



### Premiums

Age of extended family member	<u>Rate per extended family member per month</u>
18 – 64	R 38.00
65 – 74	R 75.00
75+	R122.00

Rates applicable per extended family member based on their age and paid in addition to the Group Family Cover Premium

### DECLARATION

I hereby declare and agree to the following terms and conditions:

- For new appointments, cover must be elected within 30 days of appointment through the completion of an option form which must be provided to HR.
- As an existing employee of the University of Stellenbosch, you may elect to insure extended family members between 1 January 2018 to 31 March 2018. Thereafter, future elections for existing employees may only take place annually on 1 January and employees have a period of 30 days to elect the cover.
- Extended cover may be cancelled at any time subject to 30 days notice
- Maximum payable per review period: 2 parents, 2 in-laws, 8 other extended family members (additional spouses, major children, biological brothers and sister or relative through blood or marriage for whom the insured person is financially responsible for the payment of funeral costs).
- Parents: The employees biological, step- or adoptive parents
- Parents-in-Law: The biological, step- or adoptive parents of the employee's spouse
- Biological brothers and sisters
- A relative of the employee through blood or marriage for whom the employee is financially responsible for the payment of funeral costs
- Major child : The biological, step- or adoptive children who have never been married and do not qualify as insured children under the family cover definitions
- Additional spouse :
  - He is legally married to the member (including validly married in terms of the Recognition of Customary Marriages Act, No 120 of 1998), or
  - Old Mutual is satisfied that he is a party to a marriage concluded with the member in accordance with the customs and usages traditionally observed amongst the indigenous African people of SA and which form part of the culture of those people, or
  - Who would have been validly married to the member but for the provisions of the Prohibition of Mixed Marriages Act, 1949 ; and such marriage has not on grounds other than the provisions of such Act been dissolved or declared invalid by a competent court; and neither of the parties to such marriage has after contraction thereof lawfully married another person, or



- He is able to prove, to the satisfaction of Old Mutual, that, for a continuous period of at least 6 consecutive months, he has been a partner of the member in an abiding serious relationship akin to living together in a manner resembling for all intents and purposes a monogamous marriage between husband and wife, except that their relationship may be homosexual or heterosexual, or
  - Old Mutual is satisfied that he is party to a union with the member validly concluded under a system of religious law. The relationship must be substantiated by a marriage certificate or other proof acceptable to Old Mutual.
- o A parent or parent-in-law must be under age 75 when cover first commences in respect of that person
  - o A claim will be declined if the death is:
    - As a result of suicide, or self-inflicted injury during the first 12 months of membership, or
    - Natural causes during the first 6 months of membership

For more detailed information about the benefits and conditions applicable for claiming a benefit, please contact your employer. Every effort has been made to ensure the accuracy of this option form. In the event of a difference between the terms of the group risk policy and those of this statement, the terms and conditions of the risk policy will prevail.

All information as supplied in this application form is correct. Extended family cover is a voluntary option and I authorise my employer to make the necessary deductions from my salary. Cover will be in place from the 1st of the month following the appointment date or the date on which this option form was signed.

Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit the completed and signed form to HR.**

