



Policies: 021 593 3708,
Whatsapp: 062 980 6851 |
Director: 084 447 8850
Selwyn De Vries

FSP 40933
Safrican - An
Authorised FSP
Nr 15123



APPLICATION FOR MEMBERSHIP

Agent: Policy Number:

Pay@ Number:

METHOD OF PAYMENT Pay@ Cash Debit Order

TYPE OF PLAN Family Individual Single parent Society **PRODUCT NAME**

1. PRINCIPAL MEMBER DETAILS

SURNAME	<input type="text"/>	FIRST NAMES	<input type="text"/>
ID NUMBER	<input type="text"/>	EMPLOYEE / MEMBER NUMBER	<input type="text"/>
EMPLOYER NAME	<input type="text"/>	MARITAL STATUS	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>	CELL NUMBER	<input type="text"/>
PHYSICAL / POSTAL ADDRESS	<input type="text"/>		CODE <input type="text"/>

2. SPOUSE'S DETAILS

SURNAME	<input type="text"/>	FIRST NAMES	<input type="text"/>
ID / PASSPORT NUMBER	<input type="text"/>	DATE OF BIRTH	<input type="text"/>

3. BENEFICIARY NOMINATION (COMPULSARY)

NAME	<input type="text"/>	SURNAME	<input type="text"/>
ID NUMBER	<input type="text"/>	RELATIONSHIP	<input type="text"/>

STANDARD COVER SELECTION SUBJECT TO AGE OF MAIN MEMBER	R 4 000	R 5 000	R 6 000	R 7 000	R 8 000	SOCIETY PLAN COVER SELECTION MAXIMUM JOINING AGE 74 MAXIMUM COVER CHILDREN UNDER AGE 6 = R10 000	Society 1+5	Society 1+9	Society 1+13	PREMIUM CALCULATION SUMMARY		
							R 5 000	R 5 000	R 5 000	DESCRIPTION	AMOUNT	
								R 8 000	R 8 000	R 8 000	PLAN PREMIUM	R
								R 10 000	R 10 000	R 10 000	TOTAL EXTENDED FAMILY MEMBERS	R
						R 12 500	R 12 500	R 12 500	TOTAL ADDITIONAL BENEFIT PREMIUM	R		
						R 15 000	R 15 000	R 15 000	TOTAL PREMIUM DUE	R		

ADD DEPENDANTS BELOW

	NAME	SURNAME	ID NUMBER	RELATIONSHIP
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

6. DEBIT ORDER AUTHORITY

I hereby authorize **RELEVANT COMPANY NAME TO BE INSERTED IN THIS SPACE** to commence a debit order withdrawal from my account on the 1st unless specified otherwise on day of the month and monthly thereafter, with any future possible increase of the product. I understand that the debit order will be run on the date selected; if for whatever reason it is not honored, the policy will lapse subject to the grace period as stipulated under the terms and conditions. I understand that this signed document is required in the **RELEVANT COMPANY NAME TO BE**

ACCOUNT NUMBER	<input type="text"/>	BANK NAME	<input type="text"/>	SIGNATURE OF ACCOUNT HOLDER
ACCOUNT HOLDER	<input type="text"/>	BRANCH NAME	<input type="text"/>	
DEDUCTION DATE	<input type="text"/>	BRANCH CODE	<input type="text"/>	
ACCOUNT TYPE	CHEQUE <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	TRANSMISSION <input type="checkbox"/>	DATE Y Y Y Y M M D D

Declaration

1. I declare the above information to be true and understand agree that any misrepresentation in this application form will invalidate any benefit under this policy. 2. The representative mandated by Genlife has provided me with details on his / her experience. 3. He / she assisted me in understanding the terms and conditions of the funeral policy and provided me with a copy of the terms and conditions which I accept. 4. (the applicant) confirm that this policy is not replacing an existing policy. 5. I confirm that the representative provided me with the section 13 certificate.

Consent to collect and share information in terms of POPI Act

I, the undersigned, hereby grant explicit consent to Genlife Financial Services FSP 43895 to process specific personal information in the ordinary course of its duties. I acknowledge that the financial services provider and its representatives are taking ALL reasonable steps to ensure my rights to privacy and the protection of my personal information from unauthorised use, and or access. I declare forthwith that my personal information is being processed lawfully, legitimately and consistently as would be expected for the purpose of serving my best interests as well as for achieving fair and reasonable outcomes as a consumer of financial products. I further permit the sharing of my personal information with third parties (public or private body) as appropriate from time to time to ensure that the FSP is able to carry out its industry imposed legal and compliance related obligations. My consent shall remain in force provided the FSP and its authorised representatives continue to abide by the conditions for lawful processing of personal information as contained in the POPI Act no. 4 of 2013, as may be amended from time to time.

Signed at _____ on _____ Name _____ Signature _____

Name of Representative _____ Signature _____ Date _____

GENERAL INFORMATION

Administrator shall mean: **Genlife Financial Services** – an Authorised Financial Services Provider with FSP nr 43895 (see contact details below)

Underwriter shall mean: **Safrican** – an Authorised Financial Services Provider with FSP nr 15123 (see contact details below)

Underwritten on a Group Scheme Basis – has the meaning assigned to it in Schedule 2 of the Insurance Act

Accidental death has the meaning assigned to it in section 1 of the Insurance Act

Funeral Policy – means a life insurance policy under the funeral class of life insurance business as set out in Table 1 of Schedule 2 of the Insurance Act

Reseller – shall mean any party selling Genlife products on behalf of Genlife

1. This document is furnished to you in compliance with section 48 of the Long-Term Insurance Act, 1998 as amended and the General Code of Conduct of the Financial Advisory and Intermediary Services Act, 2002 as amended. Benefits are underwritten on a group basis provided by the Underwriter to the group administered by Genlife Financial Services. The cover of an additional or extended member may not exceed that of the principal member. New-born children must be added to the policy within 60 days after date of birth. If not no claim will be considered in the unfortunate event of the death of such a new born child.
2. The cover in respect of assured lives commences on the last date upon which the Underwriter approves the application by the member for the benefits or receives the first premium payable in terms of this Group Policy, whichever is the latest. Applications received after the 15th of the month will commence on the 1st day of the following month on condition that the application was accepted by the Underwriter and the first premium was paid.
3. The Underwriter shall be entitled to amend the benefits in terms of the Group policy by means of a 60 (sixty) day written notice to the Administrator of this Group Scheme. Notice to the Administrator shall constitute proper and sufficient notice to the members of the Group.
4. The rules and conditions of this plan are consistent with the provisions of the Long-Term Insurance Act, 1998 as amended and with the terms of the Genlife Voluntary Umbrella Group Policy. The Underwriter shall be entitled to cancel the Group Policy by means of two (2) calendar month written notice to the members. Notice to the Administrator shall constitute proper and sufficient notice to the members of the group.
5. Maximum cover for children below the age of six years is R 10 000, irrespective of the cover of the principal member.
6. All assured lives in terms of this Group Policy must be permanently resident in the Republic of South Africa.
7. The maximum cover allowed on the life of any member is R 30 000.00. Members can however have more than one policy as allowed by the underwriter. Each policy will be identified by a separate policy number and a separate claim should be submitted for each policy.
8. The scheme is underwritten by Safrican Insurance Company and administered by Genlife Financial Services.

TERMS & CONDITIONS: PAYMENT OF PREMIUMS

1. A period of grace of 15 (fifteen) days is permitted for the payment of premiums. If the premium is not paid within this period, the Underwriter has the right to reject claims, subject to the provisions of the Long-Term Insurance Act, 1998 as amended. Premiums are payable in advance and a premium received on or before the 15th of a month will be for cover for the month in which the premium is paid. Should the client be in arrears with premiums, the first premiums will be allocated to the months for which no premiums have been received. If the policy has lapsed because of no premiums received, the principal member can apply for the reinstatement of the policy. A funeral policy lapses when the premiums are not paid within the required period of grace. No premiums will be refunded should the policy lapse or be cancelled.
2. Premiums are guaranteed for 30 days. The premium, conditions and benefits shall from time to time be revised and adjusted by the Administrator on behalf of the Underwriter to ensure that the Scheme remains actuarially sound. In addition, the Underwriter may always amend benefits and premiums by means of 60 (sixty) day written notice to the Administrator. Notice to the Administrator shall constitute proper and sufficient notice to the members of the Group.
3. Premiums shall be calculated based on the Assured Life's age at the inception date of the policy and shall not increase incrementally with each birthday of an assured Life (lives), subject always to the Underwriters right to increase the premiums payable as provided for in terms of this Group Policy. In the case of a family plan premiums shall be calculated on the eldest of the principal member or spouse and in the case of a society plan the premium will be calculated on the eldest of the principal member or nominated members added to the policy. Should the member increase cover or add additional benefits at any stage after the policy commenced, the premium for the increased part of the cover or benefit will be calculated based on the age of the member when the increase takes place.
4. In the event of the death of an additional Assured Life, the total premium payable in respect of the extended member will be reduced by the component of the premium payable in respect of the deceased extended member. This is however not applicable on the society plan.
5. Extended / nominated members on any of the 1 + 5, 1 + 9 or 1 + 13 plans may not be replaced by another extended / nominated member in case of the death / cancellation of such member. Children of nominated or extended members are not covered.
6. Cover ceases when the Group Policy is cancelled, has been terminated by the Underwriter, the policy has lapsed, if the member terminates his/her membership to the Group, the member terminates the cover in terms of the main benefit plan, upon the death of the principal member unless the spouse or a nominated member select in writing to continue with the policy as the principal member, if the premium is not validly received by the Underwriter within the period of grace, or when the dependent child (other than a mentally or physically disabled child), reaches the age of 21 years, and in the event of a child who is unmarried and a full time student at any registered University, Technician or Tertiary education institution, reaches the age of 25 (twenty five) years.
7. The cover granted is whole life and shall remain in force until the death of the Assured Life for as long as premiums are paid.
8. The Underwriter shall be entitled to apply set-off or deduct any unpaid premiums against the benefits payable in terms of the Group policy.
9. The member is responsible to ensure that the monthly premium is paid. The principal of "No Premium – No Cover" will apply.
10. The Group Policy does not accumulate cash or a surrender value and may not be converted into a paid-up policy. No loans will be allowed in terms of this Policy.
11. No premiums will be refunded should this policy be cancelled due to incorrect information provided at application stage or if no Id number is provided or provided incorrectly and we cannot determine the risk on the life of the member a claim the arise for such a member might be repudiated.

WAITING PERIODS AND EXCLUSIONS

- No insurance cover shall be granted or benefits paid in the event of the death other than the accidental death of an assured life in terms of this Group Policy within 6 months from inception date.
- The waiting period on accidental death is one month on condition the policy has commenced and the first premium has been paid and received by the underwriter.
- No benefit shall be paid in the event of suicide within 12 months from inception date of the cover.
- No benefit shall be paid in the event of death resulting directly or indirectly from negligence, recklessness, transgression of the law, intentional exposure to danger or and wilful self-inflicted injury.
- If benefits in terms of the Group Scheme are increased at any stage, the waiting period of 6 months shall again apply with regard to the increased benefits as from the date of the increase of the benefits or when the first premium was received by the Underwriter (whichever is the latest).

REINSTATEMENT OF LAPSED POLICIES

- In the event of the reinstatement within 2 calendar months after a policy has lapsed, the arrear premium must be paid in full and no waiting period will apply. Should a request for a reinstatement of a lapsed policy be received after the expiry of 2 calendar month period, a new policy with a new waiting period will be issued. Should a policy lapse within the waiting period and the policy is being reinstated the full arrear premium must be paid and the remainder of the waiting period will apply.

Claims Procedure:

In the event of a valid death claim, the specified benefit will be paid to the Member or Beneficiary. Claims must be submitted to Administrator within 3 months of the death of the Assured Life. The Underwriter reserves the right to cancel the policy and to declare all premiums paid by the member in terms of the policy forfeited if there is any evidence of, or attempted submission of a fictional claim, fraud or misrepresentation. Claims must be accompanied by the following clearly legible documents:

- An official copy of the original death certificate certified by the SA Police.
- A completed official claim form as prescribed by the Administrator from time to time.
- Copy of a Completed BI-1663 certified by the SA Police.
- Clearly legible certified copies of the deceased member and principle's member's ID documents. In case of third-party payments, a certified copy of the third party's ID document is required. Certified copy of a Police Statement, in event of death due to unnatural causes.
- Bank details and a copy of a bank statement of the payee or beneficiary (or the third party in respect of third-party payments) for payment of the benefit. The Underwriter may request a medical report in the case of stillborn babies, indicating that the pregnancy reached the 26th (twenty-six) weeks.
- Any additional documents that the Underwriter in its sole discretion deems necessary.
- If, in the case of a Family plan, the spouse was erroneously not listed, a certified copy of a marriage certificate will be required. This only applies to new takeover schemes and does not apply for new members added to the scheme after the scheme has been taken over by Genlife.
- If, in the case of a Family plan or Single member with children, the children were erroneously not listed, a certified copy of the birth certificate will be required. This only applies to new takeover schemes and does not apply for new members added to the scheme after the scheme has been taken over by Genlife.
- Benefits on a funeral policy is seen as a separate policy with a separate policy number for which a separate claim must be submitted.
- Stillborn of an extended member is not covered.

Complaints Procedure:

- Please contact the Administrator and have the following information ready: *Policy number, *Identity number, *Nature of enquiry.
- Complaints which are not resolved to your satisfaction may be referred to the Underwriter.
- Complaints which are still not resolved may be referred to the Ombudsman for Long-Term Insurance or the Registrar of Long-Term Insurance. Please refer to the contact details below.

Right To Cancel & Replacement:

After the Underwriter has accepted the member's application for insurance cover, the member may decide to instruct the Underwriter to cancel the policy. The member must submit this instruction in writing to the Administrator within 30 days after receipt of this Policy Schedule. The member may only submit such cancellation instruction to the Administrator if no benefit has yet been paid or claimed or an insured event has not yet occurred. The Underwriter may deduct the cost of any risk cover the member enjoyed under the policy before it was cancelled. If this policy is being purchased to replace another policy that has been cancelled or which will be cancelled in the near future, the member should be aware that it might be to their disadvantage to do so. The member must please contact the Administrator in order to be informed of these disadvantages and consequences and ensure that a Policy Replacement Advice Record is completed, if applicable.

The Ombudsman for Long-Term Insurance

Physical address: Third floor, Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7700
Postal address: Private bag X45, Claremont, Cape Town, 7735
t: +27(0) 21 657 5000 / 086 010 3236
f: +27(0) 21 674 0951
e: info@ombud.co.za

Financial Sector Conduct Authority

(FSCA) Physical address: 41 Matroosberg Road, Ashlea Gardens, Pretoria, South Africa, 0002
Postal address: P.O. Box 35655, Menlo Park, 0102
Contact Centre: 080 020 3722
t: +27(0) 12 428 8000
f: +27(0) 12 346 6947
e: info@fsc.co.za

Contact Numbers

1. Genlife Financial Services (Pty) Ltd (Administrators)
Tel: (012) 450 5581 • Fax: 086 718 1504
Email: admin@genlife.co.za • www.genlife.co.za
2. Safrican
Tel: (011) 011 778 8000
3. Long-Term Insurance Ombudsman
Private Bag X 45, Claremont, 7735
Tel: 0860 103 236 • Fax: (021) 674 0951



SAFRICAN
INSURANCE COMPANY

Email: info@ombud.co.za

NAME OF APPLICANT: _____ SIGNATURE: _____

This product is underwritten by Safrican - an Authorised Financial Services Provider in terms of the FAIS Act (License No. 15123).