY** | | **EXTENDED FAMILY**  **(Per Member)** | |
| **AGE** | **PREMIUM** | **** | **PREMIUM** | **** | **PREMIUM** | **** | **PREMIUM** | **** | **PREMIUM** | **** |
| **18 - 64** | R 155.00 | **** | R 150.00 | **** | R 120.00 | **** | R 115.00 | **** | R 100.00 | **** |

**GENERAL SCHEME RULES:**

\* Claims paid in 48 hours (5 Days for Non-SA Citizens)

\* Joining age between 18 & 74 (Unless previously on a scheme)

\* Cover till death as long as premium is paid

\* Non-SA citizens with valid passports can be covered (Must be valid at time of death)

\* Main member can cover dependents living in SADC countries

\* Death certificate from home country needed at claim stage

\* Free repatriation for transport more than 100km (Including to SADC countries)

Waiting Period:

\* 0 - Accidental (Unnatural death) \* 24 Months – Suicide

\* 6 Months - 74 and under \* 12 Months - 75 – 84

\* 9 Months - R 20,000 & R 30,000 cover options

**FAMILY POLICY**

\* All dependents must be related to main member

\* Unlimited number of own children Wider children covered as own.

\*· Children covered up to age 21, or up to 25, if full-time student

\*· Stillborn covered only if main member is biological father or mother

\* Only 2 stillborn claims per member

**EUM – FAMILY PLAN PROPOSAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | |
| **GROUP / CHURCH NAME:** |  | **BROKER NAME:** | **KHANYISA INS BROKERS** |
| **NAME OF SALESPERSON:** |  | **SALES CODE:** |  |
| **SALESPERSON CELL NO:** |  | **POLICY NO:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MAIN MEMBER SURNAME:** | | | | **IDENTITY / PASSPORT NUMBER:** | | | | **DATE OF BIRTH** | **AGE** | | **GENDER** | **TITLE** |
|  | | | |  | | | |  |  | |  |  |
| **FULL NAMES OF MAIN MEMBER:** | | | | | | | **CELLPHONE NUMBER** | | **MTN** | | **Vodacom** | **Cell C** |
|  | | | | | | |  | |  | |  |  |
| **ALTERNATIVE CONTACT NUMBERS** | | | |  | | |  | |  | | | |
| **E-MAIL ADDRESS:** | | | |  | | | | | | | | |
| **ADDRESS:** | | | | | | | | | | | **POSTAL CODE:** | |
|  | | | | | | | | | | |  | |
| **COVER AMOUNT** | | | | | | **ENTRY DATE** | | **WAITING PERIOD** | | **WAITING PERIOD END** | | |
| **R 10,000** | **** | **R 20,000** | **** | **R 30,000** | **** |  | |  | |  | | |

**SPOUSE AND CHILDREN UP TO 21 YEARS OLD: (No limit on number of own or wider children)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL NAMES** | **ID / PASSPORT NUMBER** | **DATE OF BIRTH** | **GENDER** | **AGE** | **RELATION-SHIP** |
|  |  |  |  |  | Spouse ***(Max 2)*** |
|  |  |  |  |  | Child |
|  |  |  |  |  | Child |
|  |  |  |  |  | Child |
|  |  |  |  |  | Child |
|  |  |  |  |  | Child |
|  |  |  |  |  | Child |
| **MAIN MEMBER AND DEPENDANTS PREMIUM:** | | | | | **R** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SURNAME AND FULL NAMES** | **ID NUMBER** | **DATE OF BIRTH** | **GEN-DER** | **AGE** | **RELATION- SHIP** | **COVER AMOUNT** | **PREMIUM RATE** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| **EXTENDED FAMILY PREMIUM** | | | | | | | **R** |

**EXTENDED FAMILY (INCLUDING OWN CHILDREN OLDER THAN 21):**

***\*\* NB: EXTENDED RELATION CANNOT BE COVERED FOR MORE THAN THE MAIN MEMBER’S COVER***

*Should you need to add more members on any category please use an additional page.*

**TOTAL PREMIUM SUMMARY**

|  |  |
| --- | --- |
| **POLICY PREMIUM** | **R** |
| **EXTENDED FAMILY PREMIUM** | **R** |
| **DEBIT ORDER FEE (R5.00 per policy)** | **R** |
| **TOTAL MONTHLY PREMIUM** | **R** |

**BENEFICIARY:**

I hereby nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be the beneficiary of this policy.

ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Should a parlour be the nominated beneficiary please complete the Mandate to Pay the Undertaker)*

**PAYMENT OPTIONS**

IMB Card ❑ Debit Order **❑** Stop Order **❑** Bank Deposit **❑** Internet Banking ❑

* I have received a copy of the Terms and Conditions of this policy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant:**

* I have read through the terms and conditions, I understand the rules and conditions of this policy.
* I declare to the best of my knowledge and belief that the particulars given are true and correct
* I am satisfied that the plan chosen by me best suits my needs, and this is a single need policy
* I am able to afford the monthly premium of the plan chosen by me
* I am/am not replacing an existing Funeral Plan with this Policy.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EUM FAMILY PLAN - Summary Terms and Conditions**

**Funeral Benefits:**

The policy provides a benefit to be paid if the main member or any of the family members die. The benefit is selected on the application form and a membership certificate is issued after the first insurance premium is paid. Cover till death as long as premium is paid. There is no paid up or maturity value.



**Client**

Any person (policyholder) who requires funeral insurance for his/her family, legal or common law spouse, biological children, wider children and extended family members. Members must be related to the main member. Joining age between 18 & 74.

Cover available for Non-SA Citizens. Dependents still living in SADC countries can be included. Cover includes free repatriation for transport required for more than 100km (including SADC countries)

A main member may only be insured on a policy once, as a main member, but may be insured as a nominated member on more policies, to a maximum of R 30,000 total cover.

**Premiums**

A monthly premium per policy, determined by the insurer is payable monthly in advance. If any premium is not paid to the insurer in time, liability in terms of the policy will stop. Policy may be reinstated after payment of arrear premium, but conditions may change.

**Exclusions**

* Active participation in illegal activities, war & riot
* Nuclear bomb contamination (direct or indirect)
* Stillborn benefits are only payable to the biological parents, who must also be the policy holder.

**Waiting Period**

* 6 months for natural causes for R10,000 cover
* 9 months for natural causes for R 20,000 & R 30,000 cover
* 24 month waiting period suicide;
* 12 Months waiting period 75 - 84 years
* No waiting period for unnatural (accidental) causes
* When a lapsed policy is reinstated, a new waiting period will start – New terms & conditions might apply
* Waiting period applies to new members added to existing policy

**General**

* Each main member must complete an application form specifying his/her nominated members and beneficiary.
* Any incorrect information provided to the insurer may result in a claim not being paid.
* Valid claims will only be paid if:
  + Premiums are up to date
  + All required documentation received, correct & clear.

**Right to cancel**

Member may at any time cancel the policy subject to no refund of premiums in respect of risk cover already enjoyed and subject to the payment of premiums still due and payable at the time of cancellation in terms of the policy provisions.

**Claim procedures**

EUM must be notified of the death within six (6) months after date of death.

Failure to do so will result in the claim being forfeited.

**Claim Documents to be submitted:**

* Paid within 48 hours once all documents are received. Fully completed Capital Alliance / EUM claim form
* Police report / Statement form for accidental (unnatural) death (if applicable).
* Mandate to pay the undertaker (if applicable) signed by the main member or nominated beneficiary.
* Copy of the completed, signed and dated application
* Certified copy of:
  + Electronic death certificate with visible serial
  + numbers or
  + Unabridged death certificate or
  + A letter from Home Affairs or
  + Abridged Death Certificate for Stillborn
* BI 1163 – Notification of death from Home Affairs
* Certified copy of: (Affidavits are not accepted)
  + ID / Passport of main member (Both sides if ID Card)
  + Certified ID / Passport of the deceased
  + Certified Birth Certificate if the deceased is a child.
  + Passport must be valid at date of death
* Proof of banking details not older than three (3) months.

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

Any claims submitted for members who are not listed, or insured will not be accepted.

**Disclosure**

This funeral policy is:

* Underwritten by Liberty Life Ltd.
* Administrated by Executive Underwriting Managers CC. License Number – 33564

Your premium is inclusive of the following costs:

* R 25 admin fee per policy for administration and marketer remuneration & costs payable to the intermediary.
* Executive Underwriting Managers CC receives 10% commission from Liberty Life Ltd on the risk premium.

**YOUR INTERMEDIARY IS:**

Khanyisa Insurance Brokers (Pty) Ltd

Reg. No. 2006/035498/07

FSP No. 31213

126 Bram Fischer Drive, Ferndale, 2194

Tel: (011) 482 5452 / Fax: 086 542 0506

Email: [lifeadmin@khanyisabrokers.co.za](mailto:lifeadmin@khanyisabrokers.co.za)

**INTERMEDIARY COMPLIANCE OFFICER:**

MM Legal and Compliance,

37 Kobie Krige Street, Mogale City, Gauteng

Tel: 0110562560 Cell: 0741848467

Fax: 0862980491

E-mail:[mpho@compliancemm.co.za](mailto:mpho@compliancemm.co.za)

Should a complaint not be resolved to your satisfaction you may escalate the complaint to the FAIS Ombudsman:

P.O. Box 74571, Lynnwood Ridge, 0040

Tel: (012) 470-9080 Fax: (012) 348 3447

Or

The Ombudsman for Long-term Insurance

Private Bag x45, Claremont, 7735

Tel: (021) 657-5000 Fax: (021) 674-0951