

# SADTU EXTENDED FAMILY BENEFIT PLAN APPLICATION FORM







AMSC	AGENT	NAME	Phakama		YEBO SA	DE COLOR DE	NEFITS			GEN				_		satr	
PRINCIPAL MEMBE	R NAME							SURNAM	E								
IDENTITY NUMBER	1				MARIT	ALSTA	rus	Married	s	Single	Wide	owed	Divorced	GENDER	R Mal	е	Female
PERSAL NUMBER			UNION N	UMBER				EMAIL	ADDRE	ESS	•			•	'		
CELL NUMBER			FAX NUMBER	R			ног	ME NUMB	ER				WORK	IUMBER			
SCHOOL NAME			POST	AL ADD	RESS		l		<u> </u>				ı	POSTAL	CODE		
00110021011112			1.001	7127122	IXEGO									1.001712	. 0052		
CATEGORY OF CO	OVER (Wai	itina Period	I 6 months)*				PLAN			PLA			PLAN C			LAN	
, ,						<b>R26 000</b> n/a			R15 600				R10 400		<b>R7 280</b> R30,67		
Extended Family age 0 to 5 years  Extended Family age 6 to 65 years						R94,33			R55,15 R55,15				R42,91 R42,91		R30,67		
Extended Family age 66 to below 75 years						R228,42			R138,99				R93,05			R65,5	
Extended Family age 66 to below 75 years  Extended Family age 75 to below 85 years							R303.04		R184,93			R123,71		R			
Extended Family ag		•					n/a			R36			R243,9			R171,4	
, , ,				EXTE	NDE	D FA	ΜI	LY DE	PEN	NDE	NTS	L.	· · · · · ·	· · ·			
					5 11 1 1 1 1 N						(Plea	(Please Tick ✓)		Plan		Di	
Surnam	е		Full Name:			Full Identity Num			iber:		Age	New	Existing	,	Selected (A,B,C,D)		remium
					ļ_					l l	T	OTAL PI	REMIUM E	XISTING P	OLICY	R	
								TOTAL	PREM	IIUMS	FOR N	EW EXT	ENDED FA	MILYMEM	BERS	R	
											DMINIS	TRATIO	N FEE (R7	42) New po		R	
PREFERRED PAYM	ENT MET	HOD: PE	RSAL	DEBI	T ORDE	R					DMINIS	TRATIO	N FEE (R7			R	
											DMINIS	TRATIO	N FEE (R7	42) New po			
PERSAL DEDUCTION	N AUTH	ORISATIO	ON (*Mandat	tory/Re	equired			chool		Α			N FEE (R7) GRAND 1	42) New po	EMIUM	R	Amount
	N AUTH	ORISATIO		tory/Re						Α	DMINIS		N FEE (R7	42) New po	EMIUM	R	Amount
PERSAL DEDUCTION Full Name And Su	ON AUTH urname	ORISATIO Ident	ON (*Mandat	tory/Re	equired Persal	fields	S	chool	De	partm	nental Co	ode	N FEE (R7) GRAND 1 Rank	42) New por OTAL PRE	eth	* R	
PERSAL DEDUCTION	ON AUTH urname	ORISATIO  Ident  * t of the Dep	ON (*Mandatity Number	tory/Re	Persal educt fro	fields m my sa	Solary of	chool each mont	De	partm he pre	nental Co	ode pecified	N FEE (R7, GRAND 1	42) New por OTAL PRE Mon *	e chosen	R * R	effect from
Full Name And Su  * I hereby authorize the a selected month above a this authorization in write authorization in w	Accountant monthly ting, or un	Ident  * t of the Dep y thereafter, til I substitu	ity Number  artment of Educa and pay this amo	tory/Re	equired Persal educt fro african Intion. Short	m my sasurance	alary of Compreleva	chool each mont pany Limit nt premiur	De h for thed ("Sam rate	partm he preafricar be ch	nental Co emium sp ") from vo	ode  Decified a  Whom I have Safrica	Rank  Rank  above for cave obtained an as a res	Mon  *  over I have d a policy, ult of an inf	e chosen until suc	* R  * R  n, with h time	effect from
Full Name And Su  * I hereby authorize the aselected month above atthorization in writer premium rate, I confirm authorization. In the events and the second	Accountant and monthly ting, or un that the cent of this	orisation ldent  * t of the Dep y thereafter, till I substitut changed prededuction no	ON (*Mandatity Number  Partment of Education and pay this amount to it with a new attention and the partment of being successful.)	tory/Re  * ation to dount to Satuthorization deduced the policy of the p	equired Persal  educt fro african Intion. Shorted from icy will er	m my sa surance uld the i my saland, subje	alary of Compreleva	each mont pany Limit ntil such tir the grace p	De h for the d ("Sam rate me as period a	ppartmente preafricar be children be children as des	emium sp ") from v langed b cel this a scribed ir	ode  pecified : whom I h. by Safrica	Rank  Rank  above for cave obtaine an as a restition in writens and Core	Mon  *  over I have da policy, ult of an infing or until nditions. No	e chosen until suc flation re I substit	* R  * R  n, with h time elated tute it	effect from e as I cance increase i with a new re accepte
Full Name And Su  * I hereby authorize the aselected month above athis authorization in write premium rate, I confirm authorization. In the eventor arrear or any other premium of the proper of the property	Accountant and monthly ting, or un to that the cent of this coremiums.	orisation identification of the Depty thereafter, till I substitute changed prededuction no Please not	ON (*Mandatity Number  artment of Education and pay this amount of the with a new at the perium rate may be to being successful that your policy	tory/Re  * ation to dount to Satuthorization deduced, the polionly star	equired Persal  educt fro african Intion. Shorted from icy will er	m my sassurance uld the imy saland, subjection when the saland, subjection in the saland in the	alary of Compression of the Comp	each mont pany Limit nt premiur ntil such tir the grace p nium is col	De h for the d ("Sam rate me as period a lected.	partmente preafricant be children as des	emium sp ") from v anged b cel this a ceribed in	ode  pecified : whom I h. by Safrica	Rank  Rank  above for cave obtaine an as a restition in writens and Core	Mon  *  over I have da policy, ult of an infing or until nditions. No	e chosen until suc flation re I substit	* R  * R  n, with h time elated tute it	effect from e as I cance increase i with a new re accepte
Full Name And Su  * I hereby authorize the aselected month above atthorization in writer premium rate, I confirm authorization. In the events and the second	Accountant and monthly ting, or un to that the cent of this coremiums.	orisation identification of the Depty thereafter, till I substitute changed prededuction no Please not	ON (*Mandatity Number  artment of Education and pay this amount of the with a new at the perium rate may be to being successful that your policy	tory/Re  * ation to dount to Satuthorization deduced, the polionly star	equired Persal  educt fro african Intion. Shorted from icy will er	m my sassurance uld the imy saland, subjection when the saland, subjection in the saland in the	alary of Compression of the Comp	each mont pany Limit nt premiur ntil such tir the grace p nium is col	De h for the d ("Sam rate me as period a lected.	partmente preafricant be children as des	emium sp ") from v anged b cel this a ceribed in	ode  pecified : whom I h. by Safrica	Rank  Rank  above for cave obtaine an as a restition in writens and Core	Mon  *  over I have da policy, ult of an infing or until nditions. No	e chosen until suc flation re I substit	* R  * R  n, with h time elated tute it	effect from e as I cance increase i with a new re accepte
Full Name And Su  * I hereby authorize the aselected month above athis authorization in write premium rate, I confirm authorization. In the eventor arrear or any other premium of the proper of the property	Accountant and monthly ting, or un to this corremiums.	orisation ldent  * t of the Dep y thereafter, till I substitut cheduction no Please not ill department	artment of Educa and pay this amount it with a new a emium rate may by the being successfue that your policy at may take up to	tory/Re	equired Persal  educt fro african In icion. Shooted from icy will er ts when ths to con	m my sa surance uld the i my saland, subje your firs mmence	alary of Compreleval ary urect to the compression of the compression o	each mont pany Limit nt premiur ntil such tir hite grace p nium is col deduction f	h for the d ("Sam rate me as period a lected. rom you	partment be choosed be chosed by the choosed by the	emium si ") from v nanged b cel this a scribed ir ise allow lary.)	ode  pecified : whom I h. by Safrica	Rank  Rank  above for cave obtaine an as a restition in writens and Core	Mon  *  over I have da policy, ult of an infing or until nditions. No	e chosen until suc flation re I substit	* R  * R  n, with h time elated tute it	effect from e as I cance increase i with a new re accepte
Full Name And Su  * I hereby authorize the aselected month above at this authorization in write premium rate, I confirm authorization. In the every for arrear or any other pto the collection date. (Should you wish to star	Accountant and monthly ting, or un that the cent of this coremiums. Your payro	t of the Dep y thereafter, till I substitu changed prededuction no Please not deduction v	on (*Mandatity Number  artment of Education and pay this amount to the it with a new at the ing successfue that your policy at may take up to it is debit order, ple	tory/Re  *  ation to dount to Satuthorization deduction only start two monitors are tick to the same tick to	equired Persal  educt froafrican Inition. Shorted from icy will erts when the block	m my sa surance uld the i my saland, subje your firs mmence	alary of Compreleval ary urect to the compression of the compression o	each mont pany Limit nt premiur ntil such tir hite grace p nium is col deduction f	h for the d ("Sam rate me as period a lected. rom your bank	partm  the preafricar be ch I can as des Plea bur sa	emium si ") from v nanged b cel this a scribed ir ise allow lary.)	ode  pecified in the pecific sufficient suff	Rank  Rank  above for cave obtaine an as a restition in writens and Core	Mon  *  over I have da policy, ult of an infing or until nditions. No	e chosen until suc flation re I substit	* R  * R  n, with h time elated tute it	effect from e as I cance increase i with a new re accepte
