**EUM – SOCIETY PLAN PROPOSAL**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **R10,000 COVER** | **1 + 5 MEMBERS** | | **1 + 9 MEMBERS** | | **1 + 13 MEMBERS** | |
| **AGE** | **PREMIUM** | **** | **PREMIUM** | **** | **PREMIUM** | **** |
| **18 - 64** | R 111 | **** | R140 | **** | R 169 | **** |
| **65 - 69** | R 168 | **** | R 180 | **** | R 258 | **** |
| **70 - 74** | R 190 | **** | R 205 | **** | R 355 | **** |

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| --- | --- | --- | --- | --- | --- | --- |
| **R20,000 COVER** | **1 + 5 MEMBERS** | | **1 + 9 MEMBERS** | | **1 + 13 MEMBERS** | |
| **AGE** | **PREMIUM** | **** | **PREMIUM** | **** | **PREMIUM** | **** |
| **18 - 64** | R 163 | **** | R220 | **** | R 278 | **** |
| **65 - 69** | R 277 | **** | R 300 | **** | R 455 | **** |
| **70 - 74** | R 323 | **** | R 351 | **** | R 650 | **** |

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| --- | --- | --- |
| **R30,000 COVER** | **1 + 5 MEMBERS** | |
| **AGE** | **PREMIUM** | **** |
| **18 - 64** | R 215 | **** |
| **65 - 69** | R 385 | **** |
| **70 - 74** | R 455 | **** |

**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

**SOCIETY PLAN**

\* Developed to cover extended families \* Max 14 members per policy

\* Members do not have to be related to main member but must have insurable interest

\* Nominated members may be over 21

\* Cover amount is the same for all members (Except age 1 - 6 capped on R10,000)

\* Number of dependents can be less, but not more than cover chosen

\* Deceased dependents can be replaced by another person

\* No cover for stillborn

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | | |
| **GROUP / CHURCH NAME** |  | | | | | **BROKER NAME:** | | | | **KHANYISA INS BROKERS** | | |
| **NAME OF SALESPERSON** |  | | | | | **SALES CODE** | | | | |  | |
| **CELL NO. OF SALESPERSON** |  | | | | | **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** | | |  | | |  | | | | |  | |
| **EMAIL ADDRESS:** |  | | | | | | | | | | | |
| **ADDRESS:** | | | | | | | | | | | **POSTAL CODE:** | |
|  | | | | | | | | | | |  | |
| **PRODUCT OPTION** | | | | | | | | | | | | |
| **1 + 5** |  | **1 + 9** | | | | |  | **1 + 13** | | | |  |
| **R 10,000** |  | **R 20,000** | | | | |  | **R 30,000** | | | |  |
| **ENTRY DATE** | | **WAITING PERIOD** | | | | | | **WAITING PERIOD END** | | | | |
|  | |  | | | | | |  | | | | |

**EXTENDED MEMBERS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FULL NAMES** | | **ID / PASSPORT NUMBER** | **DATE OF BIRTH** | **GENDER** | **AGE** | **RELATION** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| **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**

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

**DECLARATION**

* 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 am / am not replacing an existing Funeral Plan with it.

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

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

**EUM Society PLAN Summary Terms and Conditions**

**Funeral Benefits:**

The policy provides a benefit to be paid if the main member or any of the nominated 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 who requires funeral insurance for his / her family or extended family members. Members do not have to be related to the main member, but must know each other and know about the policy. 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)
* No cover for Stillborn

**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 – 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 of 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 (Capital Alliance).
* Administrated by Executive Underwriting Managers CC. License Number – 33564

Your premium is inclusive of the following costs:

* R 25 admin fee per policy for marketer remuneration and administration 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