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NATIONAL PUBLIC SERVICE WORKERS UNION



APPLICATION FOR VOLUNTARY FUNERAL FUNERAL INSURANCE MEMBERSHIP

1. PERSONAL DETAILS OF PRINCIPAL MEMBER

SURNAME				FIRST NAMES																							
ID NUMBER	Y	Y	M	M	D	D										DATE JOINED	Y	Y	Y	Y	M	M	D	D	GENDER	M	F
EMPLOYEE NUMBER				EMPLOYER																							
MARITAL STATUS	SINGLE			MARRIED			DIVORCED			WIDOWED			DOMESTIC PARTNERSHIP														
CELL NUMBER				TELEPHONE NUMBER																							
E-MAIL ADDRESS																											
POSTAL ADDRESS																											
														CODE													
PHYSICAL ADDRESS																											
														CODE													

2. SPOUSES' DETAILS

NAME & SURNAME		DATE OF BIRTH / IDNUMBER												RELATIONSHIP													
1		Y	Y	M	M	D	D																				
2		Y	Y	M	M	D	D																				
3		Y	Y	M	M	D	D																				
4		Y	Y	M	M	D	D																				
5		Y	Y	M	M	D	D																				

3. CHILDREN UNDER 21 YEARS DETAILS

NAME & SURNAME		DATE OF BIRTH / IDNUMBER												RELATIONSHIP													
1		Y	Y	M	M	D	D																				
2		Y	Y	M	M	D	D																				
3		Y	Y	M	M	D	D																				
4		Y	Y	M	M	D	D																				
5		Y	Y	M	M	D	D																				
6		Y	Y	M	M	D	D																				

4. BENEFICIARY NOMINATION (Applicable in the event of the death of a Principal Member)

NAME				SURNAME													
ID NUMBER	Y	Y	M	M	D	D										RELATIONSHIP	

5. EXTENDED FAMILY MEMBERS

FIRSTNAME & SURNAME		OPTION	DATE OF BIRTH / IDNUMBER												PREMIUM RATE												
1		A B C	Y	Y	M	M	D	D																			R
2		A B C	Y	Y	M	M	D	D																			R
3		A B C	Y	Y	M	M	D	D																			R
4		A B C	Y	Y	M	M	D	D																			R
5		A B C	Y	Y	M	M	D	D																			R
6		A B C	Y	Y	M	M	D	D																			R
7		A B C	Y	Y	M	M	D	D																			R
8		A B C	Y	Y	M	M	D	D																			R
9		A B C	Y	Y	M	M	D	D																			R
10		A B C	Y	Y	M	M	D	D																			R
TOTAL EXTENDED FAMILY PREMIUM																	R										

6. VOLUNTARY FULL FAMILY BENEFIT

INSURED PERSON	OPTION A	OPTION B	OPTION C
Principal Member	R10 000	R22 000	R25 000
Spouse	R5 000	R22 000	R25 000
Child 14 – 21 years	R5 000	R12 000	R15 000
Child 6 – 13 years	R2 000	R7 500	R10 000
Child 1 - 5 years	R1 500	R5 000	R7 500
Child 0-11 months	R1 500	R2 000	R3 000
Stillborn	R1 500	R2 000	R3 000
Family Rate Per Month (Payable by the member)	R15.00	R51.00	R65.00

7. EXTENDED FAMILY COVER BENEFIT CHOICES

EXTENDED FAMILY BENEFITS OPTIONS	CHOICE A	CHOICE B	CHOICE C	CHOICE D
AGE OF EXTENDED FAMILYMEMBER AT ENTRY AGE	R5 000	R10 000	R12 000	R15 000
Under age 65 years	R16.50	R33.00	R39.60	R49.00
Between age 65 -74 years	R42.00	R84.00	R100.00	R126.00
Between age 75 - 84 years	R60.00	R120.00	R144.00	R180.00

NOTE: In line with the provisions of the Long Term Insurance Act, 1998, any benefit is limited to R10,000 for an unborn, or child before he or she attains the age of 6(six) years, and is limited to R30,000 for a minor after he or she attains the age of six years but before he or she attains the age of 14 years. Please refer to the table above for the benefit that is applicable.

8. PREMIUM CALCULATION SUMMARY

CATEGORY INSURED	PREMIUM AMOUNT
Voluntary Full Family Premium Payable by the member (Option A, B or C)	R
Total Extended Family and Wider Dependant Premium	R
TOTAL PREMIUM DUE	R

9. DEBIT ORDER AUTHORITY

Name of Bank: _____ Branch Code: _____ Account type: Cheque Savings Transmission
 Name of Accountholder: Account Number: _____ I hereby authorize Safrican Insurance Company Limited ("Safrikan") to start a debit order withdrawal from my account on the (day) _____ of (month) (year) and on the day of each month thereafter, with a possible percentage increase each year, for the premium applicable for the cover I have chosen. I understand that the debit order will be run on the date I have chosen; if for whatever reason it is not successful, the policy will end, subject to the grace period as described in the Terms and Conditions. No cash payments are accepted for arrear or any other premiums. I understand that this signed application form must be received by Safrican within ten working days prior to the chosen deduction date; if not, the premium will only be deducted and cover will only start in the following calendar month.

