

NATIONAL HOSPITAL WORKERS



FUNERAL PLAN VOLUNTARY

FAMILY PLAN

Funeral Cover	R15 000	R25 000	R40 000
Main Member (18 - 64)	R15 000	R25 000	R40 000
Spouse (18 - 64)	R15 000	R25 000	R40 000
Child (14 - 20)	R15 000	R25 000	R40 000
Child (6 - 13)	R7 500	R12 500	R20 000
Child (1 - 5)	R3 750	R6 250	R10 000
Child (<1 & Stillborn)	R1 500	R3 000	R5 000
Monthly Premium	R59.00	R99.00	R159.00

SINGLE MEMBER PLAN

Funeral Cover	R15 000	R25 000
Main Member (18 - 64)	R15 000	R25 000
Monthly Premium	R41.00	R69.00



EXTENDED FAMILY

Funeral Cover	R7 500	R15 000
Up to 20 years	R10.00	R20.00
21 - 59 years	R28.00	R55.00
60 - 69 years	R52.00	R103.00
70 - 79 years	R103.00	R205.00

Your Extended Family, which is limited to parents, grandparents, brothers, sisters and overage children are important too. Don't forget to include them in your plan!

Add up to five (5) Extended Family Members on your National Hospital Workers Plan at an additional cost per family member.

Waiting period for all extended family options is six (6) months.

Funeral Policy Notes:

- Waiting Period - Six (6) Months.

Max entry age:

- Base policy - 64 years of age;
- Extended Family - 79 years of age.

- There are no waiting periods for accidental death.
- Waiting periods are calculated from the date of the first successful premium payment.
- Cover inception date will be the date of the first successful premium payment.

REPLACEMENTS

- The person selling me this product has not recommended I do a replacement.
- If I am replacing the policy I know that I must insist on an explanation of the potential negative consequences and costs to me for so doing before undertaking the replacement.
- Waiver of Waiting Period (full/Partial)
 - We will not impose a waiting period on a funeral policy if the policyholder confirms that they have taken out this policy to replace a previous policy where the waiting period was served and was cancelled within two months before the application date of the new policy.
- This applies to waiting periods served on the policies with the same or different insurer.
- This only applies when the same life is insured for the same amount of cover. For any additional cover bought over and above the cover amount of the previous policy, the full applicable waiting period will apply.
- We will reduce the waiting period if the policyholder completed part of the waiting period on the previous, similar policy.
- The previous policy must have been with the registered/licensed Insurer with Financial Sector Conduct Authority.

FURTHER IMPORTANT INFORMATION

- These terms and conditions should be read with the Master Policy, a copy of which can be obtained from the Intermediary or Scheme. In case of uncertainty, the Master Policy will take precedence.
- The Applicant has 31 days from signature date to cancel this policy if no claim was submitted. Any premiums paid during this period will be refunded.
- **The premiums on Page 1 include the following fees:**

Commission:	15%
Administration:	25%
- If the Policy benefit lapses due to non-payment of premiums, the Policyholder may apply directly or via the Intermediary, as the case may be, for reinstatement of cover. Reinstatement will be allowed within 2 months from the effective lapse date, without imposing a new waiting period. The remaining period of a waiting period that had not yet passed at the time of lapse, will however still apply and outstanding premiums have to be paid in order for a reinstatement of cover to occur.
- In the event of a claim, the Intermediary should be contacted. Claims must be lodged within 12 months from the claim event. Benefits not claimed in this period will be forfeited.
- Any complaints must first be lodged with the Intermediary. Should the resolution not be satisfactory, the Insurer can be contacted on the numbers above or via e-mail lifecomplaints@kingprice.co.za. Any complaints must be submitted in writing.
- Should there be concerns about the information received, the Insurer's Compliance Department can be contacted on 086 11 22 222 or lifecompliance@kingprice.co.za *If resolution is still unsatisfactory, complaints may be lodged with the Regulators at the below addresses:
- **CLAIMS & CLAIM PAYMENTS**
 - The following documentation and requirements need to be provided to the Insurer when submitting a claim:
 - Completed official claim form;
 - Certified copy of Identity Document of the claimant;
 - Certified copy of Identity Document of the deceased;
 - Notification of death - BI 1663 form (if applicable);
 - Copy of the Beneficiary's stamped bank statement;
 - A police report in the event of Accidental Death; and
 - Any such other documentary proof as may be required by the Insurer at its sole discretion. The occurrence of the Insured Event must be reported in writing within 12 (twelve) months of such occurrence.
 - Claim payments will be made into South African bank accounts only.
 - No claim shall be considered, or Benefit paid out under this Policy if the claimant is unable to furnish documentation acceptable to the Insurer, which are positive verification of the Insured Event.
 - No claim shall be considered, or Benefit paid out under this Policy if the Policy member does not fall within the definitions or parameters as detailed in this Policy and the Application, with the possible exception of Policy Members from a replaced Scheme. In the event of a claim in respect of such Policy Members, previous terms and conditions will be considered to the extent that such terms and conditions may be more favourable in respect of the deceased Policy Member.
 - If any claim under this Policy is in any respect fraudulent, or if any fraudulent means are used by the Policyholder or anyone acting on their behalf to obtain any Policy benefit under this Policy, such claims shall not be honoured and the Insurer will have the right to cancel the Policy at its discretion.
 - The Insurer shall be entitled to apply set-off against any Benefits payable and any outstanding Premiums or other amounts payable to the Insurer.
 - Payment of the Policy Benefits provided for in terms of this Policy shall be a full and effectual discharge of Insurer's liabilities in terms of the Policy.

The FAIS Ombud:

PO Box 74571,
Lynnwood Ridge,
0040
Fax: 012 348 3447 / 012 470 9097 / 086 764 1422

Email: info@faisombud.co.za
Website: www.faisombud.co.za
Tel: 012 762 5000 / 012 470 9080 /

Long-term Insurance Ombudsman:

Private Bag X45,
Claremont,
Cape Town,
7735

Tel: (021) 657 5000 / 086 0103 236
Fax: (021) 657 0951
E-mail: info@ombud.co.za
Website: www.ombud.co.za

1. PARTICIPANT DETAILS: (AVAILABLE TO RSA RESIDENTS & CITIZENS ONLY) Participant No. (Office Use Only):

ID Number:		Language Preference: English: <input type="checkbox"/> Afrikaans: <input type="checkbox"/>		Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>					
Surname:			Full Name:						
Date of Birth:	D	D	M	M	Y	Y	Y	Y	Employer:
Email address:		Province:		Maiden Name:					
Cell Phone:		Tel No. (H)		Tel No. (W) COMPULSORY					

2. ADDRESS:

Residential Address:		Postal Address:	
Postal Code:		Postal Code:	

3. SPOUSE & DEPENDENT CHILDREN (AVAILABLE TO RSA RESIDENTS & CITIZENS ONLY)

	Name & Surname	ID Number	Gender	
Spouse			M	F
Child 1			M	F
Child 2			M	F
Child 3			M	F
Child 4			M	F
Child 5			M	F

4. EXTENDED FAMILY (AVAILABLE TO RSA RESIDENTS & CITIZENS ONLY)

	Name & Surname	Date of Birth / ID no.	Relationship	Funeral Cover	Collectable Fee
EXT 1					R
EXT 2					R
EXT 3					R
EXT 4					R
EXT 5					R

5. COLLECTABLE FEE (PAYABLE IN ADVANCE) (TICK PREFERRED OPTION)

1	Membership Options:	Family Plan (Ages 18 - 64) <input type="checkbox"/>	Single Member Only (18 - 64) <input type="checkbox"/>		
2	Membership Cover:	R15 000 <input type="checkbox"/>	R25 000 <input type="checkbox"/>	R40 000* <input type="checkbox"/>	R
* These cover options are only applicable to certain age categories or package options. Please check that this option is available for your age category or package option before completing this form. Failure to do so may lead to an unsuccessful application.					
3	Monthly Collection Fee				R8.00
4	Total Extended Family Monthly Collectable Fee				R
5	Total Monthly Collectable Fee				R

6. NOMINATED BENEFICIARY: (To whom the benefits are paid in the event of the death of the Main Participant)

Full Name:		Surname:	
ID Number:	Relationship:	Date of Birth: D D M M Y Y Y Y	

7.1 WAIVER OF WAITING PERIODS QUESTIONNAIRE

If this Policy qualifies as a replacement policy, waiting periods already served will be waived.

QUESTIONS	ANSWERS
7.1.1 Are you taking out this policy to replace a funeral policy that will be cancelled by you or was cancelled by you less than 1 month ago?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.2.2 Are you the Main member on the policy that will be or was cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If the answer to either of the above questions is NO, this is not a policy replacement and full waiting periods will apply.
If the answer to both questions is YES, please complete the details below:

7.2. DETAILS OF PREVIOUS INSURER / FUNERAL PARLOR

Name of Insurer / Funeral Parlour:	Cover Start Date:	Cover Amount:	Cancellation Date:

Important:

- If any new or additional Policy Members (lives assured) who are or were not covered on the cancelled policy are added to this Policy, full waiting periods will apply in respect of those Policy Members.
- If cover amounts are increased from those applicable to the cancelled policy, full waiting periods will apply in respect of the amount of the increase in cover.
- If the waiting periods on the policy cancelled or to be cancelled were not served in full, the balance of the waiting periods will apply to this Policy.
- You will be required to produce a notice of cancellation of the replaced policy as well as your premium payment history for 3 months (with another insurer) or 6 months (with another funeral parlour).

8. DETAILS OF PREVIOUSLY INSURED PERSON (ONLY TO BE COMPLETED IF ANSWER TO 7.1 IS YES)

Name	Surname	Date of Birth / ID no	Previous cover amount

Waiver of Waiting Periods (full/partial)			
Type	King Price Life Waiting Periods (A)	Month(s) Waiting Periods served from previous Insurer (B)	Applicable Waiting periods on New Policy (A-B)
Death by natural causes			King Price Life waiting period LESS waiting period served from previous insurer
Suicide			King Price Life waiting period LESS waiting period served from previous insurer

9. PAYMENT OPTIONS SELECTION: (Please select your preferred payment option AND complete the corresponding section with regards to your payment option selection)

9.1 Debit Order 9.2 Salary Deduction 9.3 Pay@ When selecting Pay@ use your Policy Number to pay at any Pay@ affiliated branch. Cash will be collected at your branch via the Pay@ system.

