



Fema Holdings (Pty) Ltd

28 Rangeview Road | Dalpark X6 | 1540
 T: 081 814 9719
 E-mail: info@femaholdings.co.za
FSP46678

APPLICATION FOR MEMBERSHIP TO THE 1 + 5 SOCIETY FUNERAL PLAN

Policy reference number (if applicable):

Principal Member				
Surname	<input type="text"/>		First Names	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>	Email address	<input type="text"/>
Mobile/Tel	() <input type="text"/>		Occupation	<input type="text"/>
Street/Postal address	<input type="text"/>			Code <input type="text"/>

Spouses, children and nominated family (maximum age 75)																
Full first names and surname	Age	Relationship	ID number							Date of birth						
1.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d	d	m	y	y	y	y
2.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d	d	m	y	y	y	y
3.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d	d	m	y	y	y	y
4.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d	d	m	y	y	y	y
5.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d	d	m	y	y	y	y

TICK YOUR CHOICE OF BENEFIT

Cover	1+5<65	1+5<70	1+5<75
R 5 000	R 150	R 160	R 170
R 7 500	R 180	R 190	R 205
R 10 000	R 205	R 210	R 220
R 15 000	R 215	R 241	R 265
R 20 000	R 250	R 281	R 315
R 25 000	R 281	R 323	R 365

Total Monthly Premium: R

Beneficiary			
Your beneficiary is the person you appoint to receive the policy pay-out after your death. He or she must be 18 years or older. You may change your beneficiary at any time. If the pay-out cannot be made to the beneficiary, it will be paid to your estate.			
Title	<input type="text"/>	First names	<input type="text"/>
Surname	<input type="text"/>	Relationship	<input type="text"/>
ID No	<input type="text"/>	Contact no	<input type="text"/>

Inception date of policy: Cover to commence on receipt of first premium:

Monthly Premium: Must be paid before the 5th of every month.

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 understand the summary of the Terms and Conditions and have received a copy thereof.

(NOTE: No monthly payment - no cover)

Main Member Signature

Date

Administrator: Exodec 229 (Pty) Ltd FSP 43212 Email: info@exodecgroup.co.za Fax: 086 608 7594
 Compliance: Leona Prinsloo CO4920 Email: lprinsloo@mweb.co.za
 Fees disclosure: 50% Risk premium, 2% Binder Fee, 16% admin, 16% marketing, 16% operational

Safrican Insurance Company Limited, Company Registration Number 1935/007463/06 is a registered insurer and authorised financial services provider (FSP: 15123)



General terms & conditions

- The maximum entry age for member and /or nominated family dependants is under 65 / 70 / 75 / 80 / 85 years (depending on the selected option).
- Cover for all nominated family members is whole life. (Children and extended family members included).
- Unmarried mentally or physically disabled children who are totally and completely dependent on the main member will be covered for as long as the policy is in force.
- Cover will be provided for a maximum of 5/9/13 nominated family members. (e.g. Spouse, additional Spouses, Children, Dependent Children, Extended Family Members)
- Once the principal member's cover ceases, the policy can be taken over by any nominated family member.
- For all cash premiums keep receipts as proof of payment.
- Premiums must be paid for the month and the 12 months premium payment history must show that all payments were made monthly.

Nominated Family Benefits.

- Brothers, sisters, parents and parents-in-law can be covered as part of the 5/9/13 nominated family members.
- Maximum entry age: under 65 / 70 / 75 / 80 / 85 years (depending on the selected option).
- Premiums for the basic benefit are quoted as a fixed Rand amount per month.
- Policy is a grouped policy and is annually renewable.

Exclusions

- A waiting period of 6 months applies on all ages and cover amounts from date of receipt of the first month's premium for claims due to natural causes.
- Children under 6 years will qualify for a maximum of R 20 000 cover, depending on the cover selected.
- No waiting period applicable on death due to accident on condition that the first premium is paid. Initial:
- **"No premium = no cover"** and should premiums not be paid in terms of the policy, cover ceases and should the member wish to re-join, they will be treated as a new entrant, with the commensurate 6 months waiting period. The policy will lapse after 2 premiums missed within a 12 month cycle. The policy will be cancelled should the 2 arrear payments not be paid in full.
- Active participation in war, riot and civil commotion or terrorism.
- All claims related to atomic, biological and chemical warfare or terrorism, the commission of a crime, or self-inflicted injury and deliberate exposure to exceptional danger will not be covered.
- Suicide will be excluded for the first 12 month.
- No stillborn included

Funeral Benefit

- Safrican Insurance Company Limited must be notified of Funeral claims within 6 months of a member's death. Even if all the required information is not yet available, it must still be notified of the potential claim.
- Premiums must be paid for the month and the 12 months premium payment history must show that all payments were made monthly. 2 Premiums missed in a cycle of 12 months will result in the lapsing of the policy.
- The following information is required to process a claim (standard claims package):

- Main member

- Fully completed, signed and stamped claim form
- Certified copy of death certificate
- Certified copy of the deceased's identity document and BI1663 (All pages)
- Copy of the Society Application Form
- Certified copy of the beneficiary identity document
- If the cause of death is unnatural – a copy of the police report and page 1 of 1 of the medical Certificate of the cause of death is required
- Copy of the premium schedule as well as proof of payments / receipts
- Banking details of scheme / beneficiary

- Nominated Family Members (e.g. Spouse, additional Spouses, Children, Dependent Children, Extended Family Members)

- Fully completed, signed and stamped claim form
- Certified copy of death certificate and BI1663 (All pages)
- Certified copy of the deceased's identity document
- Certified copy of the main member's identity document
- Copy of the Society Application Form
- Copy of the premium schedule as well as proof of payments / receipts
- Banking details of scheme / beneficiary
- If the cause of death is unnatural – a copy of the police report and page 1 of 1 of the medical Certificate of the cause of death is required

Repatriation of mortal remains benefit: This is a Value Added Services Benefit, although included in product rates it is a stand alone benefit and can only be provided by an registered and approved service provider. Nominated extended family members excluded.

- Repatriation of Mortal remains within South Africa and neighbouring countries to a maximum of R10 000 per event. The annual limitation is R20 000 per policy per year. This includes embalming and advice on how to apply for death certificate and border crossing documentation.
- When a member's death occurs more than 100km from their normal place of residence / place of burial, the deceased will be transported to the place of burial irrespective of where the death occurred, or where the burial will take place, provided that the repatriation is within the defined territory. Allowance for one family member to travel with the deceased free of charge
- Funeral assistance service, all documentation, Referral to a pathologist if an autopsy is required and referral to a reputable undertaker
- Removal from place of death (anywhere in RSA) Minimum of 20km to a maximum of R900 per claim. Storage to a maximum amount of R1000 / 7 days.
- 24 hours client and claims assistance service available.
- **Exodec Assist Repatriation call centre no: 0861 55 5515 Quote following: Exodec Society Plan, Scheme Name, Policy reference number**
- A maximum period of 6 months from the date of death is permitted to submit all funeral claim requirements. Failure to comply with this will result in closure of the file and no further evidence being considered for assessment and processing of a claim.

NB: the above are extracts and summaries from the policy and do not replace the official policy, which contains all rights of members

On signing this document Exodec Funeral Administration Solutions confirm the offer of Insurance has been accepted on behalf of Safrican Insurance Company Limited. Cover will commence on receipt of the first premium.

Fees disclosure: 50% Risk premium, 2% Binder Fee, 16% admin, 16% marketing, 16% operational

Administrator: Exodec 229 (Pty) Ltd FSP 43212 Email: info@exodecgroup.co.za Fax: 086 608 7594

Compliance: Leona Prinsloo CO4920 Email: lprinsloo@mweb.co.za Fax: 0880126646257

Safrican Insurance Company Limited, Company Registration Number 1935/007463/06 is a registered insurer and authorised financial services provider (FSP: 15123)