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APPLICATION FORM

"REPATRIATION" has been included in all options for the basic family. Assisting the beneficiary with the removal or transport of the deceased body from one area/province to another exceeding 100km. Foster children are FREE. REPATRIATION cover is available for 2nd spouses and extended family members at an ADDITIONAL R5 per person (T's & C's apply)

Employee No:	Please mark the preferred cover for your BASIC FAMILY												
Company:	R14 000	R20 000	R25 000	R30 000	R40 000	R50 000							
Step 1: PRINCIPAL MEMBER'S DETAILS (POLICY HOLDER)													
FIRST NAME(S):				TITLE:	MISS.	MRS.	MR.						
SURNAME:				GENDER:	MALE		FEMALE						
I.D./PASSPORT NO.				DATE OF BIRTH:	D	D	M	M	Y	Y	Y	Y	
EMAIL ADDRESS:				NATIONALITY:									
POSTAL ADDRESS:				COUNTRY OF BIRTH:									
AREA CODE:	TEL NO:	CELL NO:	MARITAL STATUS:			MARRIED	SINGLE						
Step 2: SPOUSE'S DETAILS (Please provide us with information of your life partner/spouse)													
	FIRST NAME(S):	SURNAME:	COUNTRY OF BIRTH:		I.D. NUMBER/PASSPORT NUMBER:								
1 ST													
2 ND													
Step 3: BIOLOGICAL CHILDREN'S DETAILS (All children below age 22 and below age 26 years, if a full-time student/scholar may be covered under this section. Children 22 years and over and not a full-time student can be covered under the Ext Family @ R25 p.m.)													
	FIRST NAME(S):	SURNAME:	COUNTRY OF BIRTH:		I.D. NUMBER/PASSPORT NUMBER:								
1													
2													
3													
4													
5													
6													
Step 4: FOSTER CHILDREN NOT LEGALLY ADOPTED DETAILS (All foster children not legally adopted, up to 18 years. No student benefit)													
A foster child, not legally adopted is a child that is not your biological child, nor did you legally adopt the child, but you are financially responsible for the child and the child is living with you and not their biological parent(s).													
1	FIRST NAME(S):	RELATION TO MEMBER:				PLAN:	A	B	C	D	E	F	
SURNAME:	ID/PASSPORT NO.												COUNTRY OF BIRTH:
2	FIRST NAME(S):	RELATION TO MEMBER:				PLAN:	A	B	C	D	E	F	
SURNAME:	ID/PASSPORT NO.												COUNTRY OF BIRTH:
3	FIRST NAME(S):	RELATION TO MEMBER:				PLAN:	A	B	C	D	E	F	
SURNAME:	ID/PASSPORT NO.												COUNTRY OF BIRTH:

BASIC FAMILY COVER	R14 000	R20 000	R25 000	R30 000	R40 000	R50 000
PRINCIPAL MEMBER	R14 000	R20 000	R25 000	R30 000	R40 000	R50 000
SPOUSE	R14 000	R20 000	R25 000	R30 000	R40 000	R50 000
CHILD 14-21	R14 000	R20 000	R25 000	R30 000	R40 000	R50 000
CHILD 6-13	R7 000	R10 000	R12 500	R15 000	R20 000	R25 000
CHILD 1-5	R4 200	R6 000	R10 000	R12 000	R12 000	R15 000
CHILD 0-11 MONTHS	R1 750	R3 500	R5 125	R6 000	R6 250	R6 500
STILL BORN (LIMIT 2)	R1 750	R3 500	R5 125	R6 000	R6 250	R6 500
PREMIUM	R75	R95	R120	R135	R165	R195
2 ND SPOUSE	R19	R25	R31	R42	R58	R72
FOSTER CHILD <19	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F
	R23	R31	R40	R47	R57	R67



APPLICATION FORM

part 2

Step 5: OPTIONAL EXTENDED FAMILY (Please provide us with the FULL details of the extended family dependents)				Please select your plan option.								
1	FIRST NAME(S):		RELATION TO MEMBER:	PLAN:	A	B	C	D	E	F		
SURNAME:			ID/PASSPORT NO.								COUNTRY OF BIRTH:	
2	FIRST NAME(S):		RELATION TO MEMBER:	PLAN:	A	B	C	D	E	F		
SURNAME:			ID/PASSPORT NO.								COUNTRY OF BIRTH:	
3	FIRST NAME(S):		RELATION TO MEMBER:	PLAN:	A	B	C	D	E	F		
SURNAME:			ID/PASSPORT NO.								COUNTRY OF BIRTH:	
4	FIRST NAME(S):		RELATION TO MEMBER:	PLAN:	A	B	C	D	E	F		
SURNAME:			ID/PASSPORT NO.								COUNTRY OF BIRTH:	
5	FIRST NAME(S):		RELATION TO MEMBER:	PLAN:	A	B	C	D	E	F		
SURNAME:			ID/PASSPORT NO.								COUNTRY OF BIRTH:	
6	FIRST NAME(S):		RELATION TO MEMBER:	PLAN:	A	B	C	D	E	F		
SURNAME:			ID/PASSPORT NO.								COUNTRY OF BIRTH:	
7	FIRST NAME(S):		RELATION TO MEMBER:	PLAN:	A	B	C	D	E	F		
SURNAME:			ID/PASSPORT NO.								COUNTRY OF BIRTH:	
8	FIRST NAME(S):		RELATION TO MEMBER:	PLAN:	A	B	C	D	E	F		
SURNAME:			ID/PASSPORT NO.								COUNTRY OF BIRTH:	

OPTIONAL EXTENDED FAMILY BENEFITS

CATEGORY 1 COVER AMOUNT	PLAN A R5 000	PLAN B R10 000	PLAN C R15 000	PLAN D R18 000	PLAN E R20 000	PLAN F R25 000
EXTENDED < 65	R27	R52	R82	R96	R107	R140
EXTENDED 65 - 74	R37	R72	R102	R122	R137	R160
EXTENDED 75 - 84	R72	R142	R202	R220	R237	R290
CATEGORY 2 COVER AMOUNT	PLAN A R3 500	PLAN B R7 000	PLAN C R10 500	PLAN D R12 500	PLAN E R14 000	PLAN F R17 500
EXTENDED 85 - 94	R52	R102	R152	R180	R197	R235

PLEASE NOTE: EXTENDED COVER MAY NOT EXCEED BASIC FAMILY COVER. (ONLY PLAN A & PLAN B IS AVAILABLE ON THE R14 000 BASIC COVER OPTION & ONLY PLAN A TO PLAN E IS AVAILABLE ON THE R20 000 BASIC FAMILY COVER OPTION)

Step 6: 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. NUMBER/PASSPORT:	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 SIGNATURE	DATE SIGNED BY PRINCIPAL MEMBER
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