

COVER 24 FUNERAL PLAN

BROKER NAME	BROKER CODE
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PERSONAL DETAILS					
Name			Surname		
ID	Age		Marital status		Gender
Cell		Fax		E-mail	

ULTIMATE PLAN OPTIONS (Principal Member's entry age must be below 70 years)						
INSURED	OPTION 1	OPTION 2	OPTION 3	INCOME & PROTECTION BENEFIT		SUB TOTAL
Member	R 15 000	R 20 000	R 30 000	<ul style="list-style-type: none"> Income Protector (Main Member only) Car Benefit Emergency Medical Services Trauma & Assault Assistance HIV Prevention Cover 	Income Protector	
Spouse 1 & 2	R 15 000	R 20 000	R 30 000			
Children 14-21 years	R 5 000	R 7 500	R 12 500			
Children 6-13 years	R 2 500	R 3 000	R 7 000			
Children 1-5 years	R 2 000	R 3 000	R 7 000			
Children 0-11 months	R 1 000	R 1 500	R 3 500		Add Spouse	
Monthly premium	R 99 <input type="checkbox"/>	R 120 <input type="checkbox"/>	R 160 <input type="checkbox"/>	R55 <input type="checkbox"/>		R21 <input type="checkbox"/>

DEPENDENT DETAILS					
SURNAME	FIRST NAME	AGE	M/F	RELATIONSHIP	

Waiting periods: Natural Death - 6 consecutive equal monthly premium deductions prior to death, Accidental death - 1 monthly premium deduction prior to death

A. BEEF / CATERING / CASKET BENEFITS							
BEEF BENEFIT	Monthly Premium	CATERING BENEFIT	Monthly Premium	CASKET BENEFIT	Monthly Premium	Covers member, spouse 1 & spouse 2	SUB TOTAL
1 R4 000 each	R 20 <input type="checkbox"/>	1 R5 000 each	R 25 <input type="checkbox"/>	1 R5 000 each	R 25 <input type="checkbox"/>		
2 R8 000 each	R 40 <input type="checkbox"/>	2 R10 000 each	R 50 <input type="checkbox"/>	2 R10 000 each	R 50 <input type="checkbox"/>		
3 R12 000 each	R 60 <input type="checkbox"/>	3 R15 000 each	R 75 <input type="checkbox"/>	3 R15 000 each	R 75 <input type="checkbox"/>		

Waiting periods: Natural Death - 6 consecutive equal monthly premium deductions prior to death, Accidental death - 1 monthly premium

B. EXTENDED FAMILY BELOW 65 YEARS										
RELATIONSHIP	SURNAME	INITIALS	AGE	R 3 000	R 6 000	R 9 000	R 12 000	R 15 000	AVIS CAR, REPAT	SUB TOTAL
				R22 <input type="checkbox"/>	R44 <input type="checkbox"/>	R66 <input type="checkbox"/>	R88 <input type="checkbox"/>	R110 <input type="checkbox"/>	R15 <input type="checkbox"/>	
				R22 <input type="checkbox"/>	R44 <input type="checkbox"/>	R66 <input type="checkbox"/>	R88 <input type="checkbox"/>	R110 <input type="checkbox"/>	R15 <input type="checkbox"/>	
				R22 <input type="checkbox"/>	R44 <input type="checkbox"/>	R66 <input type="checkbox"/>	R88 <input type="checkbox"/>	R110 <input type="checkbox"/>	R15 <input type="checkbox"/>	

C. EXTENDED FAMILY 65 - 84 YEARS										
RELATIONSHIP	SURNAME	INITIALS	AGE	R 2 000	R 4 000	R 6 000	R 8 000	R 10 000	AVIS CAR, REPAT	SUB TOTAL
				R36 <input type="checkbox"/>	R72 <input type="checkbox"/>	R108 <input type="checkbox"/>	R144 <input type="checkbox"/>	R180 <input type="checkbox"/>	R15 <input type="checkbox"/>	
				R36 <input type="checkbox"/>	R72 <input type="checkbox"/>	R108 <input type="checkbox"/>	R144 <input type="checkbox"/>	R180 <input type="checkbox"/>	R15 <input type="checkbox"/>	

D. EXTENDED FAMILY 85 - 94 YEARS										
RELATIONSHIP	SURNAME	INITIALS	AGE	R 2 000	R 4 000	R 6 000	R 8 000	R 10 000	AVIS CAR, REPAT	SUB TOTAL
				R50 <input type="checkbox"/>	R100 <input type="checkbox"/>	R150 <input type="checkbox"/>	R200 <input type="checkbox"/>	R250 <input type="checkbox"/>	R15 <input type="checkbox"/>	
				R50 <input type="checkbox"/>	R100 <input type="checkbox"/>	R150 <input type="checkbox"/>	R200 <input type="checkbox"/>	R250 <input type="checkbox"/>	R15 <input type="checkbox"/>	

Extended Family waiting period: Natural death - Ages 65 - 74: 6 consecutive equal premium deductions prior to death, ages over 75: 12 consecutive equal premium deductions prior to death. Accidental death - 1 monthly premium deduction prior to death.

E. NOMINATED BENEFICIARY			
RELATIONSHIP	SURNAME	FIRST NAME	ID NUMBER

DEDUCTION AUTHORITY					
I hereby authorise to effect the soonest monthly deduction of the Grand Total (current and/or arrears including amendments that may be made in terms of master policy) and an annual increase if applicable from my salary, current bank account or any future bank account I might have, and to continue such deductions until written notice of cancellation is received.					
Name of bank		Branch		Branch code	
Account no.	Type of account	Cheque	Transmission	Savings	
Name of account holder		Salary deduction date			
Client's Signature X					

Claims must be fully submitted within 180 days of death. Should death occur due to any pre-existing medical condition within the first 24 months prior to inception date, claims can be declined. I acknowledge receipt of an original copy of my application. I know that I may cancel this policy within 30 days with no loss. I warrant that the particulars given above, whether in my handwriting or not, are true and complete. I understand and agree that any misstatement in this application will invalidate any claim under this policy. I undertake to abide by the terms and conditions of the master policy of the underwriter, which is available on request. Premiums are subject to underwriter's rates remaining constant. I am responsible for the funeral costs of all the lives covered.

TOTAL COST OF PLAN	
GRAND TOTAL	R
Client's Signature X	
Date Signed	_____