



# NATIONAL PUBLIC SERVICE WORKERS UNION



## NPSWU FUNERAL BENEFIT PLAN APPLICATION FOR MEMBERSHIP

MEMBER SURNAME:	FIRST NAMES:	PERSAL NO:	DATE JOINED COMPANY:	EMPLOYER:
IDENTITY NO:	MARITAL STATUS:		CELLPHONE NO:	TELEPHONE NO:
POSTAL ADDRESS:				CODE:

IMMEDIATE FAMILY NAMES & SURNAME: (SPOUSE, CHILDREN UNDER AGE 21 YEARS)	IDENTITY NUMBER / DATE OF BIRTH:	RELATIONSHIP:

**BENEFICIARY :**

NAME AND SURNAME: \_\_\_\_\_

IDENTITY NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**EXTENDED FAMILY DEPENDANTS:**

NAME AND SURNAME	IDENTITY NO. / DATE OF BIRTH	BENEFIT	PREMIUM RATE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>TOTAL EXTENDED FAMILY PREMIUM</b>			

**EXTENDED FAMILY BENEFIT CHOICES:**

EXTENDED FAMILY BENEFIT	OPTION A R10,000
Below age 65 years	R 33.00
Between age 65 – 74 years	R 84.00
Between age 75 – 84 years	R 120.00

**FULL FAMILY BENEFIT CHOICES:**

FULL FAMILY BENEFIT	OPTION A
Member	R 18,000
Spouse	R 18,000
Child 14 – 21 years	R 12,000
Child 6 – 13 years	R 7,500
Child 1 - 5 years	R 5,000
Child 0 - 11 months	R 2,000
Stillborn	R 2,000
Family Rate Per Month	<b>R42.70</b>

PREMIUM CALCULATION SUMMARY	
CATEGORY INSURED	PREMIUM AMOUNT
Full Family Premium	
Total Extended Family Premium	
Total Premium Due	

**PAYROLL DEDUCTION:**

I hereby authorize the Accountant of the Department of .....to deduct from my salary each month the amount of R \_\_\_\_\_, with effect from ...../...../20....., and remit it to Safrican Insurance Company Limited (“S african”) in respect of the NPSWU Funeral Benefit Plan of which I am a member, until such time as I cancel the authorization in writing or until I substitute it with a new authorization.

Should the relevant premium rate be adjusted by Safrican as a result of a general decrease/increase in subscription or should I request Safrican to decrease/increase the premium for certain reasons, I confirm that the adjusted premium 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 being dishonored, the policy will lapse, subject to the grace period as stipulated under the terms and conditions. No cash payments are accepted for arrear or any other premiums. I understand that this signed document is required in the Safrican offices 10 (ten) working days prior to the deduction date; if not, the deduction will only qualify for the following calendar month’s deductions, and cover will only commence the following month.

**Please supply us with your persal information below:**

PERSAL NUMBER:	
DEPARTMENT CODE:	

**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.

PRINCIPAL MEMBER’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# TERMS AND CONDITIONS OF NPSWU FUNERAL BENEFIT PLAN

## 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. The maximum entry age to the Fund is 65 years. Premiums are paid up to normal retirement age.

## FUNERAL PACKAGE

The NPSWU Funeral Benefit Plan consists of the following benefits:

- Full Family Benefit, which includes paid up benefits on death and disability (permanent disablement).
- Optional Extended Family Benefit
- Repatriation Benefit

## Paid-up on Death:

In the event of the death of the Principal Member prior to Cessation Age, any Eligible Dependants (Spouse and Eligible Children), where applicable, will remain covered with no further premiums being payable until the end of the month in which the Principal Member would have attained the Cessation Age.

## Paid-up on Disability:

Should a Principal Member become totally and permanently disabled prior to the Cessation Age to such an extent that he/she is unable to follow any occupation for remuneration or gain, Safrican will waive all future premium payments. The Principal Member, Spouse and Eligible Children, where applicable, will remain covered until end of the month that the Principal Member would have attained the Cessation Age.

## Maximum benefit on paid up benefits is R10,000.

**Extended Family Members do not qualify for paid up benefits. This benefit falls away should the Plan be cancelled.**

## Continuation Option

The Principal Member on leaving the Plan prior to the Cessation Age and having been a member for at least 12 (twelve) consecutive months, may apply to Safrican for an individual funeral policy for a similar or lesser benefit to which he was entitled to under the Plan. This option must be exercised within 1 (one) month of ceasing to be a Principal Member of the Plan prior to Cessation Age.

## Repatriation Benefit:

In the event of the death of either a Principal Member, Spouse or Eligible Child within the borders of South Africa but away from home, assistance can be sought through a telephone number that renders a service to the bereaved family with making the necessary funeral related arrangements.

**Principal Member:** a permanent, genuine, and actively employed person or member of the Policyholder, 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.

**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.

**Common Law Spouse:** a person who is deemed by Safrican, at its sole discretion, to be the common law spouse of the Principal Member, 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.

**Child:** an unmarried child, 21 years and younger, of the Principal Member, including a stepchild, posthumous child, an illegitimate child, a legally adopted child or a stillborn child (after the 26th week of pregnancy). Only 2 stillbirth claims will be accepted per family during the term of the Policy. Children are covered below age 21 and this is extended to age 25 years if still a full-time student at a recognised institution or until the Principal Member ceases to qualify. Children who are mentally retarded or totally and permanently disabled before age 21, who are unable to care for themselves are covered until death or until the Principal Member ceases to qualify. Details of any children of a Common Law Spouse, illegitimate child and stepchild must be given to Safrican at the same time as the Principal Member joins the scheme, or within 1 month of the child becoming eligible for cover. Failing this, Safrican will require satisfactory proof to support any claim.

**Extended Family:** Family members who may be covered are those who are dependent on the Principal Member for financial assistance towards funeral and related costs. This may include parents, parents-in-law, uncles, aunts, brothers, sisters, nieces, nephews or in-Eligible Children of the Principal Member.

## 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 only be covered once under the Fund.

## TERMS & CONDITIONS:

- Each Principal Member must complete an application form electing his/her dependants and extended family.
- Benefits for the dependants of the Principal Member will cease at normal retirement age, or on the death of the Principal Member before retirement age, which ever event may occur first.
- Premiums are payable to retirement age.

## GRACE PERIOD:

- A one-month grace period applies from the start of the Policy.

## WAITING PERIODS:

- For Principal Members and his/her immediate family and their extended family members, there is a 6 (six) month waiting period for claims due to natural causes for those aged 74 years and below at entry date
- For Principal Members and his/her immediate family and their extended family members, there is a 12 (twelve) month waiting period for claims due to natural causes for those aged 75 years and above at entry date
- Only claims due to accidental death will be paid immediately provided that premiums are received.
- Should a member select a higher benefit than the one currently enjoyed, the waiting period mentioned above will apply on the improved benefit.
- Where premium payments are missed then resumed, the applicable waiting period will apply from date payment of premiums 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.
- Death as a result of illegal activities.
- Suicide will not be covered during the first 2 (two) years of membership.
- 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.

## FRAUDULENT CLAIMS

If any fraudulent claim is made against this Policy, Safrican will be under no further obligation whatsoever to pay this claim, and shall, at its own discretion, be entitled to cancel this Policy with immediate effect

## PREMIUM RATE AND POLICY TERMS REVIEW

The premium rate payable, and the terms and conditions of the policy, shall be subject to alteration by Safrican at any time on 3 (three) months notice to the policyholder.

## COOLING OFF PERIOD

- The policyholder has a 30 (thirty) day 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, less the cost of any risk cover.

## CANCELLATION

After the 30 day cooling off period has ended, the policyholder as well as Safrican reserves the right to cancel this Policy at any time after giving the other party 3 (three) months written notice of such intention.

## 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.

## 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, could 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; **and**
  - (BI-1663) Original or faxed copy of the Notification of death
- Certified copy of Principal Member's Identity Document
- Certified copy of deceased's Identity Document
- Copy of Principal Member's most recent payslip (for the month in which the death occurred).
- In the event of a claim for a full-time student, a letter confirming full-time study from a recognised educational institution, together with the last academic report, must be submitted
- For a disabled child, confirmation of the Disability Grant, copy of Medical Application of the Principal Member or Medical Report.

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

- Safrican will endeavour 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.**
- NB: Posted documents MUST be sent via registered mail.

NB: The policyholder is entitled to be provided, upon request, with a copy of the Policy.

Should a member have underpaid his / her premium, the benefit payable in respect of a claim will be reduced in proportion to the underpayment.

## CONTACT DETAILS

KWAZULU NATAL: TEL - 031 3047563  
GAUTENG: TEL - 011 3337981

**PLEASE FAX COMPLETED APPLICATION FORMS TO THE FOLLOWING NUMBER:**

KWAZULU NATAL - FAX: (031) 307-3306  
Email: [npswu@mweb.co.za](mailto:npswu@mweb.co.za)  
GAUTENG: FAX (011) 3337980  
Email: [jhb@npswu.org](mailto:jhb@npswu.org)

Your policy is underwritten by:

Safrican Insurance Company Limited ("Sfrican")  
Reg No. 1935/007463/06  
An authorised Financial Services Provider  
FSP No. 15123  
[www.sfrican.co.za](http://www.sfrican.co.za)

Safrican is authorised to sell the following products: Long-term Insurance: Subcategory A, B1, B2

Safrican holds professional indemnity and fidelity insurance cover.

Safrican Insurance Durban Office  
SADTU House, 321 Anton Lembede Street, 7<sup>th</sup> & 8<sup>th</sup> Floor,  
Durban  
P.O. Box 5008, Durban 4000  
Tel: (031) 305-1800

If you have any reason to complain, kindly contact the Compliance Officer of Safrican on the details set out below.

P O Box 616, Johannesburg, 2000  
Fax: (011) 778-8181  
E-mail: [compliance@sfrican.co.za](mailto:compliance@sfrican.co.za)

Should a complaint not be resolved to your satisfaction, you may escalate the complaint to either the FAIS Ombudsman or the Long-term Insurance Ombudsman, whose details are set out below:

FAIS Ombudsman  
Financial Services Board  
P.O. Box 74571, Lynnwood Ridge, 0040  
Tel: (012) 470-9080 Fax: (012) 348 3447

The Ombudsman of Long-term Insurance  
Private Bag x45, Claremont, 7735  
Tel: (021) 657-5000 Fax: (021) 674-0951