



## PSA MEMBERS 75K GOLD PLAN FUNERAL PLAN

### FAMILY PLAN

| Funeral Cover          | R75 000 |
|------------------------|---------|
| Main Member (18 - 64)  | R75 000 |
| Spouse (18 - 64)       | R75 000 |
| Child (14 - 21)        | R75 000 |
| Child ( 6 - 13)        | R37 500 |
| Child ( 1 - 5)         | R18 250 |
| Child (<1 & Stillborn) | R9 125  |
| Monthly Premium        | R240.00 |

### SINGLE MEMBER ONLY

| Funeral Cover         | R75 000 |
|-----------------------|---------|
| Main Member (18 - 64) | R75 000 |
| Monthly Premium       | R165.00 |

#### Included Benefits:

#### R500 Airtime Benefit



In the event of an insured person's death, the beneficiary or claimant is provided with airtime to the value of R500. **The Airtime Benefit is already included with your PSA Members Funeral Plan Premium.**

### Funeral Plan Add-ons:



#### Car Rental Benefit

Family Plan - Additional Monthly Cost: R15.00

Single Member Plan - Additional Monthly Cost: R9.70

Available only on the 18 - 64 years Plan. Enjoy 3 day Car Rental to assist with the funeral arrangements.

### Extended Family Funeral Cover

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 ten (10) Extended Family Members on your PSA Members 75K Gold Plan at an additional cost per family member.

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

| Funeral Cover  | R10 000 | R15 000 | R20 000 | R30 000 |
|----------------|---------|---------|---------|---------|
| Up to 20 years | R19.00  | R28.00  | R40.00  | R60.00  |
| 21 - 60 years  | R45.00  | R67.00  | R89.00  | R133.00 |
| 61 - 70 years  | R91.00  | R137.00 | R182.00 | R273.00 |
| 71 - 80 years  | R205.00 | -       | -       | -       |

#### Funeral Policy Notes:

- Waiting Periods:
  - All age categories: Six (6) Months
  - Extended Family: Six (6) Months
- Max entry age:
  - Base policy - 64 years of age;
  - Extended Family - 80 years of age.
- There are no waiting periods for accidental death.
- A twelve (12) month waiting period applies for death due to suicide
- 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.

## Complete & send your application form to:

**Email:** [info@mahala.co.za](mailto:info@mahala.co.za) | **WhatsApp:** 081 487 2073 | **Questions? Call:** 0860 021 067



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## 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: 30%
    - Administration: 17.5%
  - 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](mailto: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](mailto:lifecompliance@kingprice.co.za) \*If resolution is still unsatisfactory, complaints may be lodged with the Regulators at the below addresses:
- The FAIS Ombud:**  
PO Box 74571,  
Lynnwood Ridge,  
0040  
Fax: 012 348 3447 / 012 470 9097 / 086 764 1422
- Email: [info@faisombud.co.za](mailto:info@faisombud.co.za)  
Website: [www.faisombud.co.za](http://www.faisombud.co.za)  
Tel: 012 762 5000 / 012 470 9080 /
- NFO National Financial Ombud Scheme South Africa:**
- **NFO Johannesburg**  
110 Oxford Road,  
Houghton Estate,  
Johannesburg,  
Gauteng,  
2198
  - **NFO Cape Town**  
6th Floor, Claremont Central Building,  
6 Vineyard Road,  
Claremont,  
Cape Town,  
7700
- Tel: (0860) 800 900 / 086 0103 236  
WhatsApp: 066 473 0157  
E-mail: [info@nfosa.co.za](mailto:info@nfosa.co.za)  
Website: [www.nfosa.co.za](http://www.nfosa.co.za)
- **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.



# PSA MEMBERS 75K GOLD PLAN FUNERAL PLAN

Source: Website

Broker Code: MAH0001

## 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 | Preferred Name:                                                                            |                                                                                                |
| Email address:                 | Province:                                                                                  | Maiden Name:                                                                                   |
| Cell Phone:                    | Tel No. (H)                                                                                | Tel No. (W)                                                                                    |

## 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 <input type="checkbox"/> F <input type="checkbox"/> |
| Child 1 |                |           | M <input type="checkbox"/> F <input type="checkbox"/> |
| Child 2 |                |           | M <input type="checkbox"/> F <input type="checkbox"/> |
| Child 3 |                |           | M <input type="checkbox"/> F <input type="checkbox"/> |
| Child 4 |                |           | M <input type="checkbox"/> F <input type="checkbox"/> |
| Child 5 |                |           | M <input type="checkbox"/> F <input type="checkbox"/> |

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

|       | Name & Surname | Date of Birth / ID no. | Relationship | Funeral Cover | Collectible 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 (Ages 18 - 64) <input type="checkbox"/>                                              | R |
| * These cover options are only applicable to certain age categories. Please check that this option is available for your age category before completing this form. Failure to do so may lead to an unsuccessful application. |                                                    |                                                          |                                                                                                         |   |
| 2                                                                                                                                                                                                                            | Car Rental Benefit:                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Family Plan (R15.00 pm) <input type="checkbox"/> Single Member Plan (R9.70 pm) <input type="checkbox"/> | R |
| 3                                                                                                                                                                                                                            | Debit Order Monthly Collection Fee (If applicable) |                                                          |                                                                                                         | R |
| 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. WAIVER OF WAITING PERIODS QUESTIONNAIRE

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

| QUESTIONS                                                                                                                                   | ANSWERS                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 6.1 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"/> |
| 6.2 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:

## 8. DETAILS OF PREVIOUS INSURER / FUNERAL PARLOR

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

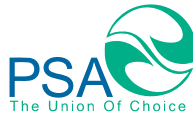
### Important:

- 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).



PSA MEMBERS  
75K GOLD PLAN  
FUNERAL PLAN



## 9. DETAILS OF PREVIOUSLY INSURED PERSON

| 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 | Six (6) Months                      |                                                           | King Price Life waiting period LESS waiting period served from previous insurer |
| Suicide                 | Twelve (12) Months                  |                                                           | King Price Life waiting period LESS waiting period served from previous insurer |

## 10.1 PAYMENT OPTIONS SELECTION:

Debit Order ☐ Pay@ ☐ PERSAL ☐

**PLEASE NOTE:** If selecting Debit Order as your preferred payment option, please fill in your bank details below. 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. **When selecting Debit Order or Pay@, a collection fee of R8.00 will be applicable.**

## 10.2 DEBIT ORDER AUTHORISATION:

Reference No. **MAH001**

I authorise Mahala Loyalty Programme or its assignee to debit my bank account at above 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 <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> | Bank Name: | Day of Deduction: 1st <input type="checkbox"/> 5th <input type="checkbox"/> 16th <input type="checkbox"/> 26th <input type="checkbox"/> 28th <input type="checkbox"/> |
| Account holder:                                                                                                      |            | Account No:                                                                                                                                                           |

## 10.3 SALARY DEDUCTION AND PAY-OVER AUTHORISATION

I, the undersigned (Full Name):

|       |          |            |        |
|-------|----------|------------|--------|
| Rank: | Station: | Salary No: | ID No: |
|-------|----------|------------|--------|

I hereby authorise the Accountant of the Department / Administration of:

to deduct monthly with effect from / / 20 the premium of R from my salary and to remit it to

King Price Life Insurance Limited of which I am a member.

Ref No:

Should the relevant premium be adjusted by the Institution as a result of an inflation related increase in premium rate, I confirm that the adjusted premium rate may be deducted from my salary until such time as I cancel the authorisation in writing or until I substitute it with a new authorisation.

Signed at on this day of 20 Signature

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

- 11.1) I hereby apply for the benefits contained in this document.
- 11.2) I declare that I have not withheld any material information.
- 11.3) I am aware and have been explained of the waiting periods applicable to this policy.
- 11.4) I accept that this application and declaration shall be the basis of the contract insurance between King Price Life Insurance Limited and PSA Members Funeral Plan.
- 11.5) I understand I am joining PSA Members Funeral Plan in order to ensure I receive the funeral cash benefits for all covered lives.
- 11.6) 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.
- 11.7) By signing this application from, I, the Member do hereby mandate (give permission/authority to) Mahala Loyalty Programme to:
- 11.7.1) Arrange for long-term insurance cover, on my behalf.
- 11.7.2) 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;
- 11.7.3) 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;
- 11.7.4) 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;
- 11.7.5) 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);
- 11.7.6) Deal with general administrative queries in respect of my policy/ies and benefits.
- 11.7.8) 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.
- 11.8) The mandate given in 11.6 and 11.7 will continue to be in place with the new insurance company in the event of a change of insurer.
- 11.9) 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 PSA Members 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.
- 11.10) I have been informed of the maximum of cover aggregation per life assured.
- 11.11) Should we not be able to confirm your previous policy or not meeting the requirement, Waiting Period will not be waived.
- 11.12) I understand if I need to claim in the first month of cover there will be

administration delays in the time taken to assess the claim.

- 11.13) 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.
- 11.14) 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.
- 11.15) The Mahala Loyalty Programme (Pty) Ltd ("Mahala") protection of personal information policy is available for review at [www.mahalas.co.za](http://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.



Tick Box

☐ YES ☐ NO

- 11.16) I consent to my personal information being processed and shared for purposes of obtaining this cover.
- 11.17) 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: