

RATES FOR FUNERAL BENEFITS

<u>IMMEDIATE FAMILY</u>	<u>PLAN 1</u>	<u>PLAN 2</u>	<u>PLAN 3</u>	<u>PLAN 4</u>	<u>GROCERY BENEFIT</u>		
					<u>MEMBER</u>	<u>SPOUSE</u>	<u>M & S</u>
<u>MEMBER</u>	10 000	20 000	30 000	50 000	15 000	15 000	15 000
<u>SPOUSE</u>	10 000	20 000	30 000	50 000			15 000
<u>CHILDREN 14-21</u>	7 000	12 500	20 000	30 000			
<u>CHILDREN 6-13</u>	5 000	10 000	10 000	20 000			
<u>CHILDREN 1-5</u>	2 500	5 000	5 000	10 000			
<u>CHILDREN 0-11 MONTHS</u>	1 250	2 500	5 000	10 000			
<u>STILLBORN (26 WEEKS +)</u>	1 250	2 500	5 000	10 000			
<u>PREMIUM</u>	R30.00	R60.00	R85.00	R140.00	R22.80	R22.80	R35.85

Maximum Entry Age 64 years for Immediate Family Cover.

1. A double accidental death benefit is payable for immediate family members over age of 14 years.
2. The Accidental Death Benefit will only be payable in the event that the death occurs within 30 (thirty) days of the date on which the bodily injury was sustained.
3. There is a 6 months waiting period from the policy start date applicable to principal member and dependents in respect of a death due to natural causes.
4. Premiums are payable monthly in advance by no later the 7th of each month. Cover will only start upon receipt of the premium.
5. The extended family benefit may not exceed that of a principal member.
6. In the event of electing a higher benefit than that which was previously underwritten, the waiting period as stipulated above will apply to the increased portion of the benefit.
7. Maximum of four (4) wider children per principal member.

Grocery Benefit for Extended Family Members

1. Grocery benefit rate for immediate children (per child) is the same as for extended family and is priced at R17.50 per child.
2. Only available for children age 14 years and over.

<u>GROCERY BENEFIT</u>	<u>CHILD AGE 14-20</u>	<u>AGES 21- 64</u>	<u>AGES 65 – 74</u>	<u>AGES 75 -94</u>
	R5 000	R10 000	R10 000	R5 000
<u>Total Premium</u>	R 17.50	R 37.30	R 93.40	R 133.00

Marketed by:

EXTENDED FAMILY BENEFIT

AGE	R5000	R6 000	R7 000	R8 000	R9 000	R10 000	R15 000	R20 000	R25 000	R30 000
0-17	R3.75	R4.50	R5.25	R6.00	R6.75	R7.50	R11.25	R15.00	R18.75	R22.50
18-64	R16.50	R19.80	R23.10	R26.40	R29.70	R33.00	R49.50	R66.00	R82.50	R99.00
65-74	R42.00	R50.40	R58.80	R67.20	R75.60	R84.00	R126.00	R168.00	R210.00	R252.0
75-84	R60.00	R72.00	R84.00	R96.00	R108.00	R120.00	R180.00	R240.00	R300.00	R360.0
85-94	R80.00	R96.00	R112.0	R128.0	R144.00	R160.00	R240.00	R320.00	R400.00	R480.0

1. Benefit for extended family members are as stated above.
2. The minimum and maximum entry age for extended family members is 0 & 94 years of age respectively.
3. There is a six (6) months waiting period from the policy start date applicable for members below 75 years and twelve (12) months for members 75 years and above in respect of a death due to natural causes.
4. Minimum Benefit of R5 000 for children below age 17 and R30 000 for those aged above.
5. No cover can be more than that of the Principal Member and all cover should be in multiples of R1000 for Extended Family members.

General

1. There is a six (6) months waiting period applicable for person below 75 years and twelve (12) months for person aged and above 75 years on this policy in respect of a death due to natural causes.
2. Only Claims due to accidental death will be paid immediately, provided the first premium is received.
3. Each Principal Member must complete an application form electing his/her dependents and extended family.
4. A one-month grace period is allowed to pay any premium once the policy is in force (I.e. first premium has been received). If the premium is not paid within that month, the cover will cease without further notice.
5. In the event of a death, a Claim Notification Form must be requested from **Dibanani** office, and submitted together with the relevant supporting documents within 6 (Six) months of the date of death. Failure to do so within the 6 (Six) month period from date of death, will result in the benefit being forfeited.

**Underwritten by Safrican Insurance Company Ltd, an Authorized Financial Services Provider / FSP.
 No. 15123 Managed by Albatros Insurance Administrators / FSP. No. 14517**

Marketed by:

FUNERAL PALN MEMEBERSHIP APPLICATION FORM

Inception date: _____

Membership no: _____

	<u>POLICY HOLDER</u>	<u>SPOUSE</u>
<u>NAME</u>		
<u>SURNAME</u>		
<u>ID NUMBER</u>		
<u>TELEPHONE NUMBER</u>		
<u>EMAIL ADDRESS</u>		
<u>RESSIDENTIAL ADDRESS</u>		
<u>POSTAL ADDRESS</u>		

PACKAGE REQUIRED

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UNMARRIED CHILDREN/DEPENDANTS DETAILS (MAXIUM OF SIX-MAXIMUN AGE 24 YEARS)

	<u>NAME</u>	<u>ID NUMBER</u>	<u>RELATIONSHIP</u>
<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			
<u>5</u>			
<u>6</u>			

EXTENDED FAMILY DETAILS

	<u>NAME</u>	<u>ID NUMBER</u>	<u>RELATIONSHIP</u>	<u>COVER</u>	<u>PREMIUM</u>

TOTAL PREMIUM

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NOMINATED BENEFICIARY

<u>TITLE</u>	<u>FULL NAME</u>	<u>DATE OF BIRTH</u>	<u>ID NUMBER</u>	<u>RELATIONSHIP</u>

DEBIT ORDER DETAILS

<u>ACCOUNT HOLDER</u>	<u>NAME OF BANK</u>
<u>ACCOUNT NUMBER</u>	<u>BRANCH NAME</u>
<u>ACCOUNT TYPE</u>	<u>BRANCH CODE</u>
<u>COMMENCEMENT DATE</u>	<u>DEBIT DATE</u>

DECLARATION

I declare that the information supplied above is to the best of my knowledge true complete and correct. I hereby authorise Albatros and its Agents to draw against my account the premium payable under the above plan from time to time and I request my bank to debit my account in terms of this order. This request will remain in force until cancelled by me in writing. I hereby irrevocably authorise Albatros and/or its Argents to obtain, at any time, verification of my account details from my bank.

Account holders Signature _____

Policy holders Signature _____

Date _____

Marketed by: