Prospercare
benefit solutions

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TOMBSTONE CASH BENEFIT

COMPANY:		EMPLOYEE NO:		BRANCH:	

Step 1: PRINCIPAL MEMBER'S DETAILS (POLICY HOLDER)

FIRST NAME(S):		TITEL:	MISS.	MRS.	MR.
SURNAME:		GENDER:	MALE		FEMALE
I.D/PASSPORT NO.		DATE OF BIRTH:	D D M M		Y Y Y Y
EMAIL ADDRESS:		MARITAL STATUS:	MARRIED		SINGLE
POSTAL ADDRESS:			AREA CODE:		
CELL NO:		TEL NO:			

WOULD YOU LIKE TO COVER YOURSELF AND YOUR BASIC FAMILY (Included in the R30) ?	YES	NO

Step 2: IMMEDIATE FAMILY' DETAILS (Please provide us with information of your immediate family if applicable)

RELATION TO MEMBER	FIRST NAME(S):	SURNAME:	I.D/PASSPORT NO.
SPOUSE			
CHILD 1			
CHILD 2			
CHILD 3			
CHILD 4			
CHILD 5			

WOULD YOU LIKE TO COVER YOUR EXTENDED FAMILY MEMBERS AT AN ADDITIONAL CHARGE?	YES	NO

SECTION 3: BENEFIT - EXTENDED FAMILY DETAILS (The premium is calculated per additional person, according to their age at inception) PLEASE SELECT A PLAN:

FIRST NAME(S):	SURNAME:	I.D/PASSPORT NO.	RELATION TO MEMBER	PLAN:	
			EXTENDED	A	B
			EXTENDED	A	B
			EXTENDED	A	B
			EXTENDED	A	B
			EXTENDED	A	B
			EXTENDED	A	B

CATEGORY:	CASH BENEFIT:	MONTHLY PREMIUM:	
Member	R10 000	R30.00	
Spouse (1st only)	R10 000		
Child 14 - 21 years	R10 000		
Child 6-13 years	R10 000		
Child 1 -5 years	R5 000		
Child 0 - 11 months	R2 500		
Stillborn	No applicable benefit		
Extended Family: Age 18-64	R5 000	R35.00	*Plan A*
Extended Family: Age 18-64	R10 000	R55.00	*Plan B*
Extended Family: Age 65-74	R5 000	R40.00	*Plan A*
Extended Family: Age 65-74	R10 000	R65.00	*Plan B*

The applicant of this policy has to be a contributing Prospercare member; thus the member has to have a funeral policy with Prospercare Benefit Solutions. A 6 (six) months waiting period for natural causes applies from inception of this policy for the basic family and extended family members. This policy pays out a cash benefit only; the responsibility will remain with the claimant to purchase the Tombstone. ***Please see T & C for full details and applicable waiting periods for extended family.***

Step 5: BENEFICIARY (Beneficiary will NOT be covered for funeral plan UNLESS detailed under step 2,3 & 4. Beneficiary should be over 21 yrs.)

FIRST NAME(S):	SURNAME:	I.D/PASSPORT NO.	Relation to member

I confirm that I understand the full details of the Policy, and that I have been provided with a Summary of the Policy Terms & Conditions. To the best of my knowledge and belief, the particulars given above are true and correct. I understand and agree that any willful misstatement in this application will invalidate any claim or benefit under the policy and I undertake to abide by the terms and conditions of the policy. I hereby give permission to my employer to deduct the relevant premium (payable in advance) as reflected herein from my salary on a monthly basis.

_____	_____
PRINCIPAL MEMBER'S SIGNITURE	**DATE SIGNED BY PRINCIPAL MEMBER**