10. PERSAL DEDUCTION AUTHORISATION:

I, the undersigned,

FULL NAME	
RANK	
STATION	
IDENTITY NUMBER	
PERSAL NUMBER	
DEPARTMENT CODE	

hereby authorize the Accountant of the Department/Administration of to deduct from my salary each month the premium of R..... applicable for the cover I have chosen, with effect from (month).....20..... and monthly thereafter, and pay this amount to Safrican Insurance Company Limited ("Safrikan") from whom I have obtained a policy, until such time as I cancel this authorization in writing, or until I substitute it with a new authorization. Should the relevant premium rate be changed by Safrican as a result of an inflation related increase in premium rate, I confirm that the changed premium rate may be deducted from my salary until such time as I cancel this authorization in writing or until I substitute it with a new authorization.

In the event of this deduction not being successful, the policy will end, subject to the grace period as described in the Terms and Conditions. No deductions are accepted for arrear or any other premiums. Please note that your policy only starts when your first premium is collected. Please allow sufficient time from submission of your application form to the collection date.

11. 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 willful 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. If over the age limit when joining, the claim will be repudiated and premiums refunded. I declare further that I have read and understood the terms and conditions attached to this group policy. I understand that this product is offered to me on a non-advice basis, and that should I need to, I may contact the Safrican's offices for advice and assistance.

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PRINCIPAL MEMBER'S SIGNATURE

DATE	Y	Y	Y	Y	M	M	D	D
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ON COMPLETION, THE APPLICATION MUST BE SUBMITTED TO YOUR UNION REPRESENTATIVE.

TERMS AND CONDITIONS OF PRASA GROUP CONTINUATION OPTION FUNERAL SCHEME

FUNERAL BENEFITS:

The basic funeral plan provides for a cash benefit to be paid in settlement of a death claim of a Principal Member, his/her Spouse, Eligible Children and Extended Family Members, where applicable. References to retirement age in this document means age 63 years.

FUNERAL PACKAGE:

The funeral package consists of the following benefits:

- Basic Compulsory Family
- Voluntary top up Full Family benefit
- Optional Extended Family Benefit

Principal Member: a permanent, genuine, and actively employed person or member of NPSWU, who is allowed to elect participation in the policy, in accordance with the eligibility conditions as stated in the policy schedule, and who has not reached retirement age. The maximum entry age to the Fund is 64 years.

Spouse: a person married to the Principal Member by law or tribal custom or under the tenets of any Asian religion, which shall include a Common Law Spouse of the Principal Member. A spouse may not exceed the maximum entry age of 70 years. Only a maximum of 2 spouses may be covered.

Common Law Spouse: a person who is deemed by Safrican, at its sole discretion, to a Spouse, having regard to the particular circumstances of each case, and shall include, where applicable, Customary Marriages or a relationship between two people of the same gender, or a relationship between two people after a cohabitation period of 6 (six) months.

Child: An unmarried child, age 21 years and younger, of the Principal Member, including a stepchild, posthumous child, an illegitimate child, a legally adopted child or a stillborn child (from the 26th week of pregnancy). Only 2 stillbirth claims will be accepted per family during the term of the Policy. The age 21 years is extended to age 25 years if still a full-time student at a recognized institution or until the Principal Member ceases to qualify, whichever event occurs first. This does not include part time or correspondence students. Children who are mentally retarded or totally and permanently disabled at age 21 years or younger, who are unable to care for themselves, are covered until death or until the Principal Member ceases to qualify, whichever event occurs first. Details of any children of a Common Law Spouse, illegitimate children and step children must be given to Safrican at the same time as the Principal Member joins the Plan, or within 1 month of the child becoming eligible for cover. Failing this, Safrican will require satisfactory proof to support any claim.

Optional Extended Family: Family members, who are dependent on the Principal Member for financial assistance in the event of a death in the family, may be covered. These may include parents, parents-in-law, uncles, aunts, brothers, sisters, nephews, nieces, grandparents and children of the Principal Member who are over the age of 21 years.

Please Note:

Maximum entry age is 84 years
Up to 10 Extended Family members may be nominated for cover.
Only in case of a marriage may Extended Family (parent-in-law) be added, provided the maximum number of Extended Family Members has not been exceeded (approval to be granted by Safrican before premiums are amended).
Extended Family members may be covered multiple times under the Plan, provided such Extended Family members are not nominated more than once by the same Principal Member and the maximum benefit limit of R60000 is not exceeded for such Extended Family members.

