APPLICATION FOR VOLUNTARY FUNERAL ASSURANCE

New Application ☐ **Amendment to Existing Policy** ☐

Package: Individual Cover ☐ **Family Cover** ☐ **Family Cover plus legal** ☐

Branch Name:_____

Membership Inception date:_____/_____/_____.

Name Funeral Scheme:_____**Plan No**:_____

PRINCIPAL MEMBER'S DETAILS **Scheme No:**_____

SURNAME:	FIRSTNAMES:	DATE JOINED COMPANY:	STAFF NUMBER:
DATE OF BIRTH:	IDENTITY NO:	MARITIAL STATUS:	TELEPHONE NO:
PHYSICAL ADDRESS:			CODE
POSTAL ADDRESS:			CODE

SPOUSE'S DETAILS

SURNAME:	FIRST NAMES:	IDENTITY NUMBER	DATE OF BIRTH:

PRINCIPAL MEMBER'S CHILDREN

NAME AND SURNAME	ID NUMBER / DATE OF BIRTH	NAME AND SURNAME	ID NUMBER / DATE OF BIRTH
1		2	
3		4	
5		6	
7		8	

BENEFICIARY NOMINATION:

I hereby nominate the following person, who is my dependant or nominee for any benefits due to be paid from the scheme in the event of my death.

SURNAME & TITLE	FIRST NAME	RELATIONSHIP TO MEMBER	ID NUMBER

Payment Method

ACCOUNT DETAILS (EFT or Deposit)

Account holder: MYSHIELD Burial Society
Bank: Capitec Business
Account Number: 1052385273
Account Type: Current Account
Branch Code: 450105

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 will invalidate any benefit under this Policy and that I undertake to abide by the term s and conditions of the Policy. MyShield Burial Society shall not be liable for any amount until it has accepted this application and first premium. If 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-advise basis, and that should I need to, I may contact MyShield Burial Society for advice and assistance.

PRINCIPAL MEMBER'S SIGNATURE **DATE**

For Office Use only

POLICY NO:	**DATE:**	**MEMBER GROUP NO:**
REFERER NAME:	**REF NO:**	
REFERER'S CODE:		

Policy Terms and Conditions applicable to this policy:

BASIC FUNERAL BENEFITS

Immediate cover is payable on death of the Principal Member, Spouse and Eligible Children as reflected in the policy document.
• The Minimum Entry Age for the Principal Members will be 18 years.
• TheMaximumEntryageforthePrincipalMemberwillbe84years.
• There is nocessation age, the Principal Member is covered until death.
• Only one (1) benefit plan per member, i.e. if one insured live opt for a particular benefit, then it will be compulsory for all insured lives to opt for that particular benefit.
• 6 months waiting period will be applicable for claims in respect of thePrincipal Member, Spouse, and Eligible Children.
• Accidentaldeathclaims willbepaidimmediately providedthatthepolicy is inforce, andwehavereceivedthe1st premium. In other words, no waiting period is applicable.

Memorial Benefit:

An additional 50% of the Basis Funeral benefit is payable immediately on thedeath the Principal Member and Spouse provided that the policy is in force, and we have received the underlying premiums.

Accidental Death Benefit:

This benefit is payable immediately on the accidental death of the insured life (i.e. Principle Member, Spouse or Eligible Children) under a policy. The cover amount is double the basic funeral benefit.

Repatriation Benefit:

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:

I. The maximum sum assured for this benefit is R18 410, i.e. R7 per km (which is the charge out rate quoted by the Company's undertakers) 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.
II. Premium: R10.45 pm is for full family only and each extended family member pays the R10.45 pm each.
OPTIONAL EXTENDED FAMILY COVER:
Extended Family Members who are related and depend on the Principal Member for financial assistance in the event of a death, may be covered. Extended Family Members will only be covered provided that all the required details have been furnished at inception on the application form, and the correct premiums are paid.
• Cannot be taken if compulsory extended family cover is chosen.
• This will be offered on a voluntary basis in addition to the Basic Funeral Plan of the Principal Member only.
• Where an insurable interest exists between the Principal and Extended Members, a maximum of 10 Extended Family Members per principal member may be nominated for
cover. Once selected they may not be changed or replaced within the first policy year. After the policy have received consecutive premiums for a period of 1 year, the Principal
Member will be allowed to make changes to the Extended Plan. The waiting period as stipulated below will be applicable to new additions.
• Minimum Entry Age for the Extended Member is 0 years.
• Maximum Entry Age for the Extended Member is 84 years.
• Extended Family Members do not qualify for any Memorial and Accidental Death Benefit.
• The Extended Family Benefit is limited between R3,000 and R20,000 and may not exceed that of a Principal Member.
• There is 6 (six) months waiting period or unexpired part of the waiting period from the previous insurer for Extended Family Members due to natural causes.
• A minimum of 10 Extended Member per scheme will be required to start an Extended Plan Policy

SPECIAL CONDITIONS

• Minimum of 10 Principal Members at all times. MyShield 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
MyShield 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 MyShield 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
MyShield 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)

REINSTATEMENT PERIOD
Plan can only be re-instated two months after lapse, and unexpired part of the waiting period will be applicable for the Extended Members.

COOLING OFF PERIOD
From the date that MyShield receives this completed application form, there is a 31 (thirty-one) day period in which the applicant still has the option to cancel the policy. MyShield must
be notified in writing to have the policy cancelled and any premiums that may have been deducted, refunded. If no such notification is received within 31 days from receipt of this
document, MyShield will consider the policy taken up.
• Provided that no death or claim has taken place in this period, should he/she elect not to take up the Policy, he/she must inform MyShield in writing of his/her intention not to
accept.
• All premiums already paid shall be refunded, less the cost of any risk cover or administration cost