

# **RIROTHE FUNERAL SERVICES BURIAL COVER APPLICATION FORM**

For office use only			Application No:					Clien	Client No:				
	Policy number:												
Details of principal insurance proposer/ holder													
Title: Gender:													
Surname: First names:													
Date of birth: SA ID/Passport:													
Merital status:	married					divorc	ed						
Cell number:		Telephone (W	V): Email:										
Residential/ Physical address: Postal address:													
Employer			Occupation:										
Details of premium payer if different from principal insurance holder													
Title: Gender:													
Surname: First names:													
Date of birth:			SA ID/Passport:										
Merital status:	si si	ngle:			married			divorc	divorced				
Cell number:	Telep	ohone (W):	Email										
Residential/ P	hysical address:					Postal ad	ddress:						
Relationship t	o principal member:	mother	·			father	Child			Other specify:			
Details of Sp	oouse												
Surname:			First nam	es:									
Date of birth:			SA ID/Pa	ssport:									
DETAILS OF	DEPENDENTS					1							
Surname		_			SA ID/F	SA ID/Passport:			Relationship to policy holder				
Extended family members													
Surname First names			3			SA ID/Passport:				Relationship to policy holder			
										_			
										_			
Premium Payer's Signature Date:													

Beneficiary details												
In the event of death of the principal insured, the benefit will be paid to the beneficiary nominated below:												
Surname: First names: SA						D/Passport:		Relationship	Relationship			
Payment Details												
Mode of payment:	Stop	Order:				Debit Order:			Cash:			
Frequency: Monthly:						Half-yearly:			Yearly:			
Day: Month: Year:												
Policy Commencement date: 01								······				
								Bur	ial Plan	Premium		
	e.g	e.g Executive		R220.00								
									(R5000)			
Family								_				
Society			•									
Total Extended Family a								-				
	lotal	Premiur	n					R	R			
Bank details												
Name of bank:												
Branch:		Branch code:										
Name of Account Holde		Account Number:										
Debit order day (please tick): 7 <sup>TH</sup> 15 <sup>TH</sup>						22 <sup>ND</sup>		Last day of the month				
Debit order day (please tick): 7 <sup>TH</sup>				10		<b></b>			Last day of th	ie month		
Debit order deduction authority (Applicable to debit order payment only)												
I hereby authorize Rirothe Funeral Services to commence a debit order withdrawal from my account on the debit day selected and monthly thereafter, with a												
possible percentage increase each year, for premium applicable for the cover selected. I understand that the debit order will be run on the date selected; if for												
whatever reason it is not honored, 2 (two) withdrawal runs will be submitted the next month. In the event of this run not being dishonored, the policy will lapse,												
subject to the grace period as stipulated under the terms and conditions. No cash payments are acceptable for arrear or any other premiums. I understand that												
this signed document is required in Rirothe Funeral Services offices 10 (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.												
Premium Payer's Signature Date:												

COMPLIANCE CHECKLIST						
A. Intermediary status:						
Has the sales representative:						
1. Disclose his/her designation?	YES	NO				
2. His/her contact details?						
3. Disclosed his/her fit and proper status						
B. ADVICE:						
Has the intermediary disclosed the following information to you;						
1. The name, type of policy and premium?						
2. Type, extent and limitation of the benefits?						
3. The waiting period?						
4. The registered name and address of the insurer?						
5. Commission and remuneration payable to the intermediary?						
6. 30 days cooling off period						
7. The claims notification procedure?						
C. WAITING PERIODS:						
Has the intermediary disclosed that your policy has the following waiting period?						
1. There is a 1 month waiting period for claims due to natural causes in all benefits before the 31st May 2023 and will be 6 months from thereafter.	YES	NO				
2. Only claims due to accidental death will be paid after a waiting period of 1 (one) month, provided that premiums were received.						
3. Suicide will not be covered during the first 2(two) years of membership from the commencement of the policy.						
4. Should a member select a higher benefit than the currently enjoyed, the waiting period mentioned above will apply on the improved benefit.						
5. Where premium payments are missed then resumed, the original waiting period will apply from the date payment of premiums is resumed.						
D. DEBIT ORDER						
Has the intermediary disclosed that the debit order will be lodged on the date as selected by yourselves. In the event of the Debit Order not being honored on the	YES	NO				
due date, two debit order amounts will be run the next month. At this run, should the debit order still not be honored the policy will lapse without further notice.						
TERMS AND CONDITIONS						

In the event of the death of any covered life (i.e. Principle Member, Spouse, Eligible Children, Wider Children and/or Extended Family Member) away from home, the repatriation benefit can be used by the family of the deceased to transport his/her remains back to the deceased's home. It starts paying from 100 km and above, and this benefit has the following benefit structure: The maximum sum assured for this benefit is R18 410, i.e. R7 per km multiplied by the maximum distance covered of 2 630 km (driving distance from Cape Town to Vilanculos, Mozambique). Accommodation for a maximum of one night, for a single relative accompanying the mortal remains to the place of burial. The maximum amount payable for accommodation is R500.

## PLAN REVIEW

• The rates are not guaranteed for any term. Rirothe Funeral Services reserves the right to do a review on the plan annually or at any point in time should the claims ratio deteriorate or should there be any material changes in the make-up of the policy, such as the number of members, the average age of the group, nature of business, or any other criteria that may affect the risk profile. The premium increase will be done once per annum and will not be linked to any commensurate increase in policy benefits.

• A notification of 3 (three) months will be given to the Policyholder after review, to either

• Accept and pay the revised premium rates; Request for a benefit reduction; or cancel the policy.

- Failure to pay the revised premium will result in Rirothe Funeral Services implementing a benefit reduction or canceling the policy.

### SPECIAL CONDITIONS FOR SOCIETY AND FAMILY MEMBERS

• Minimum of 10 Principal Members at all times. Rirothe Funeral Services reserves the right to cancel the fund should the membership fall below 10, by giving the Policyholder 1 (one) month notice of its intention.

One Basic Funeral benefit structure per group of Principal Members.

· Cover ceases on prior withdrawal or death of the Principal Member, or cancellation of the fund.

• Fully completed individual application forms must be submitted at inception, thereafter, immediately when new members join.

• Membership data must be submitted monthly and it must tally with the premium's contribution.

Only 2 stillbirth claims will be accepted per family during the term of the policy.

• Only a maximum of 2 Spouses may be covered during the life of the policy.

• Payment of benefits in respect of the Common Law dependents or Customary Marriages shall only be made if full details of such dependents have been submitted to Rirothe Funeral

Services at the date the Principal Member joined the scheme.

• If there are any changes in the member's status in this regard during membership, these details must be furnished to Rirothe Funeral Services within 1 (one) month of the occurrence of

the event - failure to do so will result in the benefit being forfeited.

• No premiums will be refunded on withdrawal of the Principal Member or any nominated person.

• Payment of benefits in respect of the Common Law dependents or Customary Marriages shall only be made if full details of such dependents have been submitted to Rirothe Funeral

Services at the date the Principal Member joined the scheme.

#### **EXCLUSIONS**

All Benefits will not be paid if death is directly or indirectly caused by or attributable to:

· Terrorism or war (whether declared or not).

· Radioactive contamination, whether directly or indirectly.

· Death as a result of illegal activities.

• Death due to suicide will not be covered during the first 12 months after the cover commenced for that individual.

• Divorced spouses at inception of the policy are not covered, and cover for spouses who divorce during the term of the policy will cease immediately on divorce.

### GRACE PERIOD

• After the first premium is paid, a Grace Period of 1 (one) month will be allowed for the payment of future premiums.

• The Plan will remain in force during the Grace Period.

• If the arrear premium for a Grace period and the premium due for month after a Grace Period are not paid by the end of the second month, the Plan will lapse.

#### LAPSE PERIOD

Plan will lapse if two consecutive premiums are missed (this includes the Grace Period)

#### CANCELLATION

After the 31 days cooling off period has ended, the policyholder as well as Rirothe Funeral Services reserves the right to cancel this Policy at any time after giving the other party 1 (one) month written notice of such intention.

#### FRAUDULENT CLAIMS

If any fraudulent claim is made against this Policy, Rirothe Funeral Services will be under no further obligation whatsoever to pay this claim, and shall, at its own discretion, be entitled to cancel the policy with immediate effect.

# Premium Payer's Signature .....

Date: .....

