Application Form

MEMBERSHIP NUMBER

☐ Essential Plan ☐ Comprehensive ☐ Comprehensive Plus ☐ Premium ☐ Premium Plus

SAPAWU Membership Number | TOTAL PREMIUM

MEMBER DETAILS:

Title | Initials | Gender F M | D.O.B. D D M M Y Y Y Y

Surname | Name(s)

I.D. Number

Postal Address | Residential Address

Contact Number (H) | (C)

SPOUSE DETAILS:

Title | Initials | Gender F M | D.O.B. D D M M Y Y Y Y

Surname | Name(s)

I.D. Number

Dependants Details	Relationship	I.D Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Extended Family	Relationship	I.D Number
1		
2		
3		
4		

Consultant Name :_____

Client Signature :_____ Date :_____

STOP ORDER REQUEST FOR: INSURANCE																
Policy No																
PERSAL No																

For use in respect of Insurance by all Government Departments in the Republic of South Africa					
I, the undersigned:					
Full Name & Surname			ID No		
Hereby authorise the Accountant of the Department of					
To deduct	R	For the month of		20	& monthly thereafter the amount of
R	From my salary and remit it to AFRICAN UNITY LIFE LTD (Reg No: 2003/016142/06)				

INSTITUTION CODE: 0292
Until such time as I cancel this authorization in writing or substitute it with a new authorisation. Should the relevant premium be adjusted by the Company / Institution, I confirm that such increases may be deducted from my salary until such time as I cancel or replace this authorization in writing.

AUTHORIZATION					
Signed at		On this		Day of	20
Signature					
PROCESSED					
Accountant				Date	

TERMS AND CONDITIONS

1. Any person with a South African Identity can join who is 16 -99 years (under 18 should bring consent from the guardian. If no guardian is available an affidavit).
2. Children with physical challenges are covered under parents even when they are over 21 years.
3. There is no medical underwritng required.
4. No waiting period, after first payment they become full members
4.1. For extend family, the waiting period is 3 months.

WAITING PERIODS

1. 24 months waiting period for suicide cases.
2. Child is covered under the parent until he/she turns 21 years, full time students are covered under parents until he/she turns 25 years
3. Pregnancy should be reported within 3 months.

IF DEATH OCCURS:

1. Report to our offices within 6 months
2. If the deceased is at home, contact us on the following numbers 0860007580 or 0797926827, do not contact other funeral parlours since they will charge and families will be responsible for the cost of the removal and storage.

WHAT WE DO NOT COVER

1. We don't provide the service if your premiums are not paid up to date.
2. Icebolethu will not bury relatives which are not covered by our scheme.
3. Funerals are not done on credit, if it's a cash funeral it must be paid in full before funeral.

SPECIALS

1. You can get 10% cash back if you have never claimed in 5 years and you have been paying your premiums monthly without fail on the selected date. Clients who joined after 1 July 2014 will claim their 10% cash back after 5 years.
2. If you do not have a membership card you will pay for transportation if the distance is above 50KM from our mortuary.

DECLARATION: By signature hereto, I confirm that I have undestood the terms & conditions attached to this policy. Unless otherwise stated at the time of claim under this policy, I hereby instruct Icebolethu Funerals to pay the cover amount payable on claim to Icebolethu Burial Services. This amount is to be used to conduct a funeral service as per the specifications under my chosen plan.

Client Name :_____

Client Signature :_____ Date :_____

Underwritten by:

AFRICAN UNITY LIFE

Consultant Name :_____

Contact Number :_____ Date :_____