Full Name And Su  * I hereby authorize the eselected month above a this authorization in write authorization. In the every for arrear or any other parts to the collection date. (*)	Accountant and monthly titing, or un that the cent of this corremiums. Your payro	orisation lident  *  t of the Dep y thereafter, till I substitu changed pre deduction no Please not ill departmer deduction v  NATURE:*	on (*Mandatity Number  Partment of Education and pay this amount to the it with a new at the being successfue that your policy that your policy it may take up to the it debit order, ple	tory/Re  *  *  *  *  *  *  *  *  *  *  *  *  *	equired Persal  educt fro african In ition. Shot ted from icy will er ts when this to cool the block	m my sa surance uld the i my sala nd, subje your firs mmence	alary of Compression	each mont pany Limit int premiur itil such tir the grace p nium is col deduction f us with you	Depth for the ded ("Sam rate me as period a lected. rom your bank"	he pre- fricar be ch I can I can ur sas des Plea ur sa king de	emium sp ") from v nanged b cel this a ccribed in use allow lary.)	pecified a whom I have Safeta authoriza a the Ten	Rank  Rank  above for cave obtaine an as a restion in writens and Cornt time from	Mon  *  over I have d a policy, ult of an inf ing or until ditions. No	e chosen until suc flation re I substit deduction of you	* R  * R  n, with h time elated tute it	effect from e as I cance increase i with a new re accepte
Full Name And Su  * I hereby authorize the aselected month above a this authorization in write premium rate, I confirm authorization. In the every for arrear or any other protection to the collection date. (*) Should you wish to star  PRINCIPAL MEMBER* *Also, provide us with y	Accountant and month! ting, or un that the cent of this corremiums. Your payrout your first ER'S SIG	t of the Dep y thereafter, till I substitu changed prededuction no Please not edduction v deduction v	on (*Mandatity Number  Partment of Education and pay this amount to the it with a new at the	tory/Re  tation to dount to Saturthorization deduction deduction only star two mones are tick to below, for	equired Persal  educt fro african In ition. Shot ted from icy will er ts when this to cool the block	m my sa surance uld the i my sala nd, subje your firs mmence	alary of Compression	each mont pany Limit int premiur itil such tir the grace p nium is col deduction f us with you	Depth for the ded ("Sam rate me as period a lected. rom your bank"	he pre- fricar be ch I can I can ur sas des Plea ur sa king de	emium sp ") from v nanged b cel this a ccribed in use allow lary.)	pecified a whom I have Safeta authoriza a the Ten	Rank  Rank  above for cave obtaine an as a restion in writens and Cornt time from	Mon  *  over I have d a policy, ult of an inf ing or until ditions. No	e chosen until suc flation re I substit deduction of you	* R  * R  n, with h time elated tute it	effect from e as I cance increase i with a new re accepte
PERSAL DEDUCTION  Full Name And Summer And S	Accountant and month! ting, or un that the cent of this corremiums. Your payrout your first ER'S SIG our bankin	t of the Dep y thereafter, till I substitu changed pre deduction no Please not edduction v  NATURE:* g details an	on (*Mandatity Number  artment of Education and pay this amount the it with a new at the being successfue that your policy in the may take up to the ia debit order, ple individual deduction date	tory/Re  tation to dount to Saturthorization deduction deduction only star two mones are tick to below, for	equired Persal  educt fro african In ition. Shorted from icy will er tts when this to con the block	m my sa surance uld the i my sala nd, subje your firs mmence	alary of Compression	each mont pany Limit int premiur itil such tir the grace p nium is col deduction f us with you	Del	he pre- fricar be ch I can I can ur sas des Plea ur sa king de	emium sp "") from v nanged b cel this a scribed in se allow lary.) etails?	pecified a whom I have Safeta authoriza a the Ten	Rank  Rank  above for case obtaine an as a restion in write ms and Cornt time from	Mon  *  over I have d a policy, ult of an inf ing or until ditions. No	e chosen until suc flation re I substit o deducti n of you	* R  * R  n, withh h time elated dute it ions a r appl	effect from e as I cance increase i with a new re accepte
PERSAL DEDUCTION  Full Name And Summer And S	Accountant and month! ting, or un that the cent of this corremiums. Your payrout your first ER'S SIG our bankin	t of the Dep y thereafter, till I substitu changed pre deduction no Please not edduction v  NATURE:* g details an	on (*Mandatity Number  artment of Education and pay this amount the it with a new at the being successfue that your policy in the may take up to the ia debit order, ple individual deduction date	tory/Re  tation to dount to Sa to deduct to ededuct l, the pol only star two mon tase tick to below, for fields)	equired Persal  educt fro african In ition. Shorted from icy will er tts when this to con the block	m my sa surance uld the i my sala nd, subje your firs mmence	alary of Compression	each mont pany Limit int premiur itil such tir the grace p nium is col deduction f us with you in from you	Del	he pre- fricar be ch I can I can ur sas des Plea ur sa king de	emium sp "") from v nanged b cel this a scribed in se allow lary.) etails?	pecified a whom I have Safeta authoriza in the Terr sufficien	Rank  Rank  above for case obtaine an as a restion in write ms and Cornt time from	Mon  *  over I have da a policy, ult of an infing or until aditions. No a submission submission submission submission.	e chosen until suc flation re I substit o deducti n of you	* R  * R  n, withh h time elated dute it ions a r appl	effect from eas I cance increase i with a never reaccepte ication form
PERSAL DEDUCTION  Full Name And Sum  *  I hereby authorize the passelected month above a sthick authorization in write authorization. In the evidence of arrear or any other passelected month above a strict and premium rate, I confirm authorization. In the evidence are any other passelected to the collection date. (*)  Should you wish to star PRINCIPAL MEMBE *Also, provide us with your passelected are provided as with your passelected and passelected are provided as with your passelected are provided as with your passelected are provided as a passelected and passelected are provided as a passelected and passelected are provided as a passelected and passelected are passelected as a passelected and passelected are passelected and passelected a	Accountant and monthly ting, or un that the count of this coremiums. Your payrout your first ER'S SIG our bankin NDATE (*	t of the Dep y thereafter, til I substitu changed pre deduction no Please not all departmen deduction v  NATURE:* g details an  *Mandato	on (*Mandatatity Number  Partment of Education and pay this amount of earth with a new at the earth with a new at the earth with a new at the earth your policy of the earth your policy of may take up to the earth with a debit order, pled deduction date  Ty/Required faranch Code	ation to dount to Sauthorizat be deducul, the pol only star two monerase tick to below, for itelds)	equired Persal  educt fro african In ion. Sho icted from icty will er its when iths to coi the block  or us to do  t Type	m my sassurance uld the imposal and, subject your first mmence and product pr	Sinalary of Complete value of the control of the co	each mont pany Limit nt premiun til such tir the grace p nium is col deduction f us with you n from you	Del h for the h	he pre- fricar he pre- fricar he che	emium spirit from vanged becel this a scribed in see allow lary.)  etails?  unt if you	pecified a whom I have safrica y Safrica authoriza a the Ten a sufficien	Rank  Rank  above for cave obtained an as a resultion in write ms and Cornt time from deduction i	Mon  * over I have da policy, ult of an infing or until inditions. Not submission submission  s unsucces  Deduction	e chosen until suc flation re I substiti o deducti n of you	* R  * R  n, with h time elated it toons a r appl	effect from as I cancer increase in with a new reaccepte ication form
