

VOLUNTARY FUNERAL SCHEME NEW APPLICATION FORM



Leader in People Benefits in Africa

MEMBER NAME:

DATE OF BIRTH: yyyy/mm/dd

SECTION :

IDENTITY NUMBER:

EMPLOYEE NUMBER:

CELL PHONE:

OPTION A: IMMEDIATE FAMILY (SPOUSE, CHILDREN UNDER 22, FULL TIME SCHOOLING, AGE 26)

	Name and surname	Date of birth	Option	Benefit	Option 1	Option 2	Option 3	Option 4
Spouse 1				Member and spouse	R 5,000	R 10,000	R 15,000	R 20,000
Spouse 2				Children 14 –21	R 5,000	R 10,000	R 15,000	R 20,000
Child 1				Children 6 – 13	R 3,000	R 6,000	R 7,500	R 10,000
Child 2				Children 1 – 5	R 1,500	R 3,000	R 3,500	R 5,000
Child 3				Children 0 – 11 months	R 1,000	R 2,000	R 2,500	R 3,500
Child 4				Premium per month	R11.08	R22.16	R33.24	R44.32
Child 5				Indicate new option with X	Option 1	Option 2	Option 3	Option 4
Child 6								
Child 7								
Child 8								
Child 9								
Child 10								

Copies of Identity documents / birth certificates be provided for accurate capturing of information

If child is over 21 but is full time schooling proof of schooling to be provided

If disabled child – proof of disability required

CHILDREN OVER 22 – PROOF OF FULL TIME SCHOOLING TO BE PROVIDED – OTHERWISE TO BE INCLUDED UNDER OPTION B

OPTION B: EXTENDED FAMILY INCLUDING AGE 65 (ADDITIONAL SPOUSE(S), CHILDREN OVER 21 AND NOT IN FULL TIME SCHOOLING, RELATIVES)

****R15,000 and R20,000 only available from age 18 years to 65

Relation	Name & Surname	Date of birth	Identity number	R3,000	R5,000	R7,500	R10,000	R15,000	R20,000
				R 10.40	R 17.33	R 25.99	R 34.65	R 63.00	R 84.00
				R 10.40	R 17.33	R 25.99	R 34.65	R 63.00	R 84.00
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				R 10.40	R 17.33	R 25.99	R 34.65	R 63.00	R 84.00
Note : Copies of Identity Documents required for all relatives			TOTALS						

OPTION C: EXTENDED FAMILY ENTRY AGE 66 TO AND INCLUDING 75 (ADDITIONAL SPOUSE, RELATIVES)

Relation	Name & Surname	Date of birth	Identity number	R3,000	R5,000	R7,500	R10,000
				R 26.46	R 44.10	R 66.15	R 88.20
				R 26.46	R 44.10	R 66.15	R 88.20
				R 26.46	R 44.10	R 66.15	R 88.20
				R 26.46	R 44.10	R 66.15	R 88.20
Note : Copies of Identity Documents required for all relatives			TOTALS				

OPTION D: EXTENDED FAMILY ENTRY AGE 76 TO AND INCLUDING 85 (COVER COMMENCES AFTER 6 MONTHS WAITING PERIOD)

Relation	Name & Surname	Date of birth	Identity number	R3,000	R5,000	R7,500	R10,000
				R 37.80	R 63.00	R 94.50	R 126.00
				R 37.80	R 63.00	R 94.50	R 126.00
				R 37.80	R 63.00	R 94.50	R 126.00
				R 37.80	R 63.00	R 94.50	R 126.00
Note : Copies of Identity Documents required for all relatives			TOTALS				

SUMMARY OF PREMIUM	
Premium	R
Premium due Option A	
Premium due Option B	
Premium due Option C	
Premium due Option D	
Monthly processing fee	R10.00
Collection fee by Employer	R3.00
Total Premium	

MAXIMUM NUMBER OF 10 RELATIVES COMBINED FOR OPTION B, C AND D

PREMIUMS

Premiums reflected above include Administration and Commission costs being 19% plus vat. A monthly processing fee of R10 is to be included in the Total Monthly Premium. These premiums are renewed on an annual basis and are subject to change if necessary.

The employer will deduct an additional collection fee of R3 per month per application, and will be reviewed on annual basis

BENEFICIARY DETAILS (Who the benefit should be paid to in the event of the Principal Member death)

Surname	Name	Identity number	Date of birth	Relationship

SUMMARY OF RULES

- A Principal Member may nominate a maximum of ten extended relatives. This means the combined total number of nominated extended relatives that have been indicated under Options B, Options C and Option D may not exceed ten.
- The Principal Member must sign a declaration on the application form, stating that to his knowledge all nominated dependants and relatives are in good health at time of applying for cover
- In respect of Option A, B and C cover will commence on the 1st of the month following receipt of the first deduction from the Principal Member’s salary.
- In respect of Option D, cover will commence on the 1st of the month following 6 months waiting period. Waiting period commences from the 1st of the month following receipt of 1st premium.
- Maximum entry age is 85 for extended relatives. A person will remain under the selected cover upon reaching age 85 and will continue to be covered at the same premium rate at that which was charged when they first entered the scheme.
- Cover ceases on termination of employment, normal retirement age 65, ceasing to pay premiums or cancellation of the scheme, whichever occurs first.
- Extended family cover pays out an immediate cash sum in the event of the death of an extended family member. Should more than two siblings be employed by the same employer, only two of the siblings may cover the same relatives, the third will have to cover other relatives. Maximum 2 funeral pay-outs per relative.
- There will be no refund of premiums on withdrawal, attainment of normal retirement age 65, death of Principal Member or cancellation of scheme.
- Changes to cover for extended relatives only become applicable on the first of July each year. When amendments take place, the current age of the dependant or relative needs to be taken into account, irrespective of when they originally joined the scheme.
- Only members, dependants and extended relatives entered on the application forms will be covered, provided that they do not exceed maximum entry ages as stipulated.
- It is important that correct dates of birth or ID numbers are supplied on application. Cover does not take effect unless NBC is in receipt of full details for all members and dependants, and the correct premiums are received monthly.
- If policy is to be cancelled, a 3 month notice in writing from the employee needs to be provided

MEMBER DECLARATION

I _____, Identity Number: _____, do hereby warrant that the information given is true and correct. Should I be admitted to membership of the Voluntary Funeral Scheme, this declaration together with any variations thereto shall form the basis of my participation in the Scheme. I fully understand that should the information provided be incorrect, the underwriter reserves the right to reduce the benefits. I will retain a copy of this application form as proof of insurance. The total premium that will be deducted by my employer will be R_____ . This premium is subject to changes depending on claims or amending of policies, any changes will be advised to the respective HR department.

Employee signature: _____ Date signed: _____

EMPLOYER DECLARATION

I, _____, in my capacity as a representative of the Employer, declare that the above member is an employee of _____, Employee Number: _____

The first deduction will be made on _____ (date of deduction), coincident with the _____ 20_____(date salary paid) salary payment. A copy of this application form will be placed in the member’s personal file, forms forwarded to NBC Risk Solutions

Employer signature: _____ Date signed: _____

