



## 2. MEMBERSHIP PROFILE (CONTINUED):

Category (e.g. all staff / administration staff / directors etc.)

1.

2.

3.

Geographical split	Percentage			
Eastern Cape				%
Free State				%
Gauteng				%
Kwazulu Natal				%
Limpopo Province				%
Mpumalanga				%
Northern Cape				%
North West Province				%
Western Cape				%
	1	0	0	%

## 3. ELECTRONIC DATA SUPPLIED IN EXCEL FORMAT:

Member name	ID no
Member surname	Marital status
Gender	Salary per annum
Date of birth	Category

If more than 200 employees, please attach claims experience

## 4. RISK COVER SUMMARY:

Type of cover	Defined Cover	Flexible Cover	Spouse Cover
Life Cover (4A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Trust Cover (Optional Stand-alone benefit)	<input type="checkbox"/>		
Funeral Cover (4B)	<input type="checkbox"/>		
Capital Disability Cover (4C)	<input type="checkbox"/>	<input type="checkbox"/>	
Income Disability Cover (4D)	<input type="checkbox"/>		
Critical Illness Cover (4E) (Optional Stand-alone benefit)	<input type="checkbox"/>		<input type="checkbox"/>

Please indicate the policy conditions which you would like to have partially waived:

Actively at work

Pre-existing conditions

War and riot partial waiver

The waiving of these conditions will be at FedGroup Life's discretion and as allowed in terms of the FedGroup Life Group Risk Policy.

Initial

#### 4A. LIFE COVER:

Policyholder  Employer  Retirement Fund

Specifications:

Category (e.g. all staff / admin staff / directors etc.)	<input type="checkbox"/> Employee		<input type="checkbox"/> Spouse	
	Multiple of salary / fixed Rand amount	Benefit expiry age	Multiple of salary / fixed Rand amount	Benefit expiry age
1.				
2.				
3.				

Continuation option  Accidental Life Cover

#### 4B. FUNERAL COVER:

Employee only  Employee and family  Employee and extended family

Cover required:

<input type="checkbox"/> R 18 000 scale	<input type="checkbox"/> R 14 000 scale	<input type="checkbox"/> R 10 000 scale	<input type="checkbox"/> R 6 000 scale
<input type="checkbox"/> R 17 000 scale	<input type="checkbox"/> R 13 000 scale	<input type="checkbox"/> R 9 000 scale	<input type="checkbox"/> R 5 000 scale
<input type="checkbox"/> R 16 000 scale	<input type="checkbox"/> R 12 000 scale	<input type="checkbox"/> R 8 000 scale	<input type="checkbox"/> R 4 000 scale
<input type="checkbox"/> R 15 000 scale	<input type="checkbox"/> R 11 000 scale	<input type="checkbox"/> R 7 000 scale	<input type="checkbox"/> R 3 000 scale

#### 4C. CAPITAL DISABILITY COVER:

Policyholder  Employer  Retirement Fund

Specifications:

Category (e.g. all staff / admin staff / directors etc.)	Multiple of salary / fixed Rand amount	Benefit expiry age
1.		
2.		
3.		

Waiting period  6 months  12 months  24 months

Continuation option

#### 4D. INCOME DISABILITY COVER:

Specifications:

Category (e.g. all staff / admin staff / directors etc.)	Benefit scale (e.g. 75% of salary)	Benefit expiry age
1.		
2.		
3.		

Temporary / Limited cover

Initial period / Temporary cover period  12 months  24 months

Waiting period  1 month  3 months  6 months

Escalation (0% - 10%) Max = CPI  %

Retirement Fund Contribution Waiver  % Medical Scheme Premium Waiver

Continuation option  Continuation of Life Cover  Increasing Life Cover  Initial

#### 4D. INCOME DISABILITY COVER (CONTINUED):

Specifications:	<input type="checkbox"/> Employee		<input type="checkbox"/> Spouse	
Category (e.g. all staff / admin staff / directors etc.)	Multiple of salary / fixed Rand amount	Benefit expiry age	Multiple of salary / fixed Rand amount	Benefit expiry age
1.				
2.				
3.				

Cover option  Core (8) OR  Comprehensive (15) Continuation option

#### 5. BILLING METHOD:

All payments are invoiced monthly in arrears.

Payment breakdown:

One invoice for the entire group OR  One invoice per branch

Monthly statement breakdown:

One invoice for the entire group OR  One invoice per branch

Name of branches for invoicing:

1.	3.	5.
2.	4.	6.

#### 6. COSTING METHOD:

Percentage of payroll OR  Unit rate (at benefit level) OR  Exact cost

Please note that:

- Flexible Cover is only costed on a unit rate basis.
- Funeral Cover is only costed on a premium per employee per month basis

#### 7. PAYMENT DETAILS:

Debit order

Name of account holder

Name of bank

Account no

Branch name

Branch no

FedGroup Life may debit this bank account with the amount due in terms of this policy, wherever it may be conducted, in accordance with FedGroup Life's business practice. We further agree to advise FedGroup Life in writing of any change that may occur in our banking details.

Electronic Fund transfer / Direct deposit

All payments should be made payable to:

FedGroup Life Limited	
BANK	FNB
BRANCH	4 Merchant Place
BRANCH NO	200607
ACCOUNT NO	62256583818

Please note that your FedGroup Life Risk policy number must be quoted as the reference number for all payments.

Initial

## 8. FINANCIAL PLANNER DETAILS:

Financial Planner code

Surname

Full name(s)

Company name

FAIS licence no

Accepted quote reference no

Commission:

0% up front & 100% trail

50% up front & 50% trail

100% up front & 0% trail

Declaration by Financial Planner:

1. I have made the necessary disclosure and complied with the requirements of the Financial Advisory and Intermediary Services Act 37 of 2002 and the Long Term Insurance Act 52 of 1998.
2. I have explained all fees that relate to this policy to the policyholder. I understand and accept that the policyholder may write to FedGroup Life to cancel my fees.
3. I have identified all applicable parties to this transaction and verified their details under the requirements of Section 21 of the Financial Intelligence Centre Act number 38 of 2001 (The 'Act'). I keep these parties' records as required in terms of Section 22 of The Act.
4. I understand that I am the primarily accountable institution under The Act.

Financial Planner's signature

Date

## 9. DECLARATION BY POLICYHOLDER:

I hereby warrant that I have been duly authorised by the policyholder to sign this application on its behalf.

Name

Designation

Policyholder's signature (duly authorised)

Date

## 10. SPECIAL INSTRUCTIONS:

In this section please provide any additional special instructions which have not been stated in the previous sections.

  
  

Initial

## 10. TERMS AND CONDITIONS:

1. As an employer acting on behalf of the company, we hereby apply for membership for our employees on the FedGroup Life Group Risk Policy administered by FedGroup Life.
2. As a Management Board representative / Trustee acting on behalf of the Retirement Fund, we hereby apply for membership for our members on the FedGroup Life Group Risk Policy administered by FedGroup Life.
3. On behalf of our employees/members, we accept the terms and conditions that FedGroup Life applies to their benefits as stated in the quotation document.
4. We warrant the correctness of the statement and information contained in this application and acknowledge that the correctness thereof and of all other documents submitted now or in the future by any officer, member or intermediary of or on behalf of the employer/Retirement Fund will constitute a condition precedent to the payment of the benefits provided in accordance with the terms and conditions of the FedGroup Life Group Risk Policy.
5. We consent to our employees/members and their listed dependants participating in the policy to which this proposal relates being called upon to submit to such medical examinations and tests as FedGroup Life deem necessary, during the currency of the said policy and of FedGroup Life addressing such requests directly to our employees/members or their dependants, with the same legal consequences as if such requests had been addressed to us.
6. We acknowledge that FedGroup Life reserve the right to cancel membership to the policy if any contribution is not paid on the agreed due date.
7. We understand that FedGroup Life assume no liability for any employee/member until such time as written notice of acceptance of the benefits is given by FedGroup Life.
8. We undertake to give FedGroup Life immediate written notice should any changes material to the assessment of this application occur before the date upon which FedGroup Life grants written acceptance. This will enable FedGroup Life to reconsider the terms of acceptance.
9. We acknowledge that should this application be submitted via the Internet it is solely for the purposes of convenience and neither our employees/members nor FedGroup Life (subject to its sole and absolute discretion) will rely on the information herein contained without our first providing FedGroup Life with a signed hard copy of this application.
10. In the case of Capital Disability Cover, Critical Illness Cover and Income Disability Cover, FedGroup Life will not pay a claim during the first twelve months of the Life Insured joining the FedGroup Life Group Risk Policy, should it be the opinion of FedGroup Life that the claim is directly or indirectly attributable to an injury or illness, which the Life Insured sought medical advice for, or knew about (or could reasonably be expected to have known of), during the six months prior to joining the FedGroup Life Group Risk Policy. The pre-existing conditions clause will be waived by FedGroup Life in cases where a Life Insured is actively in the service of an employer and has previously satisfied these provisions under a policy issued by any insurer who was insuring the same benefits immediately prior to the commencement date of the FedGroup Life Group Risk Policy. This is only allowed for conditions covered by the previous insurer and is a partial waiver.
11. "Eligible employee" means a permanent, active, full-time employee who has not reached the benefit expiry age and who is employed for no less than 25 hours a week, and "member" means an eligible employee covered under this policy.
12. All eligible employees/members must be insured as members under this policy. The cover in respect of a member will be subject to compliance with the "actively at work" and "temporary absence" clauses. Where an employee becomes a member by the waiving of any eligibility condition, the cover for such member will not commence until FedGroup Life agrees to it in writing.
  - 12.1 "Actively at work"  
An employee is to be actively at work, attending to and capable of fulfilling his or her normal daily duties on the first working day on which his or her cover commences. If not, the employee's entry will be deferred until such time as eight consecutive weeks of uninterrupted service is completed.
  - 12.2 "Temporary absence"  
If an employee is temporarily absent from the service of the employer other than by reason of disability, the following provisions shall apply:
    - Provided that payment of premiums continues, the benefits will be provided for a period of six months. By application from the policyholder and approval by FedGroup Life, the period of absence can be extended to 24 months, with cover ceasing thereafter;
    - If the employee resumes active employment after cover has terminated, he or she will be treated by FedGroup Life as a new employee.
13. To facilitate the consideration of this application and of any claim for benefits under the policy, we, on behalf of our employees/members and their listed dependant(s) participating in the policy irrevocably authorise FedGroup Life to:
  - 13.1 Obtain from any person any information that FedGroup Life deems necessary (including any private medical information of any nature and without limiting information about HIV status) relating to an employee/member or listed dependants that are part of the application or that submit any claim under the policy;
  - 13.2 Share with other assurers that information and any other information contained in any related policy or other documents either directly or through a database operated by or for assurers as a group, at any time (even after the death of the member/employee/dependant) in any form whatsoever;
  - 13.3 Give such consent and to make such undertakings, warranties, representations and authorisations in terms of this clause because we warrant that we have authority to act for and on behalf of the member/employees and listed dependants;
  - 13.4 Provide such information and we indemnify FedGroup Life, or any of their Directors, Board Trustees, employees, consultants, agents or representatives against any claim arising from the provisions and disclosures of such information;
  - 13.5 Disclose the said information and nothing in this clause limits or affects the obligation of any person to disclose all material information relating to any application or affirmation in any way whatsoever.
14. Medical evidence will be required for cover that is in excess of the Free Cover Limit (FCL). The cover in excess of the FCL will be granted once the required medical evidence has been submitted to the satisfaction of FedGroup Life. FedGroup Life will meet the costs of all medical underwriting required.
15. A policy will not commence and no liability whatsoever will attach to FedGroup Life as a result of this policy unless and until all outstanding premiums have been paid and written notice of acceptance of the risk has been given by FedGroup Life.
16. The cooling-off period enables you to re-evaluate the policy purchased and cancel the policy by sending a written cancellation notice to FedGroup Life within 30 days of the policy having been issued. The cooling-off period only applies if no benefits have been paid or an event insured against has not yet occurred. Any premiums paid will be refunded after the deduction of any costs incurred.

Initial