PERSAL DEDUCTION  Full Name And Sum  * I hereby authorize the process of the confirmation of the confirmation of the confirmation. In the event of the collection date. (*)  Should you wish to star  PRINCIPAL MEMBER*  *Also, provide us with your process of the collection date. (*)  *  DEBIT ORDER MAN  Account  * I hereby authorise Phalal understand that the desired are and some confirmation of the collection date. (*)	Accountant and month! titing, or un that the cent of this coremiums. Your payrout your first ER'S SIG our bankin NDATE (* Holder	t of the Dep y thereafter, it il I substitut changed prededuction no Please not ill departmen deduction v  NATURE:*  Mandato  Enalf of Safr vill be run or	on (*Mandatity Number  artment of Education and pay this amount to the it with a new at the being successfue that your policy on the may take up to the identity of the identi	tory/Re  tor	equired Persal  educt fro african In icion. Shorted from icy will er ts when in this to con the block or us to do  t Type  order wit any reaso	m my sa surance uld the i my saland, subjection of the imposal and proceeding and proceeding the interest of t	Similar of the control of the contro	each mont pany Limit int premiur itil such tir the grace p nium is col deduction f us with you in from you count Nur my account oured, two	Dej  The for tit for the def ("Sa an rate as seriod a lected. or an arter as seriod and a lected. The same as a seriod and a lected. The same as a seriod and a lected. The same are a seriod and a lected. The same are a seriod and a lected. The same are a lected and	he premarked the premarked to the premarked to the premarked to the premarked the prem	emium sporting in the service of the second	pecified a possible of the pos	Rank	Mon  *  over I have dd a policy, ult of an inf ng or until aditions. No a submission  s unsucces  Deductio  *  ver for the cononth. In the	e chosen until suc flation re I substit o deduction of you sful.	*R  *R  *R  , withh time belated the title to the title title to the title titl	effect from eas I cance increase is with a new reaccepte ication form
PERSAL DEDUCTION  Full Name And Summer And S	Accountant and monthly titing, or un that the content of this corremiums. Your payrout your first ER'S SIG our bankin HOLATE (*Holder	t of the Dep y thereafter, till I substitu changed prededuction not Please not all departmendeduction value and deduction valu	on (*Mandatity Number  Partment of Educa and pay this amount to the it with a new a semium rate may to being successfue that your policy it may take up to its debit order, pledid deduction date  Ty/Required for a seminary commence in the date selecter and the selecter mains your responsition.	tory/Re  tation to dount to Saturthorizate be deduced, the polonly star two months asset tick to below, for the polonization of the polonization o	equired Persal  educt fro african In ition. Short ted from ity will er ts when the block  or us to do  t Type  order wit any reasc o ensure	m my sa surance uld the i my saland, subjection of the imposed and proceeding the interest of	Similarly of Comprehensive Com	each mont pany Limit int premiur titl such tir the grace phium is coldeduction fus with your from your count Nur my account oured, two ive premiurous interests in the count oured, two ive premiurous interests in the count outer than the count of the count outer than the count outer that the count outer than the count outer than the count outer	Del h for the h form of the h	he prediction of the predictio	emium spring from varianged becel this a scribed ir ise allow lary.)  etails?  unt if you  *  or the pre- runs will stand it i	pecified a whom I have safe to the Terror sufficient and the Terror su	Rank  Rank  above for cave obtaine an as a restion in writens and Cornt time from deduction in the cave obtaine at the cave of	Mon  *  over I have da policy, ult of an infing or until aditions. Not a submission  s unsucces  Deduction  *  over for the cononth. In the signed documents are submissioned as the signed documents are submissioned.	e chosen until suc flation re I substit o deduction of you	* R  * R  * R  * R  * R    * R    * R    * R    * R    * R    * R    * R    * R    * R	effect from eas I cance increase i with a new re accepte ication form
PERSAL DEDUCTION  Full Name And Sum  *  I hereby authorize the passelected month above at this authorization in write authorization. In the event for arrear or any other passelected month above at the collection date. (*)  Should you wish to stare principal members and should you wish to stare principal members and provide us with your provide	Accountant and monthly ting, or un that the content of this coremiums. Your payrout your first ER'S SIG our bankin NDATE (* Holder cama on be abit order word policy will prior to the ised South	t of the Dep y thereafter, til I substitu changed pre deduction no Please not ill departmer deduction v  NATURE:* g details an *Mandato  E ehalf of Safr vill be run or lapse. It rei e selected de African pub	eartment of Educa and pay this amount of Education and the Education of Education	ation to dount to Sauthorizate be deducul, the pol only star two mondasse tick to below, for itelds)  Accounted the for a debit d. If for a monsibility toot, the dayment daym	equired Persal  educt fro african In ion. Sho icted from icty will er its when iths to coi the block  t Type  order wit any reasc, oo ensure eduction ay will au	m my sisurance uld the importance and product product product product is not a that we will only attornation	Since the company of	each mont pany Limit int premiur it such tir the grace phium is col deduction fus with your my account Nur my account very premiur fy for the feather precess.	Del The for tit The def ("Sa The rate The as elected. The sale condition of the condition o	partm he properties the properties of the proper	emium sp.") from value anged becel this a scribed ir isse allow lary.) etails?  unt if you the previous will set and it iendar moy busine.	ode  poecified in the poecified in the Territary sufficier  In salary  Name of the poecified in the poecified in the Territary in the Territar	Rank	Mon  *  over I have da a policy, ult of an infing or until inditions. Not a submission  s unsucces  Deductio  *  over of the conth. In the signed documents are the event televant pre	e chosen until suc flation re I substit o deducti n of you  sful.  on Date cover see e event of that the i mium ra	R *R, with h, with h time lated dute it ions a r appl *R lected of this eache payment to be	effect from as I cancer increase i with a new reaccepte ication form  Amount  I. second rue se Phakament day fall adjusted b
Full Name And Su  * I hereby authorize the asselected month above a thorization in write premium rate, I confirm authorization. In the evidor arrear or any other pto the collection date. (*) Should you wish to star  PRINCIPAL MEMBE *Also, provide us with y  DEBIT ORDER MAN  Account  * I hereby authorise Phale to being dishonoured, the offices 10 working days	Accountant and month! ting, or un that the cent of this coremiums. Your payrout your first ER'S SIG our bankin NDATE (* Holder exama on be bit order woolicy will prior to the list of an infill	t of the Dep y thereafter, till I substitu that a substitut that a subst	artment of Educa and pay this amount te it with a new a semium rate may to being successfue that your policy in may take up to it deduction date.  Ty/Required faranch Code  ican to commence the date selecter mains your respondenced to the foliolay, the pad increase in substitution of the date in substitution in the date selecter mains your respondenced to the foliolay, the pad increase in substitution of the date in su	tory/Re  tor	equired Persal  educt fro african In icion. Short ted from icy will er ts when this to con the block  t Type  order wit any reasc o ensure leduction ay will au premium.	m my sasurance uld the inmy salind, subjection of the salind of the sali	Since the company of	each mont pany Limit int premium it such tir the grace pium is coldeduction fus with your my account oured, two ive premium it fy for the fathe preceder, I confirm	Dep Per	partm he propertment of the prop	emium spanism	pecified a property of the pro	Rank	Mon  *  over I have dd a policy, ult of an infing or until aditions. No a submission  s unsucces  Deductio  *  over for the conth. In the signed doct at the event to the event to the event to the event pre deducted.	e chosen until suc flation re I substit o deduction of you sful.	*R  *R  *R  , withh h time elated uute it ions a r appl  *R  lectec of this eache part eache part et be that a	effect from eas I cance increase is with a new reaccepte ication form  Amount  L. second russ Phakam ent day fall adjusted bullthough th
Full Name And Su  * I hereby authorize the asselected month above a this authorization in writer premium rate, I confirm authorization. In the evidor arrear or any other pto the collection date. (*) Should you wish to star  PRINCIPAL MEMBI *Also, provide us with y  DEBIT ORDER MAN  Account  * I hereby authorise Phalicular authority and Mandate Authority was in force, if	Accountant and monthly titing, or un in that the content of this coremiums. Your payrout your first ER'S SIG our bankin Holder  Kama on be bebit order we policy will a prior to the ised South all to f an infill may be caf such amo	t of the Dep y thereafter, till I substitu changed prededuction not Please not all department deduction volume and deduction volume.  *Manual and to be the first of Safr vill be run or lapse. It rele e selected do African publication relates not letter the punts were letter to the selected by nounts were letter to the selected to the selected by nounts were letter to the selected to the	on (*Mandatity Number  artment of Educa and pay this amount in the community of the communi	ation to dount to Saturday and the polyonal start two monutase tick to below, for two monutase tick to below the polyonal two monutases.	equired Persal  educt fro african In incomplete of from ity will er tts when tths to con the block  t Type  order wit any reasc to ensure eduction ay will au premium not cance wledge t	m my sassurance uld the imposal and process and proces	Since the company of	each mont pany Limit int premiur till such tir the grace phium is coldeduction fus with your my account noured, two ive premiur fy for the feathe precesus, I confirm ent. I shall rity may be	Del h for the h form of the h	he preafircar be children as des cour sa cour	emium sp") from varianged becel this a scribed ir ise allow lary.)  etails?  unt if you  to remark the pre- runs will stand it i endar mo y busine usted pro- ed to any ssigned t	pecified : whom I he yo Safrica authoriza a the Ten your sufficien  remium sp I be done s require onth's de ss day. Se emium ra y refund o a third	Rank	Mon  *  over I have da policy, ult of an infing or until aditions. Not a submission  s unsucces  Deductio  *  ove for the cononth. In the signed document of the event televant prededucted. which you hagreement	e chosen until suc flation re I substit o deduction of you sful.	*R  *R  *R  , withh time leaded dute it it is a rappl  *R  lected by the rapped and rapped and rapped and rappl  *R  lected by the rapped and r	effect from eas I cance increase i with a new re accepte ication form.  Amount  I. second russ Phakam ent day fall adjusted bulthough the or assigned.
