

SALIPSWU (Public Sector Members) APPLICATION FOR MEMBERSHIP

1. PRINCIPAL MEMBER DETAILS

SURNAME		FIRST NAMES	
ID NUMBER	Y Y M M D D	EMPLOYEE/MEMBER NUMBER	
BRANCH / REGION		MARITAL STATUS	
E-MAIL ADDRESS		CELLPHONE	
POSTAL ADDRESS			CODE

2. DEPENDANT'S DETAILS

NAME AND SURNAME	ID NUMBER / DATE OF BIRTH	RELATIONSHIP
1	Y Y M M D D	
2	Y Y M M D D	
3	Y Y M M D D	
4	Y Y M M D D	
5	Y Y M M D D	
6	Y Y M M D D	
7	Y Y M M D D	
8	Y Y M M D D	
9	Y Y M M D D	

3. BENEFICIARY NOMINATION DETAILS

NAME		SURNAME	
ID NUMBER	Y Y M M D D	RELATIONSHIP	

4. BENEFITS AND RATES

CATEGORY (18 – 64 years and 9 dependants (0-84 years))	PLAN A
Principal Member	R30 000
Dependent # 1	R30 000
Dependant # 2-8 (age 6-94 years at entry)	R15 000
Dependant (age 0-6 years at entry)	R10 000
Premium per member per month	R340.00
CATEGORY (18-64 years and 9 dependants (0-114 years))	PLAN B
Principal Member	R30 000
Dependent # 1	R30 000
Dependant # 2-8 (age 6-94 years at entry)	R15 000
Dependant (age 0-6 years at entry)	R10 000
Premium per member per month	R612.00

5. PREMIUM CALCULATION SUMMARY

DESCRIPTION	PREMIUM AMOUNT
BENEFIT CHOICE (PLAN A OR PLAN B)	R
TOTAL PREMIUM DUE	R

6. PAYROLL DEDUCTION

I hereby authorise the Employer to deduct from my salary each month the premium applicable for the cover I have chosen and to pay this amount to Safrican Insurance Company Limited ("Sfrican"). In the event of this deduction not being successful, the policy will end, subject to the grace period as described in the Terms and Conditions. No cash payments are accepted for arrear or any other premiums. I understand that this signed application form must be received by Safrican within ten working days prior to the deduction date; if not, the premium will only be deducted and cover will only start in the following calendar month.

SIGNATURE OF PRINCIPAL MEMBER									
DATE	Y	Y	Y	Y	M	M	D	D	

7. PERSAL DEDUCTION

I, the undersigned:

FULLNAMES																	
SURNAME					RANK												
STATION					IDNUMBER	Y	Y	M	M	D	D						
DEPARTMENTCODE					PERSALNUMBER												

hereby authorize the Accountant of the Employer of to deduct from my salary each month the premium of R..... applicable for the cover selected with effect from (month).....20.....and monthly thereafter, and pay this amount to Safrican Insurance Company Limited ("Sfrican") from which I have obtained a policy, until such time as I cancel this authorization in writing, or until substitute it with a new authorization. Should the relevant premium rate be adjusted by Safrican as a result of increase in premium rate, I confirm that the adjusted premium rate 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 deductions are accepted for arrear or any other premiums. I understand that this signed document is required in the Safrican offices prior to the deduction date; if not, the deduction will only qualify for the following calendar months' deductions, and will only commence the following month. Please allow for 6 (six) weeks for your policy to be deducted and loaded.

SIGNATURE OF ACCOUNT HOLDER									
DATE	Y	Y	Y	Y	M	M	D	D	

8. DEBIT ORDER AUTHORITY

I hereby authorize Safrican Insurance Company Limited ("Sfrican") to commence a debit order withdrawal from my account on the 1st unless specified otherwise on Day of the month and monthly thereafter, with any future possible increase on the product.

I understand that the debit order will be run on the date selected; if for whatever reason it is not honored, the policy will lapse subject to the grace period as stipulated under the terms and conditions.

I understand that this signed document is required in the Safrican offices 10 (ten) working days prior to the elected deduction date; if not the deduction will only qualify for the following calendar month's deductions, and cover will only commence the following month.

