

Member details

First name (s):

E-mail address:
Contact number:

ID number

Employee number:

Date of joining employer

Surname:

Product Solutions: Group Assurance Mutualpark, Jan Smuts Drive, Pinelands 7405. PO Box 1659, Cape Town 8000, South Africa. www.oldmutual.co.za

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STELLENBOSCH UNIVERSITY EXTENDED FAMILY FUNERAL COVER

A family cover plan ensures that funeral arrangements are taken care of without placing the financial burden on the family. Old Mutual's family cover plans are aimed specifically at providing you and your family with the funds to pay for a funeral and/or additional costs as they may arise during a difficult time. The family cover claim is paid out tax free. The arrangement allows for extended family members to be covered for R30 000 each at an additional premium. Please refer to the terms and conditions under the declaration section or refer to Human Resources Division (HR) for further assistance when electing the cover. Cover is only available for extended family members who are younger than 75 when joining the scheme.

Date the cover must start for e	extended family m	ember	D	D M M Y Y	YY
If you wish to insure extendattach a copy of the ID and					nd
Surname and initials of extended family member	Relationship	Date of birth		ID /Passport Numbe	r
You may elect up to 4 Parents/Par	ents-in-Law and 8	extended family mer	mbers (1	2 in total)	





Premiums

Age of extended family member	Rate per extended family member per month
Up to 64	R 57.00
65 – 74	R 112.50
75+	R 183.00

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:

- As an employee of Stellenbosch University, you may elect to insure extended family members at any time during the year, with a standard 6 months waiting period from the starting date of the cover for the extended family member
- 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).
- o Parents: The employees biological, step- or adoptive parents
- o 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:
 - Person 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 the person 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



- The person is able to prove, to the satisfaction of Old Mutual, that, for a continuous period of at least 6 consecutive months, he/she 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.
- A parent or parent-in-law must be under age 75 when cover first commences in respect of that person
- 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 form and a copy of the insured person's ID to HR (sun-e-hr@sun.ac.za).