PERSAL DEDUCTION  Full Name And Suman And Suma	Accountant and monthly ting, or un that the content of this coremiums. Your payrout your first ER'S SIG our bankin Holder  Accountant the content of this coremiums. Your payrout your first ER'S SIG our bankin Holder  Acama on be belit order when your your your your to the ised South lit of an influency be can such amount the absolute that your payrout to the ised South amount that you want to the payrout that you want that you want to the payrout that you want that yo	t of the Dep y thereafter, till substitut changed prededuction not Please not all department deduction volume to the properties of the pro	on (*Mandatity Number  artment of Educa and pay this amoute it with a new a remium rate may to being successfue that your policy at may take up to dia debit order, ple did deduction date  ry/Required faranch Code  ican to commence the date selecter mains your responded countries and increase in substance, such cancellating ally owing to you hassignment of	ation to dount to Sa tory/Rei  *  ation to dount to Sa tuthorizate be deduct l, the pol only start two mon  asse tick to below, for ields)  Accoun  e a debit d. If for a insibility to not, the d ayment da scription/ tion will n u. I ackno the Agree	equired Persal  educt fro african In citican In citicated from icty will er ts when this to cool the block  or us to do  t Type  order wit any reasc to ensure eduction ay will au premium not cance weledge t element, til	m my sassurance uld the imposal and, subject your first mmence and protect that we will only itomatical /paymeer I the Aghat this Auth	Since the company of	each mont pany Limit in the grace phium is colleduction fus with your my account noured, two ive premiurity for the feather precesult. I shall rity may be and Mand	Del h for the defendance of the control of the cont	he pre- partm  he pre- firear  be ch  I can  as des  Plea  our sa  king de  trawal  under  g cale  rdinar  e adji  e entitle  d or as  nnot b	emium sp ") from v anged b cel this a certibed in ase allow lary.)  etails?  unt if you  *  or the pre runs will stand it i endar mc y busine usted pre ed to any ssigned t be assigned to	pecified a vhom I have salary  Name of the period of the p	Rank	Mon  *  over I have da policy, ult of an infing or until aditions. Not a submission  s unsucces  Deductio  *  ove for the cononth. In the signed document of the event televant prededucted. which you hagreement	e chosen until suc flation re I substit o deduction of you sful.	*R  *R  *R  , withh time leaded dute it it is a rappl  *R  lected by the rapped and rapped and rapped and rappl  *R  lected by the rapped and r	effect from eas I cance increase i with a new re accepte ication form.  Amount  I. second russ Phakam ent day fall adjusted bulthough the or assigned.
Full Name And Su  * I hereby authorize the a selected month above a this authorization in writer premium rate, I confirm authorization. In the event of arrear or any other probable to the collection date. (*) Should you wish to star  PRINCIPAL MEMBIE* *Also, provide us with y  DEBIT ORDER MAN  Account  * I hereby authorise Phale I understand that the debeing dishonoured, the offices 10 working days on a Sunday, or recogn on a Sunday, or recogn the Institution as a result Authority was in force, it to that third party, but Registered with the Bar	Accountant and month! ting, or un that the cent of this coremiums. Your payrout your first ER'S SIG our bankin Holder  Kama on be belit order we policy will prior to the issed South lit of an infl may be caf such amo in the absorbt will refler.	t of the Dep y thereafter, it il I substitut changed prededuction no Please not ill departmen deduction v  NATURE:*  Mandato  Enalf of Safr vill be run or lapse. It rele selected do a African publiation relateuncelled by nunts were le ence of success of the selected sect as follows.	on (*Mandatity Number  artment of Education and pay this amount to be in a successfue that your policy on the may take up to its deduction date.  Ty/Required for a deduction date in the date selecter mains your responseduction date, if rollic holiday, the pad increase in subside, such cancellating ally owing to you hassignment of son your bank accession.	tory/Re  tor	equired Persal  educt fro african In icion. Short ted from icy will er ts when this to con the block  t Type  order wit any reasc to ensure eduction any will au premium to cance welded t ement, tl sAFRICA	m my sassurance uld the imposal and, subject your first mmence and protect that we will only itomatical /paymeer I the Aghat this Auth	Since the company of	each mont pany Limit int premiur the grace phium is coldeduction fus with your my account oured, two ive premiur fy for the fe the precept, I confirm ent. I shall rity may be and Mand a your police.	Deplement of the control of the cont	partm he presented fricar be chil can as des Plea s des resented fricar as des resented fri	emium sport of the present of the pr	pecified : whom I have safe in the Terr sufficient  whom I have safe in the Te	Rank	Mon  *  over I have da policy, ult of an infing or until aditions. Not a submission  s unsucces  Deductio  *  ove for the cononth. In the signed document of the event televant prededucted. which you hagreement	e chosen until suc flation re I substit o deduction of you sful.	*R  *R  *R  , withh time leaded dute it it is a rappl  *R  lected by the rapped and rapped and rapped and rappl  *R  lected by the rapped and r	effect from eas I cance increase i with a new re accepte ication form.  Amount  I. second russ Phakam ent day fall adjusted bulthough the or assigned.
Full Name And Su  * I hereby authorize the asselected month above a three authorization in write premium rate, I confirm authorization. In the evidor arrear or any other pto the collection date. (*) Should you wish to star  PRINCIPAL MEMBE  *Also, provide us with y  DEBIT ORDER MAN  Account  * I hereby authorise Phale to the collection date, the obeing dishonoured, the offices 10 working days on a Sunday, or recognithe Institution as a result to that third party, but to that third party, but	Accountant and month! ting, or un that the cent of this coremiums. Your payrout your first ER'S SIG our bankin Holder  Kama on be belit order we policy will prior to the issed South lit of an infl may be caf such amo in the absorbt will refler.	t of the Dep y thereafter, it il I substitut changed prededuction no Please not ill departmen deduction v  NATURE:*  Mandato  Enalf of Safr vill be run or lapse. It rele selected do a African publiation relateuncelled by nunts were le ence of success of the selected sect as follows.	on (*Mandatity Number  artment of Education and pay this amount to be in a successfue that your policy on the may take up to its deduction date.  Ty/Required for a deduction date in the date selecter mains your responseduction date, if rollic holiday, the pad increase in subside, such cancellating ally owing to you hassignment of son your bank accession.	tory/Re  tor	equired Persal  educt fro african In icion. Short ted from icy will er ts when this to con the block  t Type  order wit any reasc to ensure eduction any will au premium to cance welded t ement, tl sAFRICA	m my sassurance uld the imposal and, subject your first mmence and protect that we will only itomatical /paymeer I the Aghat this Auth	Since the company of	each mont pany Limit int premiur the grace phium is coldeduction fus with your my account oured, two ive premiur fy for the fe the precept, I confirm ent. I shall rity may be and Mand a your police.	Deplement of the control of the cont	partm he presented fricar be chil can as des Plea s des resented fricar as des resented fri	emium sport of the present of the pr	pecified a vhom I have salary  Name of the period of the p	Rank	Mon  *  over I have da policy, ult of an infing or until aditions. Not a submission  s unsucces  Deductio  *  ove for the cononth. In the signed document of the event televant prededucted. which you hagreement	e chosen until suc flation re I substit o deduction of you sful.	*R  *R  *R  , withh time leaded dute it it is a rappl  *R  lected by the rapped and rapped and rapped and rappl  *R  lected by the rapped and r	effect from eas I cance increase i with a new re accepte ication form.  Amount  I. second russ Phakam ent day fall adjusted bulthough the or assigned.
Full Name And Su  * I hereby authorize the asselected month above a this authorization in writer premium rate, I confirm authorization. In the evidor arrear or any other pto the collection date. (*) Should you wish to star  PRINCIPAL MEMBIE* *Also, provide us with y  DEBIT ORDER MAN  Account  * I hereby authorise Phalic I understand that the debeing dishonoured, the offices 10 working days on a Sunday, or recogn the Institution as a result Authority and Mandate Authority was in force, it to that third party, but Registered with the Bar  PREMIUM PAYER S  DECLARATION	Accountant and monthly titing, or un in that the content of this coremiums. Your payrout your first ER'S SIG our bankin Holder  I wan an be belot order who policy will a prior to the ised South all to f an infill may be can f such amo in the absorbt will reflect the signature of the signature o	t of the Dep y thereafter, till I substitu changed prededuction not Please not all department deduction v NATURE:*	on (*Mandatity Number  artment of Education and pay this amoute it with a new are in the being successfue that your policy in the date selecter in the date selecter mains your responseduction date, if relic holiday, the pad increase in subsequence in the selecter in the date select	ation to dount to Satuthorization to Satuthorization to Satuthorization only start two monus asset tick to below, for sase tick to the dependent of the sase tick to below the dependent of the sase tick to below the dependent of the sase tick to be sate tick to be sate to be sa	equired Persal  educt fro african In incomplete of the second ited from ited	m my sasurance uld the imposal my saland, subject your first mmence and protect protect that we will only it is matter that we will only it matter that we will only it matter that we have that we have that we have that we have that we will only it matter that we will not be a subject to the will be a subject	Since the company of	each mont pany Limit premiur till such tir the grace pnium is coldeduction fus with your my account noured, two ive premiur fy for the feathe precesus, I confirm ent. I shall rity may be and Mand your police	Del h for the form of the form	he preafricar be ch le can as des Pleas Pleas Le acco  withly fc frawal under rig cale ridinar e adj entitle d or as nnot t mbers	emium sp") from varianged becel this a ceribed ir ise allow lary.)  etails?  unt if you  the preference will stand it is endar more you sine usted project to any signed to any signed to eassigned the company signed the company	pecified : whom I his yes Safrica authoriza in the Terri resufficier ar salary  Name of the best of the safrication of the safr	Rank  Rank  above for cave obtainer and as a restion in writens and Cornt time from deduction in time from the deduction in the property of the next in the deductions. It is thought the property if the may be of amounts party if the my third party if the my third party.	Mon  *  over I have da policy, ult of an infing or until aditions. Not a submission  s unsucces  Deductio  *  ove for the cononth. In the signed document of the event televant prededucted. which you hagreement rty. The Us	e chosen until suc flation re l substit deduction of you sful.	* R  * R  , with h time delated tute it it is a r applications a r application and r applications and r applications a r application and r applications a r application and r applications are applications.	e as I cance increase i with a new re accepte ication form.  Amount  I. second russ Phakam ent day fall adjusted builthough the or assigned Name as I cancel in the control of the control
Full Name And Su  * I hereby authorize the asselected month above a this authorization in writer premium rate, I confirm authorization. In the event of arrear or any other poor and the collection date. (*)  Should you wish to star  PRINCIPAL MEMBER* *Also, provide us with your poor and the poor and the debeing dishonoured, the obeing dishonoured, the poor as Sunday, or recognithe Institution as a result authority and Mandate Authority and Mandate Authority was in force, it to that third party, but Registered with the Bar  PREMIUM PAYER S  DECLARATION I declare to the best of invalidate any benefit united the selection of the control of the con	Accountant and month! ting, or un that the cent of this coremiums. Your payrout your first ER'S SIG our bankin NDATE (* Holder cama on be bit order we policy will prior to the list of an infl may be can a such amount in the absonk will reflect the signature.	t of the Dep y thereafter, till I substitut changed prededuction no Please not all departmen deduction v NATURE:*  g details an *Mandato  ehalf of Safr vill be run or lapse. It rele e selected do African publation related in celled by nunts were lefence of succept as follows:  IRE: *	artment of Educa and pay this amount te it with a new a semium rate may be being successfue that your policy in may take up to it deduction date.  Try/Required for a deduction date it deduction date, if rollic holiday, the pad increase in subside, such cancellar gally owing to you hassignment of son your bank activities that the particular I undertake to a significant of the control of the con	tory/Re  tor	equired Persal  educt fro african In icion. Short icion. Short ited from icy will er ts when in this to con the block  t Type  order wit any reaso o ensure ieduction any will au premium iot cance wiledge t ieduction any will au premium iot cance wiledge t ieduction any will au premium iot cance wiledge t ieduction any will au premium iot cance wiledge t ieduction and wiledge t ieduction and will au premium iot cance wiledge t ieduction and wi	m my sassurance uid the inmy salend, subjection for and product produc	Action  Action	each mont pany Limit int premium till such tir the grace pnium is coldeduction for the form you my account oured, two ive premium to the confirment. I shall represent the proposed and Mandaryour police correct. It is sof the Possof the Posso the	Del le l	partm he professor as described for the professor as described	emium spanie spa	pecified a property of the pro	Rank	Mon  * over I have dd a policy, utly of an infing or until inditions. Not a submission  s unsucces  Deductio  * over I have the policy, utly of an infing or until inditions. Not a submission  s unsucces  Deductio  * over for the conth. In the signed doct in the event it at the event it elevant prededucted. which you had a submission when the conth is the event it at the event it	e chosen until suc flation re I substit o deduction of you sful.  On Date cover sele event oument re the part of t	*R  *R  *R  , withh h time lelated lute it ions a r appl  *R  lectec of this eache peache peach that a hdraw eded eviate	effect from a s I cancer increase is with a new reaccepte ication form.  Amount  L. second russ Phakam ent day fall adjusted builthough they now will ent or assigned Name a second russ phakam while this or assigned Name a second russ phakam while this or assigned Name a second russ phakam while this or assigned Name a second russ phakam while this or assigned Name a second russ and russ phakam while this or assigned Name a second russ phakam while this or assigned Name a second russ phakam while this or assigned name a second russ phakam while this or assigned russ phak
Full Name And Su  * I hereby authorize the asselected month above a this authorization in writer premium rate, I confirm authorization. In the event of a rear or any other properties to the collection date. (*) Should you wish to star  PRINCIPAL MEMBIE* *Also, provide us with y  DEBIT ORDER MAN  Account  * I hereby authorise Phale I understand that the debeing dishonoured, the offices 10 working days on a Sunday, or recogn on a Sunday, or recogn the Institution as a result Authority was in force, it to that third party, but Registered with the Bar  PREMIUM PAYER S  DECLARATION I declare to the best of invalidate any benefit usuntil it has accepted this	Accountant and month! titing, or un in that the cent of this corremiums. Your payrout your first ER'S SIG our bankin Holder  Kama on be bett order we policy will prior to the issed South alt of an infl may be cafe such amo in the about of such amo in the about of such amo in the about of such amo in the about the such amount the such amounts the such amount the such amo	t of the Dep y thereafter, it il I substitut changed prededuction no Please not ill departmen deduction v NATURE: deduction of NATURE: selected do lation relater not	on (*Mandatity Number  Partment of Educa and pay this amount to the it with a new a semium rate may be being successfue that your policy and the it with a new a semium rate may be being successfue that your policy and the it was to be in a debit order, pled in deduction date.  Ty/Required for a deduction date are successful to the item of the date selecter mains your respondent of the increase in substance, such cancellar agally owing to you has signment of son your bank active item of the ite	tory/Re  tation to dount to Saturthorization to Saturthorization to Saturthorization to Saturthorization to Saturthorization to Saturthorization state of deduction only start two months asset tick to below, for saturthorization of Saturthorization state of Saturthorization will not. I acknow the Agree occurs. Saturthorization will not the Agree occurs. Saturthorization will not the Agree occurs of Saturthorization will not the Agree occurs. Saturthorization will not the Agree occurs of Saturthorization will not the Agree occurs of Saturthorization of Saturthor	equired Persal  educt fro african In icion. Short ted from icy will er ts when this to cool the block  t Type  order wit any reasc to ensure eduction any will au premium to cance whedge t ement, tt SAFRICA	m my sasurance uld the imy saland, subjective first mmence and product product product that we will only it is not that we will only it to matica /paymer I the Aghat this in his Auth N follow	Accomplete the control of the contro	each mont pany Limit int premiur till such tir the grace phium is col deduction fus with your my account oured, two ive premiur fy for the feather than and Mandary your policic correct. It is sof the Pee claim will	Del	he presented to the pre	emium sport of the present of the pr	pecified a whom I have safe authorizated the Terror sufficient and the	Rank	Mon  *  over I have dd a policy, ult of an infing or until inditions. No a submission  be duction in the signed document in the signed document in the signed document in the signed document. In the signed document in the event	e chosen until suc flation re I substit o deduction of you sful.  The property of the property	*R  *R  *R  , withh time leated dute it ions a r appl  *R  lectec of this eache paymm that a hidrawieded eviate for the hidrawieded eviate for the that a hidrawieded eviate for the that a hidrawieded eviate for the hidrawieded eviate for the hidrawieded eviate for the hidrawieded eviate for the hidrawieded evia	effect from a s I cancer increase is with a new reaccepte ication form.  Amount  I. second rules Phakament day fall adjusted be lithough the roman and the second rules of the second rules and the second rules of the second rules Phakament day fall adjusted be lithough the reaccept of the second rules of t
Full Name And Su  * I hereby authorize the asselected month above a this authorization in writer premium rate, I confirm authorization. In the event of arrear or any other poor and the collection date. (*)  Should you wish to star  PRINCIPAL MEMBER* *Also, provide us with your poor and the poor and the debeing dishonoured, the obeing dishonoured, the poor as Sunday, or recognithe Institution as a result authority and Mandate Authority and Mandate Authority was in force, it to that third party, but Registered with the Bar  PREMIUM PAYER S  DECLARATION I declare to the best of invalidate any benefit united the selection of the control of the con	Accountant and month! titing, or un in that the cent of this coremiums. Your payro t your first ER'S SIG our bankin Holder  To the thing to the policy will be prior to the ised South in the absent will refle such amo in the absent will refle signature. The policy will refle to the policy will be prior to the ised South in the absent will refle signature. The policy will refle the policy will reflect the polic	t of the Dep y thereafter, till I substitu changed prededuction not Please not all department deduction volume and deduction volume. The substitution of the substitut	cartment of Educa and pay this amount te it with a new a tenium rate may to being successfue that your policy of the may take up to the identification of the date selecter and the date selecter mains your responded to folday, the pad of increase in subsequence of the date selecter and	tory/Re  tation to dount to Saturthorization to Saturthorization de deduced. If the polyon start two months asset tick to below, for the saturthorization will for a smisibility to the dayment daymen	equired Persal  educt fro african In ition. Shot ted from icy will er ts when this to col the block  or us to do  t Type  order wit any reasc o ensure eduction ay will au premium tot cance by ledge t tement, t sAFRICA	m my sasurance uld the imposal and procedure p	Accomplete the control of the contro	each mont pany Limiting pany Limiting the grace point in the preceding point in t	Del h for the form of the form	partm the preafficar africar be ch I can as des Plea sur sa king de thilly fc frawal under g cale rdinar e adj entitle d or as nnot t mbers stand a Safric pudia of this	emium sport of the present of the pr	pecified a whom I have safe authorizated the Terror sufficient and the	Rank	Mon  *  over I have dd a policy, ult of an infing or until inditions. No a submission  be duction in the signed document in the signed document in the signed document in the signed document. In the signed document in the event	e chosen until suc flation re I substit o deduction of you sful.  The property of the property	*R  *R  *R  , withh time leated dute it ions a r appl  *R  lectec of this eache paymm that a hidrawieded eviate for the hidrawieded eviate for the that a hidrawieded eviate for the that a hidrawieded eviate for the hidrawieded eviate for the hidrawieded eviate for the hidrawieded eviate for the hidrawieded evia	effect from a s I cancer increase is with a new reaccepte ication form.  Amount  I. second rules Phakament day fall adjusted be lithough the roman and the second rules of the second rules and the second rules of the second rules Phakament day fall adjusted be lithough the reaccept of the second rules of t
Full Name And Su  * I hereby authorize the asselected month above at this authorization in writer premium rate, I confirm authorization. In the evidor arrear or any other pto the collection date. (*) Should you wish to star  PRINCIPAL MEMBIE* *Also, provide us with y  DEBIT ORDER MAN  Account  * I hereby authorise Phalat understand that the debeing dishonoured, the offices 10 working days on a Sunday, or recogn the Institution as a result Authority and Mandate Authority was in force, if to that third party, but Registered with the Bar  PREMIUM PAYER S  DECLARATION I declare to the best of invalidate any benefit un until it has accepted thiunderstood the terms ar	Accountant and monthly ting, or un to that the content of this coremiums. Your payrout your first ER'S SIG our bankin Holder  Cama on be bit order we policy will be prior to the intent of the sed South alt of an influence in the absolution of such amount the sed South alt of an influence in the absolution of such amount the sed SIGNATU  The sed South amount to the sed Signature of such amount the sed Signature in the absolution of such amount the sed Signature in the absolution of such amount the sed Signature in the absolution of such amount the sed Signature in the absolution of such amount the sed Signature in the sed Signature	t of the Dep y thereafter, it il I substitut changed prededuction no Please not ill departmen deduction v NATURE:*  g details an *Mandato  ehalf of Safr vill be run or lapse. It rele e selected do African publation related noelled by no late of succept as follows:  IRE: *  didge and belolicy and the on and first on attached and the Dis	artment of Educa and pay this amount te it with a new a semium rate may be being successfue that your policy on the date are that your policy on the date are that your policy on the date are the date are the date are the date selecter and the date selecter are the date are the	tory/Re  tation to dount to Saturthorization to Saturthorization de deduced. If the polyon start two months asset tick to below, for the saturthorization will for a smisibility to the dayment daymen	equired Persal  educt fro african In ition. Shot ted from icy will er ts when this to col the block  or us to do  t Type  order wit any reasc o ensure eduction ay will au premium tot cance by ledge t tement, t sAFRICA	m my sasurance uld the imposal and procedure p	Accomplete the control of the contro	each mont pany Limiting pany Limiting the grace point in the preceding point in t	Del h for the form of the form	partm he professor of the professor of t	emium sport of the present of the pr	pecified a whom I have safe authorizated the Terror sufficient and the	Rank	Mon  *  over I have dd a policy, ult of an infing or until inditions. No a submission  be duction in the signed document in the signed document in the signed document in the signed document. In the signed document in the event	e chosen until suc flation re I substit o deduction of you sful.  The property of the property	*R  *R  *R  , withh time leated dute it ions a r appl  *R  lectec of this eache paymm that a hidrawieded eviate for the hidrawieded eviate for the that a hidrawieded eviate for the that a hidrawieded eviate for the hidrawieded eviate for the hidrawieded eviate for the hidrawieded eviate for the hidrawieded evia	effect from a s I cancer increase is with a new reaccepte ication form.  Amount  I. second rules Phakament day fall adjusted be lithough the roman and the second rules of the second rules and the second rules of the second rules Phakament day fall adjusted be lithough the reaccept of the second rules of t

