

CONTINUATION PLAN 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)

Previous Employee No:		Please mark the preferred cover for your BASIC FAMILY					
Previous Company:		R14 000	R20 000	R25 000	R30 000	R40 000	R50 000
Should you wish to REMOVE the Repatriation benefit from your basic family cover – please tick the box (R10 will be deducted from the basic premium) ☐							
(Please note that the Repatriation benefit is compulsory on the R40 000 & R50 000 plans and cannot be cancelled)							
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
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:			
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							

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	R85	R110	R135	R150	R185	R220

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	R32	R62	R92	R105	R122	R145
EXTENDED 65 - 74	R47	R87	R112	R130	R152	R180
EXTENDED 75 - 84	R82	R157	R212	R225	R247	R305
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	R57	R117	R157	R180	R212	R240

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
BENEFICIARY CONTACT NUMBER:		BENEFICIARY -ALTERNATIVE CONTACT NUMBER:	

Step 7: Should you currently have any of these 2 benefits, please tick the boxes of the cover you wish to continue with. (Cover of these benefits will continue at the same premium amount)

Beef Policy

Tombstone Policy

Step 8: PAYMENT METHOD (Please select your preferred payment method)

EasyPay:

or

Debit Order:

Step 9: DEBIT ORDER AUTHORISATION (Please fill in the information below if you selected Debit Order as your preferred payment method)

Account Holder's Name:	Account No:	Bank Name:
Branch Name:	Branch Code:	First Debit Date:
Account Type:	Savings:	Cheque:
Transmission:	Debit Order Date	1 15 25 Last day

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.

PRINCIPAL MEMBER'S SIGNATURE	ACCOUNT HOLDERS SIGNATURE	DATE SIGNED BY PRINCIPAL MEMBER
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Continuation Plan

Terms and Conditions

DEFINITIONS:

Continuation Plan allows the main member in a group scheme to continue with their policy on an individual basis without being subject to an additional waiting period, upon withdrawal from the group scheme provided they have applied to continue and received confirmation to that application within one month of the withdrawal date. Cover will be provided at the applicable individual and extended family premium rates and terms and conditions at the time of withdrawal. The benefit for an individual covered under the group policy is limited to the benefit provided in the group policy and only individuals who have enjoyed cover under the group scheme for a period of at least 1 month may be included in the conversion option.

Principal member is limited to the former members of the Prospercare Group Scheme aged between the age of 18 and 74 years at inception of this policy who can afford and pay the monthly premiums for the plan as selected on the schedule. The principal member must be a permanent resident within the Republic of South Africa and accept the terms and conditions as stated herein and the premiums pertaining to the option selected in the application form. The policy will commence on the date when the first premium is received and/honored and the policy will continue as long as the future premiums are honored. The Principal member may also be defined as the policyholder in any future correspondence pertaining to this policy.

Spouse A person married to the Principal member who is resident within the Republic of South Africa, including a party to a customary marriage concluded in accordance with the applicable indigenous law as well as a union concluded between parties married in accordance with doctrines of any recognized religion or tradition, as well as a partner to a civil partnership in terms of the Civil Union Act, 2006, a common law spouse or life partner, provided that the Principal Member provides, upon request, satisfactory proof of the permanency of relationship with his/her life partner. The spouse must be below age 70 at inception of cover. The Principal Member may, due to a Life changing incident apply to Prospercare in writing to change the spouse details within one month of such changes.

Child an unmarried child of the Principal Member, and shall include posthumous child, stepchild, child of any common law spouse of the principal member, illegitimate or legally adopted child, providing that satisfactory proof of any child is submitted to Prospercare and acceptance acknowledged by the Underwriter. A child who is stillborn shall be covered for funeral benefits if the death occurred after the 26th week of pregnancy. Only 2 stillbirths' claims will be accepted per family during the term of the policy. Children shall have the corresponding meaning.

Unmarried child(ren) of the Principal Member who is resident in the Republic of South Africa and shall include an adopted child, a biological child, a dependent step child, including the child of any spouse over the age of 21 next birthday covered to below age 22 and to below age 26 years if a full-time student. Unmarried children who are mentally retarded or totally and permanently disabled prior to age 22, who are unable to care for themselves are covered to death, cessation age of the principal member or withdrawal (In both instances, proof satisfactory to the underwriter of the condition of disablement or confirmation of full-time study must be submitted at claim stage. This does not include part-time correspondence students).

2nd spouses and Foster Children previously covered at a discounted rate on the group scheme will be moved to Extended Family Cover at the applicable premium.

Extended family member: A person on which the policyholder has financial responsibility towards his/her funeral costs in the event of his/her death and shall include but not limited to, additional spouses, parents, parents in law, grandparent, uncles, aunts, brothers, sisters, nephews, nieces, grandchildren and own unmarried children above 21 years and foster kids not legally adopted. There is a maximum joining age of 94 on this cover and benefit will be limited in accordance to age of the extended at entry. The benefit will not decrease due to age i.e cover at entry will always be applicable unless policyholder elects to change benefits. The extended may not be covered with a benefit higher than that of the main member. Unmarried Children above 21 years of age who are not full-time students at a recognized institution, shall be treated as extended family members and applicable benefits at an additional fee as defined for extended family members on this group scheme shall apply. The new waiting period of 6 months for all extended family only applies to those who joined on or after 1st April 2019 and previously applicable waiting periods will apply in respect of lives that joined prior to 1st April 2019.

REVISION OF TERMS AND CONDITIONS:

NESS / Prospercare as directed by the Underwriter reserves the right to amend, revoke, vary or alter any of the terms and conditions of this policy, and giving 30 days written notice period of the intention to do so.

CANCELLATIONS:

The policyholder as well as NESS / Prospercare (on behalf of the Underwriter), reserves the right to cancel this policy at any time after giving the other party 3 (Three) months written notice of such intention.

BENEFICIARIES:

The beneficiary is the person fully described in the schedule to this policy who has been elected by the principal member to receive the benefits or direct the usage of the benefits claimed as a result of death of the principal member.

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.

MINIMUM AND MAXIMUM AGE AT ENTRY:

The minimum age at entry for a Principal member is 18 years. The maximum age at entry for a Principal Member is 74 years inclusive. The maximum age at entry for a Spouse is 70 years inclusive. The maximum age at entry for a Child is 21 years inclusive, however the maximum age at entry will be 25 years inclusive should the Child be a full-time student at a recognized educational institution of a public character. The maximum age at entry for an Extended Family Member is 94 years inclusive.

MAXIMUM BENEFITS PAYABLE:

In cases where a member or immediate family dependent is covered under more than one policy, the maximum payable on any one life, above age of 14, will be R100 000. In respect of child aged 6-13 years the maximum payable on that life will be R50 000. In respect of a child aged below 6 years, the maximum benefit payable on that life will be R30 000.

In respect of extended family members, the maximum payable per life will be R50 000.

MAXIMUM NUMBER OF DEPENDENTS:

A maximum of 1 Spouse and 5 children may be covered under Immediate Family Benefits.

WAITING PERIODS, EXCLUSIONS AND LIMITATION IN RESPECT OF BENEFITS:

- Waiting Period is defined as the period that will apply for death due to non-accidental causes and suicide from that day that a principal member and his/her dependents are accepted for cover onto the scheme or, where there is an increase in cover, from the date of increase but only in respect of the increased cover amount. Death due to accidental causes is not subject to the waiting period once the cover has commenced.
- The following waiting periods will be applicable for the defined category of lives covered with this scheme:

Category of Lives	Initial Waiting Period	Additional Waiting Period Applicable for Reinstatement on lapsed policy
Immediate Family Lives for Cover up to R 20 000	3 Months	3 Months
Immediate Family Lives for Cover up to R 50 000	6 Months	6 Months
Extended Family lives 0 – 94 years at entry	6 Months	6 Months

- Where a higher benefit is selected than in a previous plan, a 6 (six) months waiting period will apply to the increased amount. Where premium payment is missed then resumed, the applicable waiting period will apply from the date payment of premiums is resumed.
- Deaths arising from Suicide or Attempted Suicide (Willful self-inflicted injuries) will not be covered during the first 12 (twelve) months of membership in respect of all lives covered. The reduced period as specified herein for deaths resulting from suicide or attempted suicide applies in respect of lives covered from 1st April 2019 and prior to that the normal period of 2 years will be applicable.

PAID UP BENEFIT ON DEATH:

Not applicable on the Continuation Plan.

PAYMENT OF PREMIUMS:

- Premiums shall be payable monthly in advance or as agreed with between Prospercare and your previous employer.
- The policy shall lapse in the event of non-payment of premiums on the due date thereof, subject to 30 (thirty) days period of grace for payment of arrear premiums.
- NESS as per the conditions of the Underwriter may amend premiums at any time by means of a 2 (two) calendar months written notice to the members.
- It remains the member/policyholders' responsibility to keep the policy up to date in the event of "maternity leave" and or "illness". No additional grace period will be allowed.

REINSTATEMENT OF LAPSED BENEFITS:

In the event of insurance cover in respect of an Assured Life lapsing reinstatement of an Assured Life's cover after the Policy has lapsed, the terms and conditions will be the same as for a new policy, subject to the following conditions:

- premium rates will be recalculated using the age of the Assured Life at the date of reinstatement; the Waiting Period and exclusions will apply.

In the event that the premiums are missed for a period of two (2) months or are outstanding by 2 months, such policy will be lapsed and on payment of the full outstanding premiums and current month premiums, the policy will be reinstated from the date on which it was lapsed subject to the normal waiting period applicable as defined above.

Should the premiums paid when the policy is in a lapse status be less than what is outstanding, such policy will be treated as a new policy and the applicable waiting period as defined above shall apply from date of receipt of such premiums.

OTHER PERTINENT CONDITIONS:

- Cover will only commence once the first premium is received

- The applicable benefits and premiums will be in accordance to the chosen option as stated in the original application form and policy schedule specific for this policy and/or principal member.

- Each Principal Member must complete an application form electing his / her dependents as well as the following information: Options selected for cover; ID Number of the Principal Member and correct dates of births for the dependents (ID Number if available); Name and Surname of all lives covered; Name, Surname and contact details of nominated Beneficiary; Contact details of the Principal Member.

- Prospercare on behalf of the Underwriter reserves the right to review the premium rate in line with inflation, market and Actual claims experience of the business and in general on the Scheme Anniversary date.

- There will be a 6 month claim notification period and, in that period, all required documentation for such claim must have been submitted within 6 months of the date of death of the deceased. Claims will need to be submitted within 6 months of the deceased's date of death for the claim to be valid.

CLAIMS PROCEDURE:

- In the event of a death, the beneficiaries must contact Prospercare as soon as possible to arrange for the payment of the funeral benefit. All deaths must be notified to Prospercare within 6 (six) months of the date of death with the copies of the following documentation:

- Computerized death certificate, abridged certificates will only be accepted in respect of stillbirths and medical reports will not be accepted.
- ID document of the Deceased (must be stamped DECEASED)/Passport in respect of foreign nationals
- ID document of the claimant
- BI-1663 form (page 1 – 3) stamped by the medical practitioner.
- Supporting proof of relationship if Principal member and spouse are not legally married
- A police report in the case of accidental death if death occurred in the first 24 months after inception of cover.
- In respect of a child aged 22 years to 25 years who was a full-time student at the time of death, confirmation satisfactory to the underwriter from the recognized educational institution is required.
- For a disabled child, confirmation of the Disability Grant, copy of the Medical application or Medical report is required.
- In respect of the surname of the deceased (spouse or child) being different to that of the Principal Member, an explanation for the difference in surname and the following supporting documents may be required:

- ✓ Copy of Marriage Certificate (Spouse)
- ✓ Confirmation of customary union issued by Magistrate (Spouse)

- ✓ Registration/Birth certificate reflecting parents' details (Child)
- ✓ Baptismal Certificate reflecting parents' details (Child)
- ✓ Adoption papers (Child)
- ✓ Copy of Medical aid membership (Child)

- Marriage and birth registration in respect of stepchildren (Child)
- All documents requested above must be certified by the South African Police Services or Commissioner of Oaths
- Completed Claim Form as supplied by Prospercare
- Proof of banking details of the claimant

- Failure to submit all the required documents within the first 9 (nine) month period from date of death, could result in the benefit being forfeited.

- Claims, in respect of dependents, will only be paid where such dependents have been nominated correctly on the original application form.

- The underwriter and/or NESS / Prospercare reserves the right to request any further documentation or information as it may seem necessary to accurately assess a claim.

COOLING OFF PERIOD AND RIGHT TO CANCEL:

From the date that the first premium is paid and received, there is a 30-day period in which the applicant still has an option to cancel the policy. Prospercare must be notified in writing to have the policy cancelled and any premiums that may have been paid or deducted will be refunded, if there has been no claim or benefit paid. If no such notification is received within 30 (thirty) days from payment and/or deduction of the premium, in writing, NESS or Prospercare will consider the policy taken up.

IMPORTANT WARNING:

- It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need before making a decision.

- It is recommended that you discuss with the intermediary or insurer the possible impact of the proposed transaction on your finances, your other policies or your broader investment portfolio. You should ask for information about the flexibility of any proposed policy.

- Where paper forms are required, it is advisable to sign them only once they are fully completed. Feel free to make notes regarding verbal information, and to ask for written confirmation or copies of documents.

- Remember that you may contact either the long-term insurance Ombudsman or the registrar of long-term insurance or the FAIS Ombud, whose details are set out below, if you have any concerns regarding a product sold to you or advice given to you.

NESS is an authorized financial service provider to render services and act as an intermediary in the Long-Term insurance categories 1A and B, amongst others.

NESS is an independent administrator with written mandates from Sanlam Developing Markets Limited amongst others. It has no interest in any of the Insurers. NESS and the Juristic Representative (Prospercare Benefit Solutions (Pty) Ltd) earn an administrative fee ranging between 10% and 25% of premium plus a marketing fee ranging between 5% and 20% of premium. Collection fees of an average of R5 per policy are also included in the premium. The covers offered under this policy include assistance benefits as well as life benefits.

COMPLAINTS PROCESS:

Should there be complaints with regards to any policies purchased, clients must submit these complaints in

writing to NESS at the contact details listed below. Upon receipt of complaints, NESS will provide written acknowledgement of receipt of the complaint and endeavor to resolve the complaint. Should you not be satisfied with the final response on your complaint, a client may direct their complaints to the Underwriter Arbitrator and if still not satisfied, the complaint may be directed to the Ombud or Registrar of the Long-Term Insurance.

DETAILS OF REGISTRAR AND OMBUD OF LONG-TERM INSURANCE

Registrar of Long-Term Insurance:

Telephone: +27 12 428 8000

Facsimile: +27 12 347 0221

Email address: info@fsb.co.za

Physical Address: Riverwalk Office Park, Block B, 41 Matroosberg Road, Ashlea Gardens, Extension 6 Menlo Park, Pretoria, 0081

Postal Address: P.O. Box 35655, Menlo Park, 0102

Long Term Insurance Ombud:

Telephone: 0860 103 236

Facsimile: +27 12 674 0951

E-mail address: info@ombud.co.za

DETAILS OF FAIS OMBUD

Telephone: +27 12 470 9080

Facsimile: +27 12 348 3447

E-mail Address: info@faisombud.co.za

Website: www.faisombud.co.za

DETAILS OF COMPLIANCE OFFICER

Ncamane Consultants (Pty) Ltd

Telephone: 011 – 715 9700

Email address: compliance@nessgroup.co.za

DETAILS OF FINANCIAL SERVICES PROVIDER/ADMINISTRATOR

NESS Consulting Services (Pty) Ltd FSP No.: 22576

Reg No.: 2005/020315/07

Head Office:

19th Floor, 222 Building, 222 Smit Street, Braamfontein, Johannesburg, 2001;

Telephone: (011) 715-9700

Postal Address: P.O Box 61647, Marshalltown, 2107

Key Individuals of NESS Consulting Services (Pty) Ltd:

- Mbulelo Maqubela

- Petros Mbewu

Facsimile: 086 683 1414

Email: info@nessgroup.co.za

DETAILS OF THE JURISTIC REPRESENTATIVE

Prospercare Benefit Solutions (Pty) Ltd

Reg No.: 2004/006007/07

Key Individual of the Juristic Representative:

Helga Smit

Physical Address: Lakeside Office Estate, No 5 Upper Lake Road, Constantia Kloof, 1709;

Postal Address: P.O. Box 1547, Strubensvalley, 1735

Telephone: (011) 675-3570

Facsimile: (011) 475-2013

DETAILS OF THE UNDERWRITER

This product is underwritten by the following underwriter:

☒ Sanlam Developing Markets Limited

Telephone: (011) 359 7700

Facsimile: (011) 388 9812

FSP No.: 11231

Reg No.: 1998/021121/06

Physical Address: 9 West Street, Houghton, 2198, Johannesburg

Postal Address: P.O. Box 1941, Houghton, 2041

Sanlam Arbitrator contact details:

Facsimile: +27 21 957 1786

Email address: arbitrator@sanlam.co.za

Lakeside Office Estate. No 5 Upper Lake Lane, Constantia Kloof 1709; PO Box 1547, Strubensvalley 1735

Email: admin@prospercare.co.za Web page: www.prospercare.co.za

Prospercare Benefit Solutions (Pty) Ltd. Reg. no 2004/006007/07

Authorised Registered Representative of Ness Consulting: FSP no. 22576

MEMBER INITIALS: _____