BANK NAME				BRANCH NAME											
ACCOUNT HOLDER				BRANCH CODE											
ACCOUNT NUMBER				DEDUCTION DATE	POLICY PAYER'S SIGNATURE										
ACCOUNT TYPE	CHEQUE			SAVINGS		TRANSMISSION	DATE	Y	Y	Y	Y	M	M	D	D

9. DECLARATION

I declare to the best of my knowledge and belief that the information given above is true and correct. I understand and agree that any willful misrepresentation in this application form will invalidate any benefit under this Policy. I declare that I have read and understood the terms and conditions attached to this Policy, and understand their meaning and effect, and undertake to abide and to be bound by the terms and conditions of the Policy. Safrican Insurance Company Limited ("Sfrican") shall not be liable for any amount until it has accepted this application and this policy is in force. If any person is over the age limit when joining, the claim will be repudiated and premiums refunded. I understand that this product is offered to me on a non-advice basis, and that should I need to, I may contact Safrican's offices for advice and assistance.

SIGNATURE OF PRINCIPAL MEMBER									
DATE	Y	Y	Y	Y	M	M	D	D	

Please email your completed application form to nkmasutha@ventimes.co.za

FUNERAL BENEFITS:

The funeral plan provides for a cash payment of a death claim of a Principal Member and 9 Extended Family Members. The maximum entry age to the scheme is 94 years. Premiums are paid up to death.

FUNERAL PACKAGE:

The funeral package consists of the following benefits:

- Principal member and 9 dependants

INSURED PERSONS DEFINITIONS:

Principal Member: any individual, who is a member of **SALIPSWU**, between age 18– 64 years, who is allowed to participate in the policy, in terms of the eligibility conditions as stated in the Policy Document. A Principal Member may not be older than the maximum entry age of 64 years. A Principal Member must live in South Africa.

Extended Family: Family members, who are dependent on the Principal Member for financial assistance in the event of their death, may be covered. These include parents, parents-in-law, uncles, aunts, brothers, sisters, nephews, nieces, grandparents and children of the Principal Member who are age 22 years and older.

Please Note:

Extended Family may not be older than the maximum entry age of 94 years

Up to 9 Extended Family members may be covered.

Extended Family members may be covered multiple times under the Plan, provided such Extended Family members are not nominated more than once by the same Principal Member and the maximum benefit limit of R60 000 is not exceeded for such Extended Family members across all Safrican plans.

Dependant means –

A Spouse, Eligible Children, Extended Family and Wider Child, where applicable. _

Repatriation Benefit means –

In the event of the death of either a Principal Member, Spouse and/or Eligible Child, assistance can be sought on **(011) 778 8000** or **clientretention@safrican.co.za**

TERMS & CONDITIONS:

Each Principal Member must complete an application form choosing his/her dependant.

Benefits end on the date of death of the Principal Member, non-payment of premiums (subject to the Grace Period), or withdrawal from the Plan by the Principal Member, whichever event may occur first. Premiums are paid up to death.

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

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

DUPLICATE COVER:

A Principal Member, his/her Spouse and Children may be covered under any number of Compulsory Group Funeral Schemes.

A Principal Member, his/her Spouse and/or Children may be covered once in a Voluntary Group funeral scheme as a Principal Member and only once or more than once as a dependent in any Voluntary Group Funeral Scheme underwritten by Safrican, provided that the total amount of cover does not exceed R60 000 per insured person.

GRACE PERIOD:

A one-month grace period is allowed to pay any premium once the policy is in force. If the premium is not paid within that month, the

cover will end without further notice.

WAITING PERIODS:

From the start date of cover, there is a six months waiting period for claims due to natural causes, for all members between age 0 – 74 years and twelve months for all members between 75-94 years who are insured under the policy.

Only accidental death claims will be paid immediately provided the policy for the Principal Member and/or dependents (where applicable) is in force.

In the event of a Principal Member choosing a higher benefit for any person insured under the policy, from the start date of the increased cover, a six months waiting period will apply only to the amount by which the benefit increased.

Where any premium payment is missed and thereafter paid, the part of the waiting period not completed at the point when the premium was not paid, will apply from the date the premium is paid.

Where a policy is reinstated, a new waiting period will start from the re-started date of cover.

COOLING OFF PERIOD:

The Principal Member has a 30 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, he/she must inform Safrican in writing if he/she chooses not to take up the policy. All premiums already paid will be refunded, less the cost of any risk cover

SURRENDER VALUES / CESSION / LOANS:

This policy has no surrender value, and may not be ceded or pledged in any way.

No loans will be granted against this policy.

EXCLUSIONS:

No benefit will 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.
- 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. Where a couple may have divorced but due to some circumstance, agreement or court order, either of the spouses is still financially responsible for the other where the ex-spouse was covered either as husband or wife under the policy prior to the divorce becoming active, Safrican will use its discretion to either settle or reject the claim based on the merits of each claim.

In such cases, the spouse who is financially responsible for the other can claim the funeral insurance benefits in respect of a deceased ex- spouse.

FRAUDULENT CLAIMS:

Safrican will not pay any fraudulent claim that is made against this policy.

Safrican will, at its own discretion, be entitled to cancel this policy, and any other

Policy held by the Principal Member or claimant, with immediate effect, should

Any fraudulent claim be made with the knowledge or intent of the Principal

Member or claimant to Safrican's detriment.

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 6 (Six) months from the date of death will 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.
(BI-1663) A copy of the Notification of death
Certified copy of Principal Member's Identity Document
Certified copy of deceased's Identity Document
Certified copy of claimant's Identity Document
Current bank statement of the claimant
See the Claim Notification Form for further required documents
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 by the Police or a Commissioner of Oaths. The relevant details of the Police or Commissioner of Oaths must be clear. Documentation submitted other than those listed, will not be accepted. Affidavits are not accepted.

INTERMEDIARY SERVICES:

A commission of 20% is included in the premium and will be payable to the

Intermediary for services rendered.

Nkhumeleni Masutha

Tel: 083 487 6193
Email nkmasutha@ventimes.co.za

For complaints about how the policy was sold to you:
Safrican Compliance Officer

Postal Address: PO Box 616,
Johannesburg, 2000
Fax: (011) 778 8130
E-mail: compliance@safrican.co.za

Should a complaint not be resolved to your satisfaction, you may escalate the Complaint to the Ombudsman at:

For complaints about how the policy was sold to you: FAIS Ombudsman

Postal Address: P.O. Box 74571,
Lynnwood Ridge, 0040
Tel: (012) 470-9080
Fax: (012) 348 3447

For complaints about policy terms or a claim not paid: The Ombudsman for Long-term Insurance Postal Address: Private Bag X45,

Claremont, 7735
Tel: (021) 657-5000
Fax: (021) 674-0951

1st Floor	6 Elizabeth Street	8th Floor	7th & 8th Floors	1st Floor	222 Jabu Ndlovu Street	Suite No. 14
-----------	--------------------	-----------	------------------	-----------	------------------------	--------------

HEAD OFFICE

Grosvenor Corner
195 Jan Smuts Avenue
Rosebank
2196
Tel: 011 778 8000
Fax: 086 677 3224
P.O. Box 616
Johannesburg, 2000

BLOEMFONTEIN

Fin Bond Building
Bloemfontein
9323
Tel: 051 430 1201/2/3
Fax: 051 430 1206
P.O. Box 100962
Brandhof
Bloemfontein, 9324

CAPETOWN

80 Strand Street
Cape Town
8001
Tel: 021 419 0090
Fax: 021 421 0104
P.O. Box 4921
Cape Town
8000

DURBAN

SADTU House
321 Anton Lembede Street
Durban
4001
Tel: 031 305 1800
Fax: 031 304 3738
P.O. Box 5008
Durban, 4000

PORT ELIZABETH

Commercial Centre
Commercial Road
Sidwell, Port Elizabeth
8055
Tel: 041 363 1477
Fax: 041 363 0208
P.O. Box 35036
Newton Park, 6055

PIETERMARITZBURG

Heritage House
Ground Floor
Pietmaritzburg
3200
Tel: 033 345 5493
Fax: 033 345 3863

POLOKWANE

Biccard Park, 43
Biccard Street
Polokwane
0700
Tel: 015 291 3358
Fax: 015 291 3336
P.O. Box 1021
Polokwane, 0700