

		Policy No:	
1. Introduced By:		Date:	
FSP No:	Cell No.		
Email Address:			

**2. Option Chosen**

Option				Cover:	
Inception Date:				Premium:	

**3. Application Details**

Surname:		First Names:			
Age:		ID No.			
Address:					
					Postal code
Contact Details:	Tel:	Cell No:	Payment method		
Email:					

**4. Dependents Details (Compulsory)**

Surname	First Names	Sex	Age	Relationship	Identity Number

**5. Beneficiary Details (Compulsory)**

Surname	First Names	Sex	Age	Relationship	Identity Number
Contact Details: (w)			Cel:		
Email Address:					
Address:					

**6. Extended Family Details (if applicable)**

Surname	First Names	Sex	Age	Relationship	Identity Number											

**Signature of Assured:****Date:****PLEASE SEND COMPLETED FORM TO:**

karabo02@gmail.com or whatsapp 063 811 0472.

## DEBIT ORDER AUTHORIZATION FORM

FOR POLICIES BY

### LESEDI FUNERAL SOCIETY

209 2nd Floor, Vanel Building, 31 Boom Street,  
KLERKSDORP

PERSONAL INFORMATION					
SURNAME					
NAME					
I.D. NUMBER					
ADDRESS					
TELEPHONE NUMBERS	H (    )	W (    )	MOBILE		
E-MAIL ADDRESS					
DEBIT THE FOLLOWING BANK ACCOUNT					
NAME OF ACCOUNT HOLDER					
NAME OF BANK			BRANCH NAME		
BRANCH CODE			ACCOUNT NO.		
TYPE OF ACCOUNT	TICK YOUR CHOICE <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission				
DETAILS OF PREMIUM					
POLICY NO(s).	1.	2.	PREMIUM	1.R	2.R
	3.	4.		3.R	4.R
	5.	6.		5.R	6.R
	6.	7.		7.R	8.R
	7.	8.			
FIRST PAYMENT DATE			AMOUNT	R	
DATE OF TRANSACTION(S)	TICK YOUR CHOICE    1 <sup>ST</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/>				

I hereby "instruct" and authorize Dick's Funeral Society to draw against my account with the abovementioned bank (or any other bank or branch to which I may transfer my account) the amount necessary (as stipulated above) for payment in respect of the abovementioned agreement and continuing until termination of our agreement or until cancelled by me in writing.

SIGNATURE \_\_\_\_\_

SIGNED AT \_\_\_\_\_ ON \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

If a company is the payer, the authorized person (including authorized capacity) must sign.

**IMPORTANT:** If you transfer your account at any time, advise **DICK'S FUNERAL SOCIETY** immediately and state your new account number.

### Pay Your Premiums Easily!

Please complete and sign the "Debit Order Authorization Form" and email it to us.

## **Terms and Conditions**

### **GENERAL**

- 1.1. Application forms must be fully completed with the details of the member and his dependents, reflecting full name and surname, date of birth and identity numbers, contact numbers, physical, postal and email addresses.
- 1.2. Up to a maximum of three (3) proven biological children per family not older than 21 years of age or not exceeding 24 if they are still studying are allowed without additional premium.
- 1.3. Only one spouse is allowed as a dependent of the member, regardless of the marriage regime.
- 1.4. The maximum benefit of Lesedi Funeral Society funeral policy is R30 000.
- 1.5. The policy, cover and waiting periods will be effective from the commencement date that appears on the policy certificate and on condition that the first premium is paid. The cover will continue as long as future premiums are paid. Cover is provided for a month, and this is calculated from the date the client has nominated on the application form as the due date for premium payment.
- 1.6. In the event of the death of the policyholder, any surviving dependent can apply to be the policyholder or principal member whichever the case may be, by notifying Lesedi Funeral Society within thirty (30) days.
- 1.7. Lesedi Funeral Society will not accept duplication of cover.
- 1.8. Extended Family includes Parents, Parents in-law and all other family members, specified by the Principal Member.

### **2. COOLING OFF PERIOD**

- 2.1. In a case where no benefit has yet been paid or claimed or an event insured against has not yet occurred, a policyholder may cancel the policy in the first thirty-one (31) days from the date of the policy in writing or telephonically.
- 2.2. All premiums or moneys paid by the policyholder to the insurer up to the date of receipt of the cancellation notice or received at any date thereafter in respect of the cancelled or varied policy, will be refunded to the policyholder.

### **3. WAITING PERIODS AND EXCLUSIONS**

- 3.1. A six-months (6) waiting period will apply for all new policies from date of inception.
- 3.2. Lesedi Funeral Society shall not impose waiting periods if the policy holder or member proves that:
  - 3.2.1. At least thirty-one (31) days before entering into a new funeral policy with Lesedi Funeral Society, had a previous policy with another insurer.
  - 3.2.2. The policy benefits under that previous policy provided cover in respect of similar risks relating to the same lives insured as those covered under the new funeral policy; and
  - 3.2.3. The policyholder or member had completed the waiting period in respect of that previous policy.
- 3.3. Lesedi Funeral Society shall impose a waiting period equal to the unexpired part of the waiting period under a previous funeral policy, if:
  - 3.3.1. The waiting period of the policyholder or member under the previous policy had not expired at the time that the policyholder or member enters the new funeral policy; and
  - 3.3.2. The new funeral policy provides cover in respect of similar risks relating to predominantly the same lives insured as those covered under the previous funeral policy.
- 3.4. Before entering a funeral policy with Lesedi Funeral Society, for purposes of determining a waiting period, Lesedi Funeral Society requires the potential policyholder to confirm whether or not the potential policyholder had a previous funeral policy and has completed a waiting period under such policy.

3.5. Lesedi Funeral Society will not be liable in the event of death from suicide within twelve (12) months on the inception of the policy.

3.6. Death as a result of an accident is covered immediately upon inception of the policy.

3.7. There are no exclusions on pre-existing health conditions.

#### **4. PREMIUM PAYMENTS**

4.1. Premiums must be paid in full and up to date for the policy to remain in force and for Lesedi Funeral Society to assume risk.

4.2. Premiums are paid monthly in advance and by no later than the 1st of every month.

#### **5. GRACE PERIOD**

5.1. In the event of a missed premium the policyholder shall be allowed thirty (30) days to catch up, which must include doubling the premium on the next payment cycle.

5.2. Failure to pay premiums within the grace period will result in lapsing of the policy.

#### **6. CANCELLATION AND RENEWAL**

6.1. In the event of discontinuance or termination of the policy, there will be no refund of premiums paid nor does the policy have any surrender value.

#### **7. POLICY REINSTAMENT**

7.1. Lesedi Funeral Society shall not reinstate any lapsed policy.

7.2. Policyholders of lapsed policies will only be allowed to take out a new policy after three (3) months of a lapse, with terms and conditions applicable to new policies.

#### **8. PREMIUMS REVIEWS**

8.1. Lesedi Funeral Society reserves the right, to review annually the premium rate in line with inflation, market, and actual claims experience of its business.

8.2. The review will also take in account reasonable actuarial grounds and the interests of the policy holder.

8.3. Should the review result in premium increase, Lesedi Funeral Society will notify the policy holder of the premium by giving two months' notice.

#### **9. CLAIMS AND BENEFITS**

9.1. Lesedi Funeral Society must be notified of a claim within six (6) months from the date of death of the life assured.

9.2. Claims submitted later than six (6) months from death of the life assured will be regarded as null and void and will be rejected.

9.3. Claims, in respect of dependents, will only be paid where such dependents have been nominated on the original application form.

#### **9.4. How to claim:**

9.4.1. You may submit your claim via email to [karabo02@gmail.com](mailto:karabo02@gmail.com) or call +27 63 811 0472 or +27 78 313 3271.

#### **9.5. The following documents must be provided when you submit a claim:**

- 9.5.1. Completed claim form
  - 9.5.2. Certified copy of original claimant's ID.
  - 9.5.3. Certified copy of original beneficiary's ID.
  - 9.5.4. Certified copy of the original death certificate.
  - 9.5.5. Certified copy of fully completed BI-1663/BI-1680.
  - 9.5.6. Stamped Claimant's proof of bank account (not older than 3 months).
  - 9.5.7. A police report with details of the cause of death in a case of an accidental death.
  - 9.5.8. Certified copy of an unabridged birth certificate in case of a newborn baby.
  - 9.5.9. Medical report letter with stamp of the medical institution concerned in the case of a still born child.
- 9.6. Lesedi Funeral Society reserves the right to request any further documentation or information as it may deem necessary to accurately assess a claim.
- 9.7. Claims will be assessed, and either be settled, repudiated or disputed within two business days of receipt of all the required documents.
- 9.8. In all respects the claimant will be notified of the outcome within two business days in writing.
- 9.9. Upon the completion of two business days referred to above, Lesedi Funeral Society shall within 14 business days of disputing a claim:
- 9.9.1. Further investigate such a claim.
  - 9.9.2. Make a decision whether or not the claim submitted is valid; and
  - 9.9.3. Pay or repudiate the claim.
- 9.10. Lesedi Funeral Society may not repudiate a claim under a funeral policy on the basis that the policyholder did not disclose information if Lesedi Funeral Society did not specifically request the policyholder to disclose that information before the inception of the policy.
- 9.11. Lesedi Funeral Society shall always pay the policy benefits to the policyholder or the designated beneficiary unless directed otherwise by the policyholder or the designated beneficiary.
- 9.12. The policyholder or member is entitled to demand that a policy benefit which is expressed otherwise than as a sum of money must be provided as a sum of money, in which case the sum of money must be equal in value to the policy benefit that would have been provided by Lesedi Funeral Society or any person acting on behalf of Lesedi Funeral Society had the policy benefit been provided otherwise than as a sum of money.

#### **10. REVISION OF TERMS AND CONDITIONS**

- 10.1. Lesedi Funeral Society may change the terms and conditions to policies by giving thirty-one (31) days written notice either by email, post or SMS to the contact details that were last provided. Please ensure you update your contact details as and when they change. It is the responsibility of the policyholder to ensure that we always have their correct contact details.