

READ FACT SHEET AND KEEP AS YOUR RECORD

UNITED NATIONAL TRANSPORT UNION VOLUNTARY GROUP FUNERAL PLAN

PO Box 31100, Braamfontein, 2017
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Gauteng. 8001

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Juristic Representative for:



JM BUSHALIFE (Pty) Ltd. FSP NO: 45776

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P.O. Box 31250, Braamfontein, 2017. South Africa
Web. www.jmbusha.com E admin@jmbusha.com
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Underwritten By:

Safrican Insurance Company Limited – Reg. No: 1935/007463/06

Authorised Financial Services Provider FSP No: 15123

1. DESCRIPTION OF BENEFITS:

The Principal member can select his/her own option of funeral benefits as set out in the Application form.

The Principal member, his/her spouse and immediate dependent children will be covered according to the Option selected by the scheme member as set out in the tables below

- a) This Paid-up Funeral Plan covers the Principal/scheme member on permanent Disablement, Retirement and on Death.
- b) Which means;

1.1 In the event the principal member becomes totally and permanently disabled the premium deductions stop; the Principal member and his/her family remains covered until the principal member reaches cessation age or dies. Subject that the children will remain covered until their limited ages.

1.2 In the event the principal member dies before he/she reaches normal retirement age 63 years. Premium deductions stop; The Death benefit is paid to the beneficiaries plus a Paid-up certificate is issued that covers the surviving spouse (if applicable) and the dependent children. The spouse will remain covered until the Principal member would have reached age 63 years. Subject that the dependent children will remain covered until their limited age as set out below.

1.3 When the Principal member reaches normal retirement age 63 years his/her premium deduction stops. The Principal member and his/her spouse, and if applicable a mentally disabled child until death.

In the event of a principal member becomes disabled, dies or reaches retirement age 63 years premium payments stop. It is the responsibility of the principal member or the beneficiary to apply and submit the Claim Documents to Cape Funeral Solutions or Safrican Insurance Company

The Principal Member can increase his/her Funeral Benefits from time to time; Subject that the increase portion will have a (6) six months Waiting Period. The Principal Member may also insure/cover his/her Extended Family Members.

SUBJECT TO THE FOLLOWING:

All paid-up benefits cease at the earliest of;

- On the withdrawal date of the Principal member, or
- The premiums are not paid, or
- If the Funeral Plan is dissolved.
- Divorced spouses are not cover

2. DEFINITION OF PARTICIPANTS:

The following words and expressions used in this Funeral Plan have been defined to prevent any doubt about their respective meanings.

Principal Member: is any person between ages 18 and 62 who is a Transnet employee or a UNTU member can join the UNTU Group Funeral Plan. A UNTU member who is a member of an Existing Funeral Scheme underwritten by Safrican; or any other insurer; and who has been a member for at least (12) twelve consecutive months of the said Funeral scheme can also join this Funeral Plan. Furthermore, the waiting period for these members will be waived subject proof of membership is provided. The Principal member must live and work in South Africa.

Spouse: is the legal or common-law husband or wife, A Relationship/Partnership between (2) two people who lived together as husband and wife for at least (6) six consecutive months before the date of death of the spouse

It includes a relationship between two (2) persons of the same gender. The principal member may cover/nominate a maximum of (2) spouses under the Plan; subject that Divorced spouses are not covered. A Spouse may not be older than the maximum entry age 62 years

Child is an unmarried child of the principal member who is not yet 21 years. The 21 years' age limit will be extended to age 25 years if a child is a full-time student at a registered education institution. A child is not covered if he/she studies part-time or via correspondence. A child younger than (18) eighteen years, and does not qualify to be an eligible child (as explained above) but is financially dependent on the Principal member. Proof of dependency should be provided at Application and Claim stage.

Stillborn: is a child that has had at least twenty-six (26) weeks of intra-uterine existence, but show no sign of life after complete birth. A maximum of two (2) Stillbirths per family will be payable during the life of the policy.

3. **CLAIMS PROCEDURE:**

- In the event of a disablement, retirement or death, the Principal member or his/her next of kin or beneficiary must inform Cape Funeral Solutions, JM Busha Life or Safrican Ins. Co immediately about the event.
- The following documents must be submitted. Included, but are not limited to:
 1. Fully completed Safrican Claim Notification Form.
 2. Proof of Death; Clear Certified copy of Death Certificate.
 3. A clear copy of the Notification of Death (BI-1663) Form.
 4. Clear certified copy of the Deceased Identity document. Stamp Deceased.
 5. Clear Certified copy of the Principal member's identity document or if the principal member is the deceased; a clear certified copy of the Beneficiary's Identity document must be supplied.
 6. Clear Certified copy of marriage certificate (if applicable)
 7. Latest bank statement of the beneficiary. (To check for the correctness of the Bank Details)
 8. Latest pay slip of Principal member.
 9. In the event of a claim for a full-time student. Proof the deceased was a full-time student studying at a recognized educational institution, together with the last academic report, must be submitted.
 10. Failure to submit the required documents may delay payment of the claim.

Failure to submit all required supporting documentation within six (6) months from the date of death may result in the benefit being forfeit.

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

- a) Safrican will settle claims within 48 working hours, provided all the required claim documents have been received.
- b) And correctly certified by a Commissioner of Oaths or at the Police Station.
- c) Safrican Ins. Co. do not accepted Documents certified by a Postmaster or a Post office official.
- d) Affidavits in any form is not accepted by Safrican.
- e) Claim documents sent by Post must be sent via registered mail.

4. **PAID UP POLICY ON RETIREMENT:**

Cover will be reduced where Principal Members joined the scheme within 10 years of retirement, as follows;

<u>Period from entry to the scheme Until Cessation Age</u>	<u>Percentage Payable</u>
0 – 2 years	Nil
3 years	30%
4 years	40%
5 years	50%
6 years	60%
7 years	70%
8 years	80%
9 years	90%
10 years	100%

5. **INSURABLE INTEREST:**

Please note that all persons insured under the policy must be related to the principal member and/or policy payer, and the principal member and/or policy payer must have an insurable interest in all insured persons under the policy.

6. **DISCLOSURE:**

JM Busha Life (Pty) Ltd. FSP No: 45776 is authorized to market and advice Long-Term Insurance subcategory A, B1, B2.

Safrican Insurance Company Ltd. FSP No: 15123.is authorized to sell the following products: Long-Term Insurance subcategory A, B1, B2.Safrican holds Professional Indemnity and/or Fidelity insurance cover

If you have any reason to complain, Kindly contact victorswartz@mweb.co.za or compliance@safrican.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: You must be able to prove that you have already attempted to resolve the matter with Victor Swartz and the compliance officer of Safrican first.

FAIS Ombudsman
Financial Services Board
P.O. Box 74571, Lynnwood Ridge, 0040
Phone No: (012) 762 5000 Tele Fax (12) 348 3447
E-mail: info@faisombud.co.za

The Ombudsman of Long-term Insurance
Private Bag X45, Claremont, 7735, Western Province
Tel: (021) 657 5000 Share call: 0860 103236 Fax: (021) 674 0951
E-mail: info@ombud.co.za

7. TREATING CUSTOMERS FAIRLY:

A new framework has been introduced by the Financial Services Conduct Authority (FSCA) called Treating Customers Fairly (TCF). The aim of the framework is to standardize the financial industry in accordance with the way customers are to be treated.

In terms of TCF as a client or potential client you have the right to know that:

- 1) You are dealing with a broker where the fair treatment of customers is central to the broker's culture.
- 2) Products and services marketed and sold in the retail market are designed to your needs and are targeted accordingly.
- 3) You are given clear information and are kept appropriately informed before, during and after the time of contracting.
- 4) Where you receive advice, the advice is suitable and takes into account your circumstances.
- 5) You are provided with products that perform as the intermediate has led you to expect, and the associated service is both of an acceptable standard and what you have been led to expect.
- 6) You do not face unreasonable post-sale barriers to change product, switch provider, submit a claim or make a complaint.

8. DEBIT ORDER PROCEDURE:

- Premiums will be deducted from the member's bank account on the 27th each month; or any other day of the month as specified under the Debit Order Authority section.
- If a debit order is not honored for whatever reason on the deduction date, the member must provide sufficient funds for a double deduction the following month;
- If the double debit order deduction is not honored the policy will lapse immediately.
- It is the member's responsibility to check that his/her premium is deducted each month. If the premium is not deducted the member must contact Cape Funeral

Solutions on 074 189 6871/ 062 138 5021 or Safrican Cape Town phone No;
021 405 1802 immediately.

I understand that the signed Application form must reach Cape Funeral Solutions office (10) ten working days before the elect withdrawal date, otherwise the withdrawal will commence from the next month.

Application Form

UNITED NATIONAL TRANSPORT UNION VOLUNTARY FUNERAL BENEFIT PLAN

1. PERSONAL DETAILS OF PRINCIPAL/ MAIN MEMBER:

PLEASE PRINT CLEARLY:

<u>NEW APPLICATION</u>		<u>ADD EXTENDED FAM MEMBERS OR INCREASE BENEFITS</u>						
SURNAME:			FIRST NAMES:					
PRINCIPAL MEMBER ID. NO:				EMPLOYEE NO:				
COUNTRY OF BIRTH:			NATIONALITY					
COUNTRY OF RESIDENCE								
MARITAL STATUS	SINGLE	MARRIED	DIVORCE D	WIDOWED	LIFE PARTNER			
GENDER:	MALE		FEMALE					
SPOUSE FULL NAMES:			IDENTITY NO:					
2 nd SPOUSE FULL NAMES:			IDENTITY NO:					
PRINCIPAL CELL NO:			EMAIL:					
RESIDENTIAL ADDRESS:								
POSTAL CODE:								
POSTAL ADDRESS:								
POSTAL CODE:								
EMPLOYER NAME:								
ADDRESS:								
POSTAL CODE3:								
DIVISION		WORK PHONE NO:						
Method of INCOME		Salary						
MONTHLY SALARY	BELOW R 10 000	R 10 000 – R 20 000	R 20 000 – R 30 000	R 30 000 – R 50 000	ABOVE R 50 000			
METHODE OF TRANSACTION: Employer Stop Order Bank Debit Order								
PREFERRED MODE OF COMMUNICATION		SMS		WHATSAPP		E-MAIL		

2. IMMEDIATE DEPENDANT CHILDREN:

NAME & SURNAME	IDENTITY NO./DATE OF BIRTH											SON/DAUGHTER		

3. DEATH COVER TABLE WITH PAID-UP BENEFITS AND PREMIUM RATES:

PARTICIPANTS	OPTION A	OPTION B	OPTION C
Principal/Main Member	R20 000	R 30 000	R 50 000
Spouse/Life Partner	R15 000	R 20 000	R 30 000
Children between 21 and 14 years	R10 000	R 15 000	R 20 000
Children between 13 and 6 years	R 5 000	R 7 500	R 10 000
Children between 5 and 1year	R 3 000	R 5 000	R 5 000
Children from 11 months to Still born	R2 000	R 3 000	R 3 000
MONTHLY PREMIUM	R52,04	R66,30	R106,20
Tick Option Required			

NB: (6) SIX MONTHS WAITING PERIOD STARTS ONCE FIRST PAYMENT HAS BEEN RECEIVED BY SAFRICAN INS. CO.

4. EXTENDED FAMILY MEMBER DEATH BENEFITS AND PREMIUMS:

A Principal/Main Member must first join the Funeral Benefit Plan before Extended Family Members can be insured/covered.

Type of Cover: Voluntary Death Benefit Payable until Death.
Minimum Entry Age: 18 year
Maximum Entry Age: 94 years
Waiting Period: 6 Months for Extended family members below 75 years and 12 Months for extended family members over 75 years.

Extended Family Members Age Groups	R5 000	R10 000	R15 000	R20 000	Waiting Period
Wider Children					
From 18 to 64 years	R19.55	R39.05	R58.60	R78.10	6 Months
Between ages 65 and 74 years	R49.50	R99.45	R149.15	R198.85	6 Months
Between ages 75 and 84 years	R71.00	R142.00	R213.00	R284.00	12 Months
Between ages 85 and 94 years	R94.00	R189.35	R284.00	R378.70	12 Months

5. EXTENDED FAMILY MEMBERS:

NAME & SURNAME	IDENTITY NO/DATE OF BIRTH	RELATIONSHIP	PREMIUM AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
TOTAL MONTHLY EXTENDED FAMILY PREMIUM TO BE DEDUCTED			

PLEASE NOTE: The correct ID number or date of birth must be provided. **The scheme member must have an insurable interest with the Extended Family Member he/she wants to insure/cover.**

6. MONTHLY PREMIUM CALCULATIONS:

CATEGORY OF BENEFITS	SECTION	Premium Amount
Principal/Main Member Benefit.	3 ABOVE	
Extended Family Member Benefit	5 ABOVE	
TOTAL MONTHLY PREMIUM		

7. BENEFICIARY DETAILS:

FIRST NAMES:		SURNAME:	
IDENTITY NO:		RELATIONSHIP TO YOU	
RESIDENTIAL ADDRESS:			
		POSTAL CODE	
CONTACT NO:			

8. DECLARATION OF APPLICANT:

I declare and agree to the following Terms and Conditions;

- a. I hereby apply to join the UNTU Funeral Benefit Plan in accordance with the Terms and Conditions of the Fact sheet and the Master Policy Contract.
- b. I declare that I have read and understand the terms, conditions, benefits and cost as reflected on the Fact sheet and the Application Form.
- c. I am aware that I must provide Safrican Insurance Company details of my Common Law Spouse, Life partner, illegitimate children and Stepchildren at a date within (1) one month of the respective dependent becoming eligible for cover. Failure to submit such information could result in delays or repudiation of a claim.
- d. I am aware I must inform Safrican in writing within (3) three months of the birth of any eligible children in order that the children names could be added onto the membership certificate..
- e. I agree to keep Safrican informed of any changes in my banking details, contact details and marriage status

- f. I understand and agree that subject to the waiting period for death by natural causes; Safrican will only be Risk once this application is accepted and the first premium has been received by Safrican.
- g. I hereby state that I am Financially Responsible for assistance in respect of any Funeral cost for all dependents as reflected above.
- h. I understand that the Funeral Plan is offered to me on a NON-ADVICE basis, and should I need further assistance regarding the Plan, I may contact Cape Funeral Solutions on the phone numbers provided on the Fact Sheet.
- i. I am aware Safrican pays Cape Funeral Solutions a commission for services render which is included in the premium.
- j. I declare that this Application Form has not, neither has part thereof been completed by anyone representing or purporting to represent me as the Principal Member.
- k. All information provided on this Application Form is True, Correct and complete and will form the basis of the UNTU Funeral Plan. I understand that any misrepresentation or false information can lead to the cancellation of my selected benefits, in which case all moneys paid to Safrican will be forfeited.
- l. I understand that I have a (30) thirty days cooling - off period from receipt of the Membership Certificate to examine the UNTU Funeral Benefit Plan.
- m. Subject that no Death or other claims has taken place in this period. I may elect not to take up the Plan, and will inform Safrican in writing of my intentions not to accept the Plan. All premiums already paid will be refunded, less the cost of any Risk Cover.
- n. The Principal Member or Safrican may cancel this Plan at any time on giving the other party (3) three months written notice.
- o. I the undersigned confirm that I have read this declaration and understand and accept the Terms thereof.

PRINCIPAL MEMBER SIGNATURE: **X**.....

PRINT FULL NAME:

DATE:202.....

DEBIT ORDER AUTHORITY:

I the undersigned hereby authorize Safrican Insurance Company (Safrican) to start my first debit order withdrawal from my bank account from the 27th of202..., and thereafter on the same day every month; unless specified otherwise on the day of the month, and monthly thereafter, with any future possible increase on the benefit/cover. I understand if the withdrawal day falls over a weekend my debit order will be deducted on the Monday following.

BANK NAME:

ACCOUNT HOLDER NAME:

ACCOUNT NO:

BRANCH CODE:

TYPE OF ACCOUNT:	CHEQUE A/c:		SAVINGS A/c:		TRANSMISSION A/c:	
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ACCOUNT HOLDER SIGNATURE: X

DATE:202.....

**DULY COMPLETED AND SIGNED APPLICATION FORMS FROM PAGE 7
TO 12 E-MAIL BACK TO: victorswartz@mweb.co.za,
admin@jmbusha.com OR HAND THE APPLICATION FORMS TO AN
UNTU OFFICIAL**