

# SADTU EXTENDED FAMILY BENEFIT PLAN APPLICATION FORM

AGENT NAME

## Phakama



AGENT CODE

### Default



PRINCIPAL MEMBER NAME						SURNAME															
IDENTITY NUMBER						MARITALSTATUS		Married		Single		Widowed		Divorced		GENDER		Male		Female	
PERSAL NUMBER						UNION NUMBER						EMAIL ADDRESS									
CELL NUMBER					FAX NUMBER					HOME NUMBER						WORK NUMBER					
SCHOOL NAME					POSTAL ADDRESS									POSTAL CODE							

CATEGORY OF COVER (Waiting Period 6 months)*	PLAN A R26 000	PLAN B R15 600	PLAN C R10 400	PLAN D R7 280
Extended Family age 0 to 5 years	n/a	R55,15	R42,91	R30,67
Extended Family age 6 to 65 years	R94,33	R55,15	R42,91	R30,67
Extended Family age 66 to below 75 years	R228,42	R138,99	R93,05	R65,53
Extended Family age 75 to below 85 years	R303,04	R184,93	R123,71	R86,98
Extended Family age 85 years and older	n/a	R364,61	R243,93	R171,40

## EXTENDED FAMILY DEPENDENTS

Surname	Full Name:	Full Identity Number:		(Please Tick ✓)		Plan Selected (A,B,C,D)	Premium
			Age	New	Existing		
TOTAL PREMIUM EXISTING POLICY							R
TOTAL PREMIUMS FOR NEW EXTENDED FAMILY MEMBERS							R
ADMINISTRATION FEE (R7,42) New policies							R
GRAND TOTAL PREMIUM							R

**PREFERRED PAYMENT METHOD: PERSAL** ☒ **DEBIT ORDER** ☐

### **PERSAL DEDUCTION AUTHORISATION (\*Mandatory/Required fields)**

Full Name And Surname	Identity Number	Persal	School	Departmental Code	Rank	Month	Amount
*	*	*				*	* R

I hereby authorize the Accountant of the Department of Education to deduct from my salary each month for the premium specified above for cover I have chosen, with effect from selected month above and monthly thereafter, and pay this amount to Saffrican Insurance Company Limited ("Saffrican") from whom I have obtained a policy, until such time as I cancel this authorization in writing, or until I substitute it with a new authorization. Should the relevant premium rate be changed by Saffrican as a result of an inflation related increase in premium rate, I confirm that the changed premium rate may be deducted from my salary until such time as I cancel this authorization in writing or until I substitute it with a new authorization. In the event of this deduction not being successful, the policy will end, subject to the grace period as described in the Terms and Conditions. No deductions are accepted for arrear or any other premiums. Please note that your policy only starts when your first premium is collected. Please allow sufficient time from submission of your application form to the collection date. (Your payroll department may take up to two months to commence the deduction from your salary.)

Should you wish to start your first deduction via debit order, please tick the block and provide us with your banking details? ☐

**PRINCIPAL MEMBER'S SIGNATURE:\*** \_\_\_\_\_ **DATE:\*** \_\_\_\_\_

\*Also, provide us with your banking details and deduction date below, for us to deduct premium from your bank account if your salary deduction is unsuccessful.

**DEBIT ORDER MANDATE (\*Mandatory/Required fields)**

Account Holder	Branch Code	Account Type	Account Number	Name of Bank	Deduction Date	Amount
*			*	*	*	*R

I hereby authorise Phakama on behalf of Sافرican to commence a debit order withdrawal from my account monthly for the premium specified above for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. It remains your responsibility to ensure that we receive premiums. I understand it is required that this signed document reaches Phakama offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month's deductions. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day. Should the relevant premium rate be adjusted by the Institution as a result of an inflation related increase in subscription/premium/payment rate, I confirm that the adjusted premium rate may be deducted. I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you. I acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party. The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: **SAFRICAN** followed by your policy / membership number.

**PREMIUM PAYER SIGNATURE: \*** \_\_\_\_\_ **DATE:\*** \_\_\_\_\_

## DECLARATION

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any wilful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Safrican Insurance Company Limited shall not be liable for any amount until it has accepted this application and first premium. If over the age limit when joining, the claim will be repudiated and premiums refunded. I state further that I have read and understood the terms and conditions attached to this group policy. I confirm and accept the terms and conditions of this policy. I understand, accept and consent to the FICA Validation, the Processing of my Information, and the Disclosure and Sharing of my Information, per the terms and conditions.

**PRINCIPAL MEMBER'S SIGNATURE: \*** \_\_\_\_\_ **DATE: \*** \_\_\_\_\_

**PLEASE SEND COMPLETED APPLICATION FORMS TO: FAX 086 514 1115 or Email: [info@phakama.co.za](mailto:info@phakama.co.za)**

# 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 Africa.

## 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 month.

## 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.

## LAPSE:

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.

## GENERAL:

- 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 plans.
- 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 member

## 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 detriment.

## 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 Identity 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 further 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 ("Sfrican")  
Reg No. 1935/007463/06  
An authorised Financial Services Provider  
FSP No. 15123 [www.sfrican.co.za](http://www.sfrican.co.za)

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

**Safrican Head Office**  
13 West Street, Houghton Estate, Johannesburg, 2198  
P.O. Box 616, Johannesburg, 2000  
Tel: (011) 778 8000  
Email: [clientretention@sfrican.co.za](mailto:clientretention@sfrican.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  
E-mail: [compliance@sfrican.co.za](mailto:compliance@sfrican.co.za)

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

**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](mailto:info@nfosa.co.za)  
Website: [www.nfosa.co.za](http://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: [info@phakama.co.za](mailto:info@phakama.co.za)  
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](mailto: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.