

COMBINATION - APPLICATION FORM

Office/Fax no: fax 086 459 1850

Address: 4 Beach Road, Melkbos, 7441

Email: applications@intabanet.co.za

Policy number:

Agent Number:

YOUR MOST AFFORDABLE AIRTIME & FUNERAL COMBO PACKAGE –

Surname: _____ First Names: _____

ID Number: _____ D.O.B: _____ Tel No: _____

Address: _____

Cell no 1: _____ Cell no 2: _____ (Compulsory)

Cell 2 Owner's name: _____

Cell Service Providers: _____

Sim Card Number: _____

E-Mail _____ **SPOUSE DETAILS** – If a Common Law spouse, tick box ☐

Surname: _____ First Names: _____

ID Number: _____ D.O.B: _____ Cell No: _____

BENEFICIARY DETAILS:

Name and Surname: _____ ID no: _____

CHILDREN DETAILS

1. _____ D.O.B. _____ Relationship _____

2. _____ D.O.B. _____ Relationship _____

3. _____ D.O.B. _____ Relationship _____

4. _____ D.O.B. _____ Relationship _____

5. _____ D.O.B. _____ Relationship _____

6. _____ D.O.B. _____ Relationship _____

EXTENDED MEMBER DETAILS: (R50.00 must be added to the monthly premium for each extended member added)

7. _____ ID. _____ Relationship _____

8. _____ ID. _____ Relationship _____

9. _____ ID. _____ Relationship _____

WHAT WILL YOU BE CHOOSING? Please mark selection with a "X"

Monthly Premium of R99.00	OR	Monthly Premium of R125.00	OR	Monthly Premium of R229.00
<u>R115.00 AIRTIME and 100 SMS'S</u> <u>monthly from (CELL C) T&C's apply</u>		<u>R145.00 AIRTIME and 100 SMS'S</u> <u>monthly from (CELL C) T&C's apply</u>		<u>R290.00 AIRTIME and 200</u> <u>SMS'S monthly from (CELL C)</u> <u>split over 2 phones T&C's apply</u>

All policies are subjected to an Administration and Activation Fee of R75.00 once off –

1. A hybrid monthly airtime contract for 12 months (must be extended for a further 12 months in month 11)
2. Funeral service and/or Cremation Service inclusive of a coffin via our Network Services provider (R99 product excluded)
3. cash in the amount of R4 000.00 in the event of the main member or spouse's death (R99 product excluded)
4. repatriation of the deceased, to the place of burial within the borders of South Africa (R99 product excluded)

How will Premiums be paid?

Debit Order

EasyPay

TOTAL PREMIUM:R.....

GENERAL RULES: for participating as a member to INTABANET CARE PLAN

- Single and families under 65 years and extended family up to 85 years may join the combination plan.
- Unmarried children (maximum of 6), under the age of 21 years, are covered.
- A general waiting period on the scheme is (6) six months for natural causes (1) one month on accidental causes and (2) years on suicide.
- Airtime and sms's will be supplied on the 15th of the month after receipt of first premium, thereafter monthly on the 15th.
- All airtime and sms benefits are subject to a standard 12 month hybrid airtime contract. Should the main member die the complete outstanding balance on the 12 months premiums will be deducted at claims stage.
- Premiums are payable in advance on or before the 1st day of the month via debit order or Easypay

NO grave is provided as part of the funeral services benefit. The Cash benefit is provided to cover costs towards the provision of the grave site

• Benefits under this scheme will cease when premiums are not paid and the member will be liable for a cancellation fee for the balance of the airtime contract.

• If a member's policy should lapse, any re-joins of the care plan are subject to a new 3 months waiting period with a new entry date.

• Only claims submitted within six (6) months of death will be considered for payment or service.

• No benefits will be considered unless the relevant documentary evidence has been supplied.

• Premiums under the scheme are not guaranteed and can be adjusted at any stage giving members 30 (thirty) days' notice of intent.

• Membership under the scheme can only commence on the 1st day of the month. All policies signed and submitted after the 15th day of the month will be accepted as from the 1st of the next month.

An administration fee of 10% will be charged for services rendered in the event of handling cash claims. E.g. If you choose the cash payout instead of the funeral and the cash payout is R10,000 then the claim administration fee is 10% of R10,000 which equals R1,000 which leaves a net cash payout of R9,000

N.B. The R99 Policy only provides a cash payout and no funeral Service option

SERVICES BENEFIT in the event of a funeral

A complete:- "Funeral services" meaning the:

- Provision of a coffin; and
- Comprehensive funeral services rendered by the Supplier, which shall be for the account of the Contracting entity. The Comprehensive funeral services provided shall include, but is not limited to the following:
 - Administration costs; Rendering of undertaker's service;
 - Use of a hearse; Funeral gazebo and 10 chairs;
 - Use of grass carpet; Use of lowering device;
 - Removal of the deceased to our local agency;
 - Use of mortuary facilities and storage of the deceased;
 - Registration of death (where possible);
 - Writing of nameplate; Local telephone calls;
 - Transport within a 30 kilometer radius; Funeral pamphlets.
- Cash benefit of R4,000 for main member and spouse only
- Repatriation of main member and spouse.

OR

CASH BENEFIT (in event of NO funeral service)	Single or Family R99 Plan	Single or Family R125 Plan	Single or Family R229 Plan
Principal Life and spouse Age – 14 to 65			
Principal Life	R 5 000,00	R10 000,00	R 18 000,00
Spouse	R 5 000,00	R10 000,00	R 18 000,00
Children 14 – 21	R 5 000,00	R10 000,00	R 18 000,00
Children 6 – 13	R 2 500,00	R5 000,00	R 9 000,00
Children 0 – 5	R 1 250,00	R2 500,00	R 4 500,00
Stillborn	R +36,00	R1 250,00	R 2 250,00
CASH BENEFIT (in event of NO funeral service)	Extended member Plan		
	6 TO 85 years		
Principal Life	R 6 000,00		

DEBIT ORDER INSTRUCTION: A copy of the bank statement heading MUST be attached. Details of my/our bank account are as follows:

Name of Acc. Holder _____		Account no: _____
Branch code: _____	Account Type: _____	Bank: _____

I/We hereby authorise Intabanet/AUI to draw against my/our account on(date) with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the **amount of R.....00 (Premium inclusive of Activation fee) in month one and**

thereafter monthly R.....00 necessary for payment of the monthly premium due in respect of the agreed insurance plan. All withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally. Should my account fall in arrears, I/we hereby authorise Intabanet/AUI to increase my monthly premiums to recover the arrears within the contract period. I/We understand that the withdrawals hereby authorised will be processed by computer through a system known as Bankserve or any other electronic means and I also understand that details of each withdrawal will be printed on my bank statement on an accompanying voucher. I/We agree to pay any bank charges relating to this debit order instruction. I/We agree to pay any and all bank charges that relate to this debit order including, without derogating from the generality hereof, all lodgement, failure and other costs that Intabanet/AUI may incur. This authority may be cancelled by me/us by giving you 30 (thirty) days' notice in writing, sent by prepaid registered post, but I/we shall not be entitled to any refund of amounts which have been withdrawn while the authority was in force if such amounts were legally owned. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Signed at _____ (place) on _____ (date) 20__

Signature of Representative: _____ Signature of Account holder/Main Member: _____

DECLARATION

I accept that if I provide false information, the policy can be cancelled. I accept the conditions of the policy and that cover will commence after **SIX CALENDAR MONTHS** of membership. I accept that I am hereby curtailing my dependants' and my rights of privacy, but for risk, claim and benefit assessment, I irrevocably authorise **AUI** to obtain information from any Doctor, Medical Facility or other instance, at any time (even after my death). I declare that my family and I are in good health and that none of us have an illness that may lead to an early death. PLEASE NOTE: This Membership Certificate is for the purpose of disclosure to enable you to understand certain important aspects of your funeral cover. This Membership Certificate shall in no way override your terms and conditions of funeral cover as set out in the Master Group Policy. It is your duty to contact Intabanet to assist you in determining your rights under the Master Group Policy. FAIS Ombud number: 0860324766

Signature of Main Member: _____ Date: _____ 20__