



www.dolifeyourself.co.za

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President Fouche Avenue
Boskruijn, 2154
Entrance Boskruijn Village Centre

P O Box 1555, Fontainebleau, 2032
Telephone: 086 154 3326 / 0861 LIFECO
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Family Funeral Cover

Broker Name: [input field]

Broker Code: [input field]

Benefits

Please select your choice of benefit

Re-Member Benefit R 8,000.00

[input] Premium R44.00 monthly

Re-Member Benefit Plus R 18,000.00

[input] Premium R66.00 monthly

Principal Member's Details

** Compulsory

Table with 3 columns: Member Surname, First Names, Email Address, Postal Address, Identity Number, Facsimile Number, Telephone Number, Cellphone Number.

Dependants Details

Table with 4 columns: Surname, First Name, Relationship (Only Spouse & Child allowed), Date of Birth / ID Number.

Inception date of policy: Cover to commence 1st day of the new month: [input] 01 / [input] / 20 [input]

[input] Debit order Authority

Name of Bank: [input]

Branch Code: [input]

Name of Account Holder: [input]

Account Number: [input]

Account Type: [input] Cheque [input] Savings [input] Transmission

Do you belong to a Union? [input] If so, please indicate Union name: [input]

Disclosure

I hereby authorise Phakama Funeral Society (Pty) Ltd to commence a debit order withdrawal from my account on (add appropriate date of the month) [input] day of the month, and monthly thereafter for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. I understand that this signed document is required at the Do Life Yourself - Family Funeral Cover offices within 10 working days.

I declare to the best of my knowledge and belief that the particulars given are true and correct * I am satisfied that the plan chosen by me best suits my needs * I am able to afford the monthly premium of the plan chosen by me * I have read and understood the Summary of the Terms and Condition below.

ID Number [input] (the policy owner / beneficiary of the policy owner)

Member [input] (Full Name and Surname)

Date [input] / [input] / 20 [input]

Resolution Life

Terms and Conditions for Family Funeral Cover

1. FOREWARD

Only persons whose names and ID or date of birth appear on the application form will be considered for cover. Phakama Funeral Society (Pty) Ltd is the administrator of the scheme. This scheme is sold subject to the policy conditions of the Resolution Life Funeral Plan Policy. This scheme is underwritten by Resolution Life a registered long-term insurer and authorised financial services provider, hereinafter referred to as the underwriter.

The benefit under the scheme cannot be surrendered or pledged as security for a loan.

The underwriter reserves the right to adjust premiums, alter benefits and other conditions where necessary. Written notice of the variation will be sent to the Policyholder.

2. DEFINITIONS

PRINCIPAL MEMBER – A person who meets the eligibility criteria under the scheme and who has not yet reached the age of 64 years. Any reference to Policyholder shall be reference to the PRINCIPAL MEMBER.

SPOUSE- A person married to the Principal Member either by law or tribal custom. A common law spouse will be considered provided they are nominated at inception by the member. Should a person marry the Spouse, proof (such as marriage certificate/lobola letter must be submitted to Resolution Life. Maximum joining age is 65 years.

CHILD – A natural or adopted unmarried child of the Principal Member or his/her nominated Spouse who is under the age of 21 years. A child studying full time at a recognized tertiary institution will also be considered up to the age of 26 years next birthday. Totally and permanently disabled children will be covered. Stillbirth from the 24th week of pregnancy will be accepted (only 1 stillbirth per family will be considered). Up to 4 children will be considered per application form.

ACCIDENTAL DEATH – Shall mean death caused by, or resulting from violent, external, and visible injuries resulting from an accident within six months after the date of such an accident or unnatural event.

3. WAITING PERIODS

A six (6) month waiting period applies to all members (including children, spouse and extended family members) under the age of 64 years, for death as a result of natural causes.

Twenty Four (24) month waiting period for all members for death due to suicide.

Immediate cover for all members for accidental death, after receipt of the first premium.

4. COMMENCEMENT OF INSURANCE

Upon receipt of the first premium prior to the 7th of the month, the inception date shall be the 1st of that particular month. Should premiums be received after the 7th of the month, the inception date shall be the 1st day of the following month. Inception date is always the 1st day of the month. The Underwriter will not have an obligation to pay any claim until the first premium is paid.

5. CLAIMS PROCEDURE

In the event of a death, a Claim Notification Form must be requested from Phakama Funeral Society (Pty) Ltd and must be submitted together with the relevant supporting documents within six (6) months of the date of death. Failure to do so within the six (6) month period from date of death will result in the benefit being forfeited.

Documents to be submitted:

- Fully completed Claim Notification Form
- Proof of death: (B1-5) original certified copy of the computer produced Death Certificate.
- Certified copy of Principal Insured's ID.
- Certified copy of deceased's ID document.
- Copy of Membership Certificate.
- Certified copy of marriage/registration certificate or sworn affidavit that the principal insured is married to the spouse or that the principal insured has lived with his/her partner for at least 6 months.
- Full time student: Letter from recognised education institution.
- Disabled child: Confirmation of disability grant and a copy of medical report relating to disability.
- In the event that a child's surname is different from the principal insured, an affidavit is required to explain the nature of the relationship to the principal insured.
- Still-born child: Certified copy of death certificate and the Notification/Register of Death/Still Birth (83/B1 – 1663) form, as well as a letter from the doctor/hospital in attendance, confirming the duration of the gestation period.

Claims, in respect of Family Members, will only be paid where such Family Members have been nominated on the original application/amended form.

The underwriter reserves the right to request any further documentation or information as it may deem necessary to accurately assess a claim.

The underwriter will endeavor to settle the claim within 48 hours of receiving all of the required fully completed documentation.

Faxed copies must be clearly certified. The details of the Commissioner of Oaths with all the relevant details must be clearly legible.

Documentation submitted, other than those listed, will not be accepted. **EXCEPT WHERE SPECIFIED ABOVE, AFFIDAVITS ARE NOT ACCEPTED.**

Resolution Life Terms and Conditions for Family Funeral Cover

6. PREMIUM PAYMENTS

Premiums shall be paid monthly in advance, by the 7th of each month. There is one month's grace period, should premiums be missed and not paid by the 7th of the next month, the policy shall lapse. Should payment of premiums be resumed at a later stage – all waiting periods will apply again. There will be no refund of premiums on withdrawal, death or upon cancellation of the scheme. It is the sole responsibility of the Member/Premium Payer to ensure that premiums are paid, as no monthly statements are sent, we advise that you check your statement that the premium went through. Should the deduction not be successful, kindly contact our office to arrange payment of the premium/s in order to prevent your policy lapsing or arrears in premiums. No claim shall be considered while your premiums are in arrears.

7. COOLING OFF PERIOD

There is a thirty (30) day cooling off period for the Member to review the policy. Should the premium be cancelled during the first 30 days from signing the application form – that premium would be refunded. Should we not receive notification in writing the policy will be considered taken up the no premiums will be refunded after the 30 days from signing the application form.

8. EXCLUSIONS

- With regard to war and terrorism.
- No benefit is payable if Phakama Funeral Society (Pty) Ltd is notified of a claim later than 6 months after a deceased's date of death.

9. SPECIAL DECLARATION

I confirm that I have read all the terms and conditions of this plan. I confirm that I understand all the terms and conditions contained herein. I further understand that premiums are payable on or before the 7th of each month, and that no claim shall be honoured while my premiums are in arrears. By proceeding with this policy, I give Resolution Life consent and authorisation to collect and process my personal information provided in the application or otherwise obtained, for purposes of providing insurance cover, assessment of the application, customer service, processing of claims, effecting premium payments; and providing marketing communications in respect of, related products and services and those of their associated companies. I further mandate Resolution Life Funeral Ltd to conveniently place my funeral benefit with any other registered long-term insurer and authorised financial service provider, provided such convenient placement will be in my best interest. I confirm that I have the consent to provide personal information of any other person mentioned in this application, for the purposes as mentioned herein.

10. GENERAL

- Each Principal Member must complete an application form specifying his/her family members.
- Any incorrect information provided to the administrators may result in a claim not being honoured.
- Only valid claims due to accidental death will be paid immediately (i.e. there is no waiting period), provided that the first premium was received.

Disclosure

You hereby authorise Resolution Life to debit your bank account, on a monthly basis, as payment for your policy, using the bank account information provided in your Application Form, effective from the date of inception of your policy, for so long as your policy remains in force and effect.

You hereby agree that Resolution Life will not be obliged to refund any payment made by you in this manner, nor shall you be entitled to reverse such payment, for any reason whatsoever.

A cooling-off period of thirty (30) days will apply in which the initially quoted premium less any administration costs incurred by Resolution Life, will be refunded to you.

Date / /

I confirm that I have read all the terms and conditions of the plan.
I confirm that I understand all the terms and conditions contained herein.

Submit

