Prospercare benefit solutions

Tel: 011 675 3570
Fax: 011 475 2013
Share Call: 0860 111 447
"Please Call Me" or WhatsApp: 062 658 1001

BEEF APPLICATION FORM

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 R105)?	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			

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*
			EXTENDED
			EXTENDED
			EXTENDED
			EXTENDED
			EXTENDED
			EXTENDED

CATEGORY:	LIVESTOCK DESCRIPTION	EQUIVALENT VOUCHER
Member	Yes 430 - 450Kg Cow/Bull	R12 500
Spouse (1st only)	Yes 430 - 450Kg Cow/Bull	R12 500
Child 14 - 21 years	Yes 430 - 450Kg Cow/Bull	R12 500
Child 6-13 years	Only Voucher Available	R7 440
Child 1 -5 years	Only Voucher Available	R3 720
Child 0 - 11 months	Only Voucher Available	R1 860
Stillborn	No applicable benefit	No applicable benefit
Extended Family 14- 86 years	Yes 430 - 450Kg Cow/Bull	R12 500

MONTHLY PREMIUM - Basic Family	R105
MONTHLY PREMIUM - Extended below 65 years	R100
MONTHLY PREMIUM - Extended 65 to 74 years	R110
MONTHLY PREMIUM - Extended 75 to 86 years	R140

6 (six) months waiting period for natural causes applies from inception of this policy for the basic family and extended lives up to 86 years. Accidental death excluded. Suicide is excluded for the first 1 years.

Basic Family (Principal member, 1st spouse and own children). 2nd Spouse, foster kids not legally adopted, parents, grandparents, brothers, sisters etc. may be cover under the Extended Family Benefit at an additional premium per person insured (Extended family member/s must be covered under the funeral policy).

NO CASH pay-out - only Livestock or Equivalent Voucher.
Please see T & C for full details

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**