9.1 DEBIT ORDER AUTHORISATION:

Reference No. **MAH001**

I authorise Mahala Loyalty Programme or its assignee to debit my bank account at below mentioned bank (or any other bank / branch to which I may transfer my account) with the Total Monthly Fees indicated above. Arrears will be collected by double debit. Should that double debit collection fail, ALL Benefits will automatically lapse and be forfeited.

Account Type: Cheque Savings Transmission Bank Name: _____ Day of Deduction: 1st 5th 16th 26th 28th

Account holder: _____ Account No: _____

9.2 SALARY DEBIT DEDUCTION AUTHORISATION:

Initials: _____

I, the undersigned, hereby authorise my employer to deduct the total Monthly Premium from my salary/wages beginning (DD-MM-YYYY) ____/____/____. This amount is payable to Mahala Loyalty Programme, Reg no: 2001/030145/07). Should we not receive premiums as described in your policy documents, the policy and ALL Service Benefits will automatically lapse and be forfeited.

10. DECLARATION BY MAIN ASSURED / POLICY HOLDER (MANDATE):

- 10.1) I hereby apply for the benefits contained in this document.
- 10.2) I declare that I have not withheld any material information.
- 10.3) I am aware and have been explained of the waiting periods applicable to this policy.
- 10.4) I accept that this application and declaration shall be the basis of the contract insurance between King Price Life Insurance Limited and National Hospital Workers Funeral Plan.
- 10.5) I understand I am joining National Hospital Workers Funeral Plan in order to ensure I receive the funeral cash benefits for all covered lives.
- 10.6) We confirm that any personal information submitted and/or requested from you, will only be used to facilitate administration on the policy and to satisfy contractual obligations.
- 10.7) By signing this application from, I, the Member do hereby mandate (give permission/authority to) Mahala Loyalty Programme to:
 - 10.7.1) Arrange for long-term insurance cover, on my behalf.
 - 10.7.2) Instruct the Insurer to effect changes to or renew the life insurance policy/ies and other benefits on my and/or my dependent(s) behalf; collect and receive all premiums payable by me and to pay the premiums over to the Insurer, on my behalf;
 - 10.7.3) Receive and collect all statutory and/or other notices, product documents and communications from the Insurer, on my behalf, for the purposes of providing such notices to me;
 - 10.7.4) Process and validate claims for the benefits in terms of the policy/ies and to assist me and/or my dependent(s) in lodging claims with the Insurer;
 - 10.7.5) Collect and receive benefits payable in terms of the policy/ies from the Insurer for any payment due to same and/or my nominated beneficiaries or my dependent(s);
 - 10.7.6) Deal with general administrative queries in respect of my policy/ies and benefits.
 - 10.7.8) Terminate my policy/ies /agreements with the Insurer for the purposes of assigning me to a new insurance plan with a new insurer/underwriter; provided that it is in my interests to do so.
- 10.8) The mandate given in 10.6 and 10.7 will continue to be in place with the new insurance company in the event of a change of insurer.
- 10.9) The total amount of benefits payable across King Price Life will be limited by law from time to time, per life insured. You are only allowed one National Hospital Workers Funeral Plan policy per insured person. However multiple funeral plans across all King Price Life products are allowed, provided that a maximum benefit for the member must not exceed R100 000.00. The maximum benefit for Additional Dependants across all King Price Life

products may not exceed R30 000.00. Terms and conditions applicable to this policy, are explained in your membership certificate.

- 10.10) I have been informed of the maximum of cover aggregation per life assured.
- 10.11) Should we not be able to confirm your previous policy or not meeting the requirement, Waiting Period will not be waived.
- 10.12) I understand that a waiting period applies to death due to causes other than an accident. This means that cover will not be paid if the insured person dies due to causes other than an accident within the waiting period.
- 10.13) By checking this box, you agree to receive promotional emails and other materials from Mahala Loyalty Programme and its affiliates. Information requested is for Mahala Loyalty Programme marketing purposes only and will not be sold or shared with a third party. Marketing emails provide a one-click method to unsubscribe from the distribution list.
- 10.14) The Mahala Loyalty Programme (Pty) Ltd ("Mahala") protection of personal information policy is available for review at www.mahalas.co.za. By taking out this policy Mahala confirms it will need to share certain relevant information with the insurer and/or other related parties. I hereby consent to Mahala performing these functions and sharing the information that is relevant. I realise if I do not provide this consent I will not be able to conclude this policy.



YES NO

- 10.15) I consent to my personal information being processed and shared for purposes of obtaining this cover.
- 10.16) I have the consent of all the adult lives assured for their personal information to be so processed and shared; I am legally competent to consent to the personal information of children under 18 being so processed and shared.

SOURCE OF FUNDS

Salary Social Grant
 Savings Divorce Settlements

Participant Signature: _____

Date: _____