TERMS & CONDITIONS:

Each Principal Member must complete an application form electing his / her dependants and extended family.
Benefits will cease at normal retirement age of the Principal Member, or on the death of the Principal Member before retirement age, or withdrawal from the Plan by the Principal Member, or non-payment of premium subject to the grace period, whichever event may occur first.
All children may be covered multiple times under the Plan, provided that:
The benefit for children younger than 6 years cannot exceed the maximum benefit limit of R10 000 across all Safrican plans.
The benefit for children younger than 14 and older than 6 years cannot exceed the maximum benefit limit of R30 000 across all Safrican plans.
Premiums are payable up to retirement age.

GRACE PERIOD:

A one-month grace period is allowed to pay any premium once the policy is in force (i.e. first premium has been received). If the premium is not paid within that month, the cover will cease without further notice.

WAITING PERIODS:

A 6 (six) months waiting period shall apply for Extended Family members from the commencement date of their cover, in respect of a death due to natural causes.
Only claims due to accidental death will be paid immediately, provided the first premium is received.
No waiting period is applicable in the event of death of a Principal Member, Spouse and Eligible Children. Should a member select a higher benefit than the one currently enjoyed, the waiting period mentioned above will apply on the improved benefit.
Where any premium payment is missed and thereafter paid, the applicable waiting period not served at the point when the premium was not paid, will apply from the date payment of the premium is resumed.

EXCLUSIONS:

This benefit will not be paid if death is directly or indirectly caused by or attributable to:
• Terrorism or war (whether declared or not).
• Radioactive contamination, whether directly or indirectly.
• Divorced spouses at inception of the policy are not covered, and cover for spouses who divorce during the term of the policy will cease immediately on divorce.

COOLING OFF PERIOD:

The policy holder has 30 (thirty) days cooling off period from receipt of this document to examine the Policy.
Provided that no death or claim has taken place in this period, should she or he elect not to take up the Policy, she or he must inform Safrican in writing of her or his intention not to accept.
All premiums already paid shall be refunded if you have not claimed for a death.

SURRENDER VALUES:

There are no surrender values attached to this Policy. Benefits under this Policy May not be ceded or pledged in any way. No loans will be granted against this policy.

CONTINUATION OPTION:

There is an option for Principal Members to continue their and their dependants' cover, where applicable, on an individual policy of funeral insurance, after their cover ceasing on this Scheme.
Where the Principal Member dies or for whatever reason withdraws from this scheme there is an option for any of the Principal Member's dependants under this Scheme to continue their and the other dependants' cover, where applicable, on an individual policy of funeral insurance, after their cover ceasing on this Scheme.
Both above options must be exercised in writing and within 1 (one) calendar Month of the date the originating policy was cancelled. A separate policy of insurance will be issued in respect of this continued cover. This separate policy shall have its own terms and conditions.

SUMMARY CLAIMS PROCEDURE:

In the event of a death, a Claim Notification Form must be requested from a Safrican office, and submitted together with the relevant supporting documents within 6 (six) months of the date of death. Failure to do so within the 6 (six) month period from date of death, will result in the benefit being forfeited.

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

Fully completed Claim Notification Form.

Proof of Death:

- (BI-5) Original computer produced or faxed certified Death Certificate; or
- (BI-18) Original or faxed certified copy of unabridged Death Certificate; or (BI-20) Original or faxed certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents.
- (BI-1663) A copy of the Notification of death
- Certified copy of Principal Member's Identity Document
- Certified copy of deceased's Identity Document
- Certified copy of claimant's Identity Document

See the Claim Notification Form for further required documents.

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

- Safrican will endeavor to settle the claim within 48 hours, provided all the claim procedure criteria have been met.
- Faxed copies must be clearly certified. The details of the Commissioner of Oaths with all the relevant details must be clear. Documentation submitted other than those listed, will not be accepted. **Affidavits are not accepted.**

TERMS AND CONDITIONS OF PRASA GROUP CONTINUATION OPTION FUNERAL SCHEME

If you have any reason to complain, kindly contact:

Compliance Officer of Safrican at:
 PO Box 616, Johannesburg, 2000
 Fax: (011) 778 8130
 E-mail: compliance@safrican.co.za

For complaints about policy terms or a claim not paid:
 The Ombudsman of Long-term Insurance
 Private Bag x45, Claremont, 7735
 Tel: (021)657-5000 Fax: (021) 674-0951

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

FAIS Ombudsman (For complaints about how the policy was sold to you)
 P.O. Box 74571, Lynnwood Ridge, 0040
 Tel: (012) 470-9080
 Fax: (012) 348 3447

The Ombudsman of Long-term Insurance (For complaints about policy terms or a claim not paid)
 Private Bag x45, Claremont, 7735
 Tel: (021) 657-5000
 Fax: (021) 674-0951

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 191 Hectors Avenue
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