



## RERIS TAKE TEN (10) - APPLICATION FOR MEMBERSHIP.

### 1. PRINCIPAL MEMBER DETAIL

SURNAME											FIRST NAMES			
ID NUMBER											MEMBER NUMBER			
EMPLOYER NAME											MARITAL STATUS			
EMAIL											CELLPHONE			
PHYSICAL/POSTAL ADDRESS											CODE			
POLITICALLY CONNECTED PERSON											YES	NO		

### 2. DEPENDENT'S DETAILS

	NAME AND SURNAME	ID NUMBER	RELATIONSHIP	PCP	
				YES	NO
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

### 3. BENEFICIARY NOMINATION

SURNAME											FIRST NAMES			
ID NUMBER											RELATIONSHIP			

### 4. PRINCIPAL MEMBER PLUS 9 DEPENDANTS

FAMILY BENEFIT	OPTION A	OPTION B
Principal Member	R14 000	R21 000
9 Dependants	R14 000	R21 000
Total Premium Per Rate Per Month	R350	R450

### 5. PREMIUM CALCULATION SUMMARY

DESCRIPTION	PREMIUM AMOUNT
FULL FAMILY BENEFIT	R
<b>TOTAL PREMIUM DUE</b>	R



## 6. DECLARATION

I declare to the best of my knowledge and belief that the information given above is true and correct. I understand and agree that any willful misrepresentation in this application form will invalidate any benefit under this Policy. I declare that I have read and understood the terms and conditions attached to this Policy, and understand their meaning and effect, and undertake to abide and to be bound by the terms and conditions of the Policy. Safrican Insurance Company Limited ("Safrikan") shall not be liable for any amount until it has accepted this application and this policy is in force. If any person is over the age limit when joining, the claim will be repudiated and premiums refunded. I understand that this product is offered to me on a non-advice basis, and that should I need to, I may contact Safrican's offices for advice and assistance.

SIGNATURE OF PRINCIPAL MEMBER							
DATE							

## 7. DEBIT ORDER AUTHORITY

I hereby authorise Safrican Insurance Company Limited ("Safrikan") to commence a debit order withdrawal from my account on the 1st unless specified otherwise on day of the month and monthly thereafter, with any future possible increase on the product.

I understand that the debit order will be run on the date selected; if for whatever reason it is not honoured, the policy will lapse subject to the grace period as stipulated under the terms and conditions. I understand that this signed document is required in the Safrican offices (ten) working days prior to the elected deduction date; if not, the deduction will only qualify for the following calendar month's deductions, and cover will only commence the following month.

NAME & SURNAME			BANK NAME	
ACCOUNT NUMBER			BRANCH NAME	
DEDUCTION DATE			BRANCH CODE	
ACCOUNT TYPE	CHEQUE	SAVINGS	TRANSMISSION	
POLICY PAYER'S SIGNATURE				
DATE				



## SUMMARY OF THE TERMS AND CONDITIONS FOR RERIS FAMILY COVER SCHEME

### FUNERAL AID BENEFITS

If the Insured or his/her Family Member dies, the funeral aid benefit as selected on the application form and confirmed in the participation certificate, is paid.

### Insured

The Insured or Principal Member is any client of Reris under the ages specified below at the time of applying for the insurance, is insured in terms of the policy:

- 62 years in the case of an Insured with Family Members
- 84 years in the case of an insured without Family Members

On the understanding that an Insured without Family Members must be older than 60 years to qualify for the insurance.

### Family Member

Qualifying Spouse, Qualifying Child and Extended Family Member.

### Marriage

A marriage/union in accordance with the Marriage Act, 1961, the Recognition of Customary Marriages Act, 1998, the Civil Union Act, 2006 or in terms of the tenets of a religion. Also includes a union where two persons live together as if married with the commitment of continuing to do so permanently and have been doing so for at least 6 months, provided they have successfully applied in writing to Safrican for the Union to be registered and one or both of them are not joined in a marriage or union with another person.

### Qualifying Spouse

The person with whom the Insured is joined in Marriage (as defined above), who is over the age of 15 years and under the age of 62 years at the time of applying for insurance and which has been nominated in writing to Safrican, will be the Qualifying Spouse. If the Insured failed to nominate a Qualifying Spouse, the first spouse with whom he/she was joined in Marriage, will be the Qualifying Spouse.

### Qualifying Child

Unmarried child of the Insured or his/her Qualifying Spouse under the age of 22 or unmarried child who is a full time student under the age of 26 (proof of study must be supplied) or unmarried child, irrespective of age, who is incapacitated by a physical or mental infirmity and unable to maintain himself/ herself.

### Stillborn Child

A child of the Insured or his/her Qualifying Spouse that has had at least 26 weeks of intra-uterine existence but showed no sign of life after complete birth.

### Qualifying Parent

The Insured's/Qualifying Spouse's father, mother or foster-parent or such person's spouse, who is under the age 75 at the time of applying for the insurance and is nominated in writing by the Insured and for whom an additional monthly premium is paid as determined by Safrican.

### PREMIUMS

A premium per Insured, determined by Safrican, is payable monthly in advance. If any premium is not paid timorously, Safrican's liability in terms of the policy regarding that Insured and his/her Family Members lapses. One month's written notice shall be given in advance of effecting the rate change.

Premium increase will be determined by claims ratio.

### FICA VALIDATION:

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

### PURPOSE FOR PROCESSING YOUR INFORMATION

Your 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.

### CONSENT TO DISCLOSE AND SHARE YOUR INFORMATION:

Your information may need to be shared 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.

### EXCLUSIONS

Certain exclusions with regards to war and terrorism apply. Certain limitations may apply if you are not physically present in the Republic of South African. If you are going to be outside the borders of the Republic of South African for a period longer than 6 months, please inform the administrator immediately.

### WAITING PERIOD

In the case of death due to natural causes, any cover or any increase in cover has a waiting period of 6 {six} months from date of commencement or date of increase as the case may be. If the insured 's or Family Member's benefit have lapsed and he/she again becomes insured in terms of the policy, the above waiting periods will apply.

### BURIAL REPATRIATION BENEFIT

This benefit is available on the death of any Insured or Family Member at no charge. The benefit provides for transport of the deceased via road or air from anywhere in South Africa, Lesotho, Swaziland, Zimbabwe, Botswana, Namibia or Mozambique (south of the 22° latitude), to the funeral home closest to the place of burial in South Africa. One relative may accompany the body to the funeral home, and if needed, overnight accommodation {one night} will be provided at no additional cost.

CALL: 011 778 8000- Provide the following information:

- Name and identity number of the deceased
- Name and code of the scheme
- Place where death occurred

### RIGHT TO CANCEL

The Insured may at any time cancel the policy. This policy is a risk only policy and as such has no cash benefit and there will be no refund on premiums in respect of cover already enjoyed.



## SUMMARY OF THE TERMS AND CONDITIONS OF THE RERIS FAMILY FUNERAL AID INSURANCE

### FUNERAL AID BENEFITS

The basic funeral plan provides for a cash benefit to be paid in settlement of a death claim of a member of his / her nominated family dependants. A maximum of nine (9) family dependants may be insured. The member must have an insurable interest in the family dependants that he/she nominates. The member and the nominated family dependants must be below the age of 64 years at the time of qualifying for the insurance.

RELATIONS	BENEFIT	BENEFIT
Member	R10 000	R15 000
Family Dependants (Max 9)	R10 000 (each)	R15 000 (each)

### GENERAL INFORMATION

1. This document is furnished to you in compliance with section 48 of the long-term insurance act, 1998 and the General Code of Conduct in terms of the Financial Advisory and Intermediary Services Act, 2002.
2. Safrican Insurance Company is the underwriter of the voluntary umbrella and the benefits are provided to the members of the group scheme on a voluntary group schemes basis.
3. Safrican is a duly authorized financial services provider and has been appointed by the policy holder.
4. Cover in terms of this group policy is available to persons between the age of 18 (eighteen) years and 64, (sixty-four) years of age.
5. Cover in terms of the family funeral plan is available to all assured lives stipulated in the application form, provided that the number of claim payable shall at all times be limited to the number of assured life (lives) covered in terms of the group policy; subject to a maximum of 2 (two claims in respect of still born deaths).
6. Any advice or assistance required in respect of your policy must be obtained directly from the Safrican Insurance Company.
7. If this Group policy replace another policy, you must contact the Safrican Insurance company for advice.
8. No medical examination is required for a person to become a member.
9. The cover in respect of assured lives commences on the last date upon which Safrican approves the application by the member for the benefits; and receives the first premium payable in terms of this group policy.
10. A period of grace of 30 (thirty) days is permitted for the payment of premiums. If the premium is not paid within this period, Safrican has the right to reject claims, subject to the provisions of the Long-Term Insurance Act, 1998.
11. Withdrawal of the premium authorization will not be valid for the term of notice of cancellation.
12. No premiums will be refunded should the policy be cancelled.
13. Safrican shall be entitled to amend the benefits in terms of the group scheme by means of a 30 (thirty) day written notice to the Administrator of this group scheme. Notice to the administrator shall constitute proper and sufficient notice to the members of the group.
14. The rules and conditions of this plan are consistent with the provisions of the Long-Term Insurance Act, 1998 and with the terms of the Safrican policy.
15. All assured lives in terms of this group policy must be permanent resident in the Republic of South Africa.
16. Safrican shall be entitled to cancel the group policy by means of a 3 (three) calendar month written notice to the members. Notice to the underwriter shall constituted proper and sufficient notice to the member of the group.
17. All waiting periods and exclusions shall apply in respect of increased benefits with effect from the inception date of the increased benefits.

### TERMS AND CONDITONS: PAYMENT OF PREMIUMS

1. The premium, conditions and benefits shall from time to time be revised and adjusted by Safrican in order to ensure that the revised and adjusted by Safrican in order to ensure that the scheme remains actuarially sound. In addition, Safrican may amend benefits and premiums at all times by means of 30 (thirty) day written notice to the member. Notice to the administrator shall constitute proper and sufficient notice to the members of the group.
2. Premiums shall be calculated with reference to an assured life's current age at the inception date of the cover and shall not increase incrementally with each birthday of an assured life (lives), subject all times to Safrican right to increase the premiums payable as provided for in terms of the Group policy.
3. Premium shall be payable by the member to the insurer monthly in advance on or before the 7th (seventh) day of each month for which insurance cover is granted without deduction or set off.
4. Cover ceases when the group policy is cancelled, has been terminated by the insurer or has lapsed, the member terminates his/her membership to the group scheme, the member terminates the cover in terms of the main benefit plan, upon the death of the member, if the premium is not validly received by Safrican within the period of grace.
5. The cover granted is whole life, and shall remain in force until the death of the assured life, as long as premiums are paid, and is voluntary for members of the broker's schemes brought in by the clients of the administrator, the Brokers, as members of the group schemes.
6. If the premium has been paid as prescribed, cover is immediately effective upon the death of an assured life due to an accidental death.
7. Safrican shall be entitled to apply set-off or deduct any unpaid premiums against the benefits payable in terms of the Group policy.
8. The member is responsible to ensure that the monthly premium is paid.
9. The group policy does not accumulate cash or surrender value and may not be converted into a paid up policy. No loans will be allowed in terms of this policy.

The Maximum Policy Benefit payout across all Safrican Plans for a child below 6 and 3 years will be R10 000 and R30 000 respectively as limited by the Long-Term Insurance Act (Article ss fthe long term insurance act which state that children younger than 6 years may not receive a benefit of more than R10 000)

- Dependants Benefit (0-5 years): R10 000
- Dependants Benefit (6-13 years): R30 000

Maximum benefit for insured persons whose age is 14 years and above is R60,000 unless expressly stated otherwise.

### PREMIUMS

A monthly premium per insured is payable monthly in advance. The premiums payable in respect of the policy benefits are as reflected on the application form and on the membership certificate. If any premium is not paid timeously, Safrican's liability in terms of the policy regarding that insured and his/her Family Members lapses. Safrican shall be entitled to amend the benefits and premiums payable in terms of the policy by way of a 90 (ninety) days written notice to the Administrator, who in turn shall give notice to the member.



## SUMMARY OF THE TERMS AND CONDITIONS OF THE RERIS FAMILY FUNERAL AID INSURANCE

### WAITING PERIOD AND EXCLUSIONS

1. No insurance cover shall be granted or benefits paid in the event of the death other than the accidental death of an assured life in terms of the Group policy within 6 (six) months from the inception date.
2. The exclusions and limitations as set out above will furthermore also apply in respect of the reinstated benefits or increased benefits with effect from the date of reinstatement or the inception date of the increased benefits.
3. No insurance cover shall be granted or benefits paid:
  - In the event of death other than death caused by directly by or arising from violent, unforeseen, physical, external forces due to an accident, or which death occurs within 14 (fourteen) days after date of such an accident for a period of 6 months from the inception date of the cover.
  - In the event of suicide within 24 months from inception date of the cover.
  - In the event of death resulting directly or indirectly from, caused by, attributable to or accelerated by-
    - Negligence, recklessness, transgression of the law or intentional exposure to danger,
    - The additional assured life being under the influence of illegal drugs or habit form in substances or resulting from the chronic abuse by the additional assured life of drugs and
    - Willful self — inflicted injury
  - If benefits in terms of the group scheme are increased at any stage, the waiting period shall again apply with regard to the increased benefits, from the date of the increase of the benefits.

### CLAIMS PROCEDURES

1. In the event of a claim, the specified benefit will be paid to the member or beneficiary.
2. Claims must be submitted to Safrican within 6 months of the death of the assured life.
3. Safrican reserves the right to cancel the policy and to declare all premiums paid by the member in terms of the policy forfeited if there is any evidence of, or attempted submission of, a fictional claim, (fraud or misinterpretation)
4. Claims must be accompanied by the following clearly legible documents:
  - An official or certified copy of the original death certificate
  - A completed official claim form as prescribed by Safrican from time to time
  - Completed BI-1663 and BI-1680 forms
  - Clearly legible certified copies of the deceased member and payee's ID documents in case of third party payments, a certified copy of the third Party's ID documents is required.
  - Either the policy schedule, if available or the application form
  - Police statement, in the event of death due to unnatural causes
  - Bank details and a copy of a bank statement of the payee (or the third party in respect of third party payments) of the benefit

### COMPLAINTS PROCEDURE

1. Please contact Safrican call center and have the following information handy:
  - Policy number
  - Identity number
  - Nature of enquiry
2. Complaints which are not resolved to your satisfaction may be referred to Safrican Legal and Compliance department
3. Complaints which are still not resolved may be referred to the Ombudsman for Long term insurance or the Registrar of Long Term Insurance.

### RIGHT TO CANCEL

After Safrican has accepted the member's application for insurance cover, the member may decide to instruct Safrican to cancel the policy. The member must submit this instruction in writing to Safrican within 3 days after receipt of this policy schedule. The member may only submit such cancellation instruction to Sanlam if no benefits has yet been paid or claimed or the insured event has not yet occurred. Safrican may deduct the cost of any risk cover the member enjoyed under the policy before it was cancelled.

### REPLACEMENT

If this policy is being purchased to replace another policy that has been cancelled or which will be cancelled in the near future, the member should be aware that it might be to their disadvantage to do so. The member must please contact the Safrican call Centre in order to be informed of these disadvantages and consequences and ensure that a policy Replacement Advice Record is completed if applicable.

### Your policy is underwritten by:

Safrican Insurance Company Limited (Safrikan)  
Reg. No. 1935/007463/06  
An authorised Financial Services Provider  
FSP No. 15123  
www.safrikan.co.za

Safrican is authorised to sell the following products:

Long-term Insurance: Category A, B1, B2 & Short Term Insurance  
Personal Lines Safrican holds professional indemnity and fidelity insurance cover.

Should you require assistance or need to fax a claim kindly contact:

#### Safrican Head Office

First Floor, 195, Jan Smuts Avenue, Rosebank, 2000  
PO Box 1z6, Johannesburg, 2000  
Tel: +27 778 8000  
Fax: (011 778 8183  
Claims Fax: 0866 773 224

If you have any reason to complain, kindly contact the Compliance Officer of Safrican on the details set out below.

#### Compliance Officer

Postal Address: P.O. Box 616, Johannesburg, 2000  
Fax: 011 778 8183

**E-mail: [compliance@safrikan.co.za](mailto:compliance@safrikan.co.za)**

Should a complaint not be resolved to your satisfaction, you may escalate the complaint to either the FAIS Ombudsman or the Long-term Insurance Ombudsman whose details are set out below. Note that you must be able to show that you have already attempted to resolve the matter with Safrican first.

#### FAIS Ombudsman Financial Services Board

Postal Address: P.O. BOX 7457 , Lynnwood Ridge, 0040  
Tel: 012 470 9080  
Fax: 012 348 3447  
**Email: [info@fsca.co.za](mailto:info@fsca.co.za)**

#### The Ombudsman of Long-term Insurance

Private Bag x45. Claremont, 7735  
Tel: 021 657 5000  
Fax: 021 674 0951  
**Email: [info@ombud.co.za](mailto:info@ombud.co.za)**



## SUMMARY OF THE TERMS AND CONDITIONS FOR RERIS FAMILY COVER SCHEME

### General

The Insured must complete an application form specifying his/her Qualifying family members. Any incorrect information provided to the administrators may result in a claim not being honoured. Only valid claims due to accidental death will be paid immediately (i.e. there is no waiting period), provided that the first premium was received.

### Debit order procedure

The Debit Order will run on the 1st day of each month. However, should payment not be received by the 15th day of each month, your cover will lapse. Safrican may, however reinstate your cover on conditions, which it may lay down from time to time.

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

### CLAIM PROCEDURES:

In the event of a death, a claim Notification form must be requested from Phakama's office, and must be submitted together with the relevant supporting documents within six (6) months of the date of death.

#### Documents to be submitted.

- Fully completed Notification Form
- Proof of death: (B1-5) original certified copy of the computer produced Death Certificate; certified copy of Principal insured's ID.
- Certified copy of Insured's Identity Document.
- Certified copy of deceased's Identity Document.
- Copy of Membership Certificate.
- Certified copy of marriage/registration certificate or sworn affidavit that the Insured is married to the Qualifying Spouse or that the Insured has lived with his/her partner for at least 6 months.
- Full time student: Letter from recognised education institution.
- Disabled child: Confirmation or disability grant and a copy of medical report relating to disability.
- In the event that a child's surname is different from the principal insured, an affidavit is required to explain the nature of the relationship to the principal insured.
- Stillborn child: Certified copy of death certificate and the Notification/Register of Death/Still Birth (83/B1-1663) form, as well as a letter from the doctor/hospital in attendance, confirming the duration of the gestation period.

Claims, in respect of Family Members (Qualifying Spouse, Child, Parents or Extended Family), will only be paid where such Family Members have been nominated on the original application/amendment form.

Safrican reserves the right to request any further documentation or information as it may deem necessary to accurately assess a claim. Safrican will endeavor to settle the claim within 48 hours of receiving all of the required fully completed documentation.

All copies must be clearly certified. The details of the Commissioner of Oaths with all the relevant details must be clearly legible. If at any time you have any concerns or complaints please send details of your issue including policy information and full names of the Insured in order to assist in speedy resolution to the following:

#### **Phakama {Administrators}**

Tel: (012) 348 8310

Fax: 086 514 1145

**Email: [info@phakama.co.za](mailto:info@phakama.co.za)**

**Or**

#### **Safrican Insurance Company:**

Postal Address: P.O Box 616, Johannesburg, 2000

Tel: 011 778 8000

Fax: 011 778 8183

**E-mail: [service@safrican.co.za](mailto:service@safrican.co.za)**

Should a complaint not be resolved to your satisfaction, you may escalate the complaint to the Ombudsman at FAIS Ombudsman. (For complaints about how the policy was sold to you)

Postal Address: P.O. BOX 7457 , Lynnwood Ridge, 0040

Tel: 012 470 9080

Fax: 012 348 3447

**Email: [info@fsca.co.za](mailto:info@fsca.co.za)**

The Ombudsman of Long-term Insurance (For complaints about policy terms or a claim not paid)

Private Bag x45. Claremont, 7735

Tel: 021 657 5000

Fax: 021 674 0951

**Email: [info@ombud.co.za](mailto:info@ombud.co.za)**



#### **HEAD OFFICE**

Shop No 4, 33 Songozwi Street Makhado 0920



**Tel: 015 516 1599**



**Email: [support@reris.info](mailto:support@reris.info)**



**Website: [www.reris.info](http://www.reris.info)**



#### **THOHOYANDOU OFFICE**

Office No C5, Sabina Plaza Thohoyandou 0950



**Tel: 015 962 0022**



**Email: [support@reris.info](mailto:support@reris.info)**



**Website: [www.reris.info](http://www.reris.info)**



**DAVID MURERI**  
FINANCIAL SERVICES  
1/4 RERIS INSURANCE BROKERS