# TERMS AND CONDITIONS FOR THE SADTU EXTENDED FAMILY BENEFIT PLAN

#### **EXTENDED FUNERAL BENEFIT:**

The Extended Funeral Plan provides for a cash benefit to be paid in settlement of a death claim of an Extended Family Member

## PRINCIPAL MEMBER

A permanent, member of SADTU, who is allowed to elect participation in the Policy, in accordance with the eligibility conditions as stated in the Policy, and who is responsible for financial assistance towards funeral and related costs of his/her Extended Family Members. There is no benefit for a Principal Member on this Plan. A Principal Member may not be older than the maximum entry age of 70 (seventy) years. A Principal Member must live in South Àfrica.

#### **EXTENDED FAMILY MEMBER**

Family members who are dependent on the Principal Member for financial assistance in the event of their death and for whom an additional monthly premium as determined by Safrican is paid. This includes parents, parents-in-law, grandparents, uncles, aunts, brothers, sisters, nieces, nephews, and children of the Principal Member who are age 22 (twenty-two) years and older, including divorced spouses. An Extended Family Member may not be older than the maximum entry age of 114 (one hundred & fourteen) years. Up to 10 (ten) dependants may be nominated for cover as Extended Family Members.

**SADTU:** The South African Democratic Teachers Union.

#### COMMENCEMENT OF COVER:

A policy commences on the first day of the calendar month following the receipt of the first premium. If the first premium is received before the 7th of a month, the policy shall commence on the first day of the same month. If the first premium is received after the 7th of the month, the policy shall commence on the first day of the following

#### **WAITING PERIODS:**

The following waiting periods apply:

- Claims due to accidental death will be paid immediately provided that the policy has commenced, i.e. the first premium is received by Safrican and the policy is not in arrears.
- A 6 (six) months waiting period shall apply from the date the premium is received by Safrican.

  Where a Principal Member has chosen to increase a
- benefit amount for an insured person.
- A 6 (six) month waiting period shall apply to their
- increased part of the benefit amount only.

  Upon retirement, the member can continue with the policy, the policy must be taken up within 1 (one) month of retirement.
- After the death of the Principle Member, a family member can continue with the policy. It must be taken up within 1 (one) month. No increase in benefits allowed
- Where premium payments are missed and resumed at a later stage, the applicable waiting period will apply from the date the payment of premiums is resumed and received.

Safrican will terminate the policy when 2 (two) consecutive premiums were missed.

## CANCELLATION:

Principal Member, as well as Safrican, reserves the right to cancel this Policy upon receipt of a 30 day cancellation notice of such intention.

- Each Principal Member must complete an application form electing all of his/her Extended Family Members.
- Claims, in respect of Extended Family Members will only be paid where such Members have been nominated on the original application form (waiting periods apply).
- Premiums are paid up to death.
- No arrear premiums will be accepted according to the terms of this policy.
- A maximum benefit of R100 000.00 will be paid to any individual covered on the SADTU Extended Family Benefit Plan.
- Policyholders is entitled to be provided upon request with a copy of the Master Policy
- Extended members may only be covered once per Extended policy.
- The benefit for children younger than 6 (six) years cannot exceed the maximum benefit limit of R20 000 across all Safrican plans.
- The benefit for children younger than 14 (fourteen) and older than 6 (six) years cannot exceed the maximum benefit limit of R50 000 across all Safrican
- Should a Principal Member have under paid his/her premium, the benefit payable in respect of a claim will be reduced in proportion to the under payment.

# **GRACE PERIOD:**

A premium is only regarded as paid once payment was successfully received and provided the payment is not subsequently reversed. If any premium is not paid on time, a 1 (one) month grace period for payment is allowed. If the premium is still not paid after 2 (two) months, the policy will lapse. No benefit amounts are payable under a lapsed policy

#### COOLING OFF PERIOD:

The Principal Member has a 31 day cooling off period from receipt of this document to examine the policy. Provided that no death or claim has taken place in this period, he/she must inform Safrican in writing if he/she chooses not to take up the policy. All premiums already paid will be refunded, less the cost of any risk cover.

#### PREMIUM RATE AND POLICY TERMS REVIEW:

The premium rate payable, and the terms and conditions of the policy, shall be subject to alteration by Safrican at any time with 1 (one) months written notice to the Principal

#### SURRENDER VALUES

Should you wish to terminate the policy, you will not receive any cash benefit and/or surrender value. You may not use the benefits under this to be ceded or pledged in any way. No loans will be accepted against this Policy.

### FRAUDULENT CLAIMS:

Safrican will not pay any fraudulent claim that is made against this policy. Safrican will, at its own discretion, be entitled to cancel this policy, and any other policy held by the Principal Member or claimant, with immediate effect, should any fraudulent claim be made with the knowledge or intent of the Principal Member or claimant to Safrican's

#### DEBIT ORDER PROCEDURE:

Please ensure that the debit order is drawn from your bank account on the date selected. If it is not deducted on the selected date, please contact our offices immediately.

#### ADMINISTRATION FEE:

Please note that there is an additional fee of R7.42 per month per policy that must be paid to Safrican for the administration of the Policy.

# PURPOSE FOR PROCESSING YOUR INFORMATION

Your personal information will only be used for the purpose you would reasonably expect, including; providing administrative services on behalf of your Insurer and Service Provider; to issue, administer and manage your insurance policies, to process insurance claims; to notify you, on behalf of your Service Provider, of new products or developments that may be of interest to you; to verify your identity and to confirm, verify and update your details; and to comply with any legal and regulatory requirements

# FICA VALIDATION:

The validity of this insurance policy is subject to the fulfilment of the obligations of the Insurer and Service Provider under the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premiums payers and beneficial owners of juristic persons where applicable.

# CONSENT TO DISCLOSE AND SHARE YOUR INFORMATION:

Your personal information may need to be shared in order to verify your identity, provide advice, reports, analyses, products or services that you have requested. Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us.

# SUMMARY CLAIMS PROCEDURE:

- In the event of a death, a Claim Notification Form must be requested from a Safrican / Phakama office and submitted together with the relevant supporting documents.
- Failure to submit all required supporting documentation within 12 (twelve) months of the date of death may result in the benefit being forfeited.

Claim documents must be clearly certified by:

Police or a Commissioner of Oaths. The relevant details of the Police or Commissioner of Oaths as well as the date stamp must be clear. Documentation submitted other than those listed, will not be accepted.

Documents to be submitted include, but are not limited to:

- Fully completed Claim Notification Form.
- Proof of Death:
  - (BI-5) Clearly Certified copy of computer produced Death Certificate; or
  - (BI-18) Clearly Certified copy of unabridged Death Certificate; or
  - BI 20) Certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents.

- Clearly certified copy of Principal Member's Identity Document (If smart ID card, need front & back)
- (BI-1663) Original or faxed copy of the Notification of death
- Clearly certified copy of Principal Member's Identity Document
- Clearly certified copy of deceased's Identity Document
- Clearly certified copy of claimant's Document
- Copy of Principal Member's pay slip for pay period immediately prior to death or the month in which the death occurred.
- Marriage Certificate where applicable.
- Current bank statement of the claimant
- See the Claim Notification Form for required document.

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

- Safrican will endeavour to settle the claim within 48 hours, from receipt of ALL claim documentation, provided all the claim procedure criteria have been met.
- Claims will be rejected once the maximum benefit per individual has been reached. Safrican accepts no liability for loss of premiums or benefit where an individual was insured for more than the maximum benefit permitted

### Your policy is underwritten by:

Safrican Insurance Company Limited ("Safrican") Reg No. 1935/007463/06

An authorised Financial Services Provider FSP No. 15123 www.safrican.co.za

For assistance with information on the SADTU Extended Family Benefit Plan, kindly contact:

<u>Safrican Head Office</u> 13 West Street, Houghton Estate, Johannesburg, 2198 P.O. Box 616, Johannesburg, 2000

Tel: (011) 778 8000

Email: clientretention@safrican.co.za

If you have any reason to complain, kindly first contact the Compliance Officer of Safrican at: Post: P O Box 616, Johannesburg, 2000

Fax: (011) 778-8130

F-mail: compliance@safrican.co.za

Should a complaint not be resolved to your satisfaction, you may then escalate the complaint to the Ombudsman

PARTICULARS OF THE NATIONAL FINANCIAL OMBUD SCHEME SOUTH AFRICA (the NFO)

Physical Address: Head Office, Postal Address and JHB Physical Address: 110 Oxford Road, Houghton Estate, Illovo, Johannesburg, 2198

CPT Physical Address: Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708 Company Registration No.: 2023/162407/08

VAT Reference No.: 4080315593 Telephone Number: 0860 800 900 Whats app Number: 066 473 0157 Email: info@nfosa.co.za
Website: www.nfosa.co.za

# Your policy is administered by:

Phakama Administration Services An authorised Financial Services Provider FSP No. 1473

Greenhill Village Office Park, Candlewood Building, Ground floor, C/O Nentabos & Botterklapper Street, Die Wilgers, Pretoria, 0184

Tel: (012) 348 8310, Fax: 086 514 1115

Email: <u>info@phakama.co.za</u>
The administrator obtains a fee up to 4,5% which includes a binder fee and admin fee

# Your Intermediary is:

AM Shikwambana Consultants CC Reg No.: 2022/372922/07 An authorised Financial Services Provider FSP No. 24518 Tel: (010) 880 2240

Email: info@amscinsurance.co.za

The intermediary obtains a fee up to 27% which includes Commission, admin fee and marketing fee, and which is included in the premiums.