



**FOOD AND ALLIED  
WORKERS FUNERAL PLAN  
(FAWFP)  
APPLICATION FOR MEMBERSHIP**



<b>MEMBER SURNAME:</b>	<b>FIRST NAMES:</b>	<b>EMPLOYEE NO.:</b>	<b>EMPLOYER:</b>
<b>IDENTITY NUMBER:</b>	<b>MARITAL STATUS:</b>	<b>CELLPHONE NUMBER:</b>	<b>TELEPHONE NUMBER:</b>
<b>POSTAL ADDRESS:</b>			<b>CODE:</b>

IMMEDIATE FAMILY NAMES & SURNAME: (HUSBAND/WIFE, CHILDREN UNDER AGE 21)	IDENTITY NO. / DATE OF BIRTH:	RELATIONSHIP:

<b>TOTAL MONTHLY PREMIUM ( THIS BASED ON IMMEDIATE OPTION CHOSEN)</b>	R
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**BENEFICIARY :**  
**NAME AND SURNAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
**IDENTITY NUMBER:** \_\_\_\_\_

EXTENDED FAMILY DEPENDANTS:

SURNAME AND FIRST NAME:	ID NO. / DATE OF BIRTH:	RELATIONSHIP:	OPTION SELECTED (A / B):	PREMIUM RATE:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<b>TOTAL EXTENDED FAMILY PREMIUM</b>				R

MEMBER ONLY BENEFIT CHOICES:

CATEGORY OF COVER	OPTION A R 5,000	OPTION B R 7,500	OPTION C R 10,000
RATE PER MEMBER PER MONTH	R 5.65	R 8,15	R 11,90

FULL FAMILY BENEFIT CHOICES:

CATEGORY OF COVER	OPTION A	OPTION B	OPTION C	OPTION D	OPTION E
Member	R 5,000	R 7,500	R 10,000	R 15,000	R 20,000
Spouse	R 5,000	R 7,500	R 10,000	R 15,000	R 20,000
Child 14 – 21 years	R 5,000	R 7,500	R 10 000	R 15 000	R 20 000
Child 6 – 13 years	R 2 000	R 3 000	R 5,000	R 5,000	R 5,000
Child 1 - 5 years	R 1,000	R 2,000	R 2,500	R 2,500	R 2,500
Child 0 - 11 months	R 750	R 1,000	R 1,250	R 1,250	R 1,250
Stillborn	R 750	R 1,000	R 1,250	R 1,250	R 1,250
Family Rate Per Month	<b>R 15.75</b>	<b>R 22.60</b>	<b>R 26.25</b>	<b>R 34.90</b>	<b>R 45.75</b>

EXTENDED FAMILY BENEFIT CHOICES:

CATEGORY OF COVER	OPTION A		OPTION B	
	Benefit	Premium	Benefit	Premium
Below age 65 years	R 5,000	R 25.00	R 10,000	R 41.25
Between age 65 – 74 years	R 5,000	R 56.25	R 10,000	R 105.00
Between age 75 – 84 years	R 3,000	R 37.50	R 10,000	R 130.00

PREMIUM CALCULATION SUMMARY

CATEGORY INSURED	PREMIUM AMOUNT
<b>FULL FAMILY PREMIUM</b>	<b>R</b>
<b>TOTAL EXTENDED FAMILY PREMIUM</b>	<b>R</b>
<b>TOTAL PREMIUM DUE</b>	<b>R</b>

I hereby apply to joined the scheme with effect from .....

**PAYROLL DEDUCTION:**

I hereby authorize the Company to deduct from my salary each month the premium applicable for the cover selected and pay this amount to Safrican Insurance Company Limited ("Sfrican"). 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 cash payments are accepted for arrear or any other premiums. I understand that this signed document is required in the Safrican offices 10 (ten) working days prior to the deduction date; if not, the deduction will only qualify for the following calendar month's deductions, and cover will only commence the following month.

**DECLARATION:**

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Safrican Insurance Company Limited shall not be liable for any amount until it has accepted this application and first premium. If over the age limit when joining, the claim will be repudiated and premiums refunded. I state further that I have read and understood the terms and conditions attached to this group policy.

PRINCIPAL MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# TERMS AND CONDITIONS OF THE FAWFP

## **FUNERAL BENEFITS:**

The basic funeral plan provides for a cash benefit to be paid in settlement of a death claim of a Principal Member, his/her Spouse, Eligible Children and Extended Family Members, where applicable. The maximum entry age to the Fund is 65 years. Premiums are paid up to normal retirement age.

**Paid-up on disability:** In the event of a Principal Member's total and permanent disability prior to cessation age, a paid-up policy will be issued to the Principal Member, covering the Principal Member and dependants until such time as the Principal Member reaches Cessation Age, with no further contributions being payable. Cover ceases on attainment of Cessation Age or by death of the Principal Member, whichever event occurs first.

**Paid-up on death:** In the event of a Principal Member's death prior to Cessation Age, cover in respect of dependants will continue, until the Principal Member would have reached Cessation Age or until they cease to qualify, without further premiums being payable.

**All paid-up benefits are subject to a maximum of R10 000.**

**Principal Member:** a permanent, genuine, and actively employed person or member of the Policyholder, who is allowed to elect participation in the policy, in accordance with the eligibility conditions as stated in the policy schedule, and who has not reached retirement age.

**Spouse:** a person married to the Principal Member by law or tribal custom or under the tenets of any Asian religion, which shall include a Common Law Spouse of the Principal Member. A spouse may not exceed the maximum entry age of 70 years. Only a maximum of 2 Spouses may be covered.

**Common Law Spouse:** a person who is deemed by Safrican, at its sole discretion, to be a Spouse, having regard to the particular circumstances of each case, and shall include, where applicable, Customary Marriages or a relationship between two people of the same gender, or a relationship between two people after a cohabitation period of 6 (six) months..

**Child:** an unmarried child of the Principal Member including a posthumous child, stepchild, child of any common law spouse of the Principal Member, illegitimate or legally adopted child, providing that proof of any child is submitted to Safrican and acceptance acknowledged by Safrican. A child who is stillborn shall be covered for funeral benefits if the death occurred after the 26<sup>th</sup> week of pregnancy. Only 2 stillbirth claims will be accepted per family during the term of the policy. Unmarried children are covered to below age 22 years 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 years, 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 Safrican of the condition of disablement or confirmation of full-time study must be submitted at claim stage. This does not include part-time and correspondence students).

**Extended Family:** Family members, who are dependent on the Principal Member for financial assistance in the event of a death in the family, may be covered. These may include parents, parents-in-law, uncles, aunts, brothers, sisters, nephews, nieces, grandparents and children of the Principal Member who are over age 21 years.

Please Note:

- Maximum entry age is 84 years
- Up to 10 Extended Family members may be nominated for cover.
- Only in case of a marriage may Extended Family (parent-in-law) be added, provided the maximum number of Extended Family Members has not been exceeded (approval to be granted by Safrican before premiums are amended).
- Extended Family Members may only be covered once under the Fund.

## **TERMS & CONDITIONS:**

- Each Principal Member must complete an application form electing his/her dependants and extended family.
- Benefits for the dependants of the Principal Member will cease at normal retirement age, or on the death of the Principal Member before retirement age, or withdrawal from the Plan by the Principal Member, which ever event may occur first.
- Premiums are payable up to retirement age.

## **GRACE PERIOD:**

- A one-month grace period applies from inception of the Policy.

## **WAITING PERIODS:**

- For Principal Members and his/her immediate family and their extended family members, there is a 6 (six) month waiting period for claims due to natural causes for those aged 74 years and below at entry date, and a 12 (twelve) month waiting period apply for those aged 75 years and above
- Only claims due to accidental death will be paid immediately, provided the first premium is received.
- Should a member select a higher benefit than the one currently enjoyed, the waiting period mentioned above will apply on the improved benefit.
- Where premium payments are missed then resumed, the applicable waiting period will apply from date payment of premiums is resumed.

## **EXCLUSIONS**

This benefit will not 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.
- Death as a result of illegal activities.
- Suicide will not be covered during the first 2 (two) years of membership.
- 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.

## **COOLING OFF PERIOD**

- The policyholder has a 30 (thirty) 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, should she or he elect not to take up the Policy, she or he must inform Safrican in writing of her or his intention not to accept.
- All premiums already paid shall be refunded, less the cost of any risk cover.

## **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.

## **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 the **6 (six) month** period from 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; **and**
  - (BI-1663) A copy of the Notification of death
- Certified copy of Principal Member's Identity Document
- Certified copy of deceased's Identity Document

- Copy of Principal Member's most recent payslip (for the pay period immediately prior to death or the month in which the death occurred).
- In the event of a claim for a full-time student, a letter confirming full-time study from a recognised educational institution, together with the last academic report, must be submitted
- For a disabled child, confirmation of the Disability Grant, copy of Medical Application of the Principal Member or Medical Report must be submitted.

**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. The details of the Commissioner of Oaths with all the relevant details must be clear. Documentation submitted other than those listed, will not be accepted. Affidavits are not accepted.
- NB: Posted documents MUST be sent via registered mail.

Any cover in excess of R18 000.00 will be regarded as life cover as per Regulations issued in terms of the Long-term Insurance Act, 1998. This will not impact on claims settlement in any way.

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

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

## **INTERMEDIARY SERVICES:**

In instances where an intermediary is involved, up to a maximum of 13.75% in brokerage fees and/or commission will be payable for services rendered.

**SAFRICAN HELP LINE  
(ASK FOR CLIENT SERVICE)  
(011) 778 8000**

**PLEASE FAX COMPLETED APPLICATION FORMS TO THE  
FOLLOWING NUMBER:  
(011) 778-8130  
Email: [fawfp@safrican.co.za](mailto:fawfp@safrican.co.za)**

Your policy is underwritten by:

Safrican Insurance Company Limited ("S african")  
Reg No. 1935/007463/06  
An authorised Financial Services Provider  
FSP No. 15123  
[www.s african.co.za](http://www.s african.co.za)

Safrican is authorised to sell the following products: Long-term Insurance : Category A, B1, B2

Safrican holds professional indemnity and/or fidelity insurance cover.

**Safrican Head Office**  
First Floor, Grosvenor Corner, 195 Jan Smuts Avenue, Rosebank  
P.O. Box 616, Johannesburg 2000  
Tel: (011) 778 8000

If you have any reason to complain, kindly contact the Compliance Officer of Safrican on the details set out below.

PO Box 616, Johannesburg, 2000  
Fax: (011) 778-8181  
e-mail: [compliance@safrican.co.za](mailto:compliance@safrican.co.za)

Should a complaint not be resolved to your satisfaction, you may escalate the complaint to either the FAIS Ombudsman or the Long-term Insurance Ombudsman, whose details are set out below:

If you have a complaint against the intermediary:  
FAIS Ombudsman  
Financial Services Board  
P.O. Box 74571, Lynnwood Ridge, 0040  
Tel: (012) 470-9080 Fax: (012) 348 3447

If you have a complaint against the insurer:  
The Ombudsman of Long-term Insurance  
Private Bag x45, Claremont, 7735  
Tel: (021) 657-5000 Fax: (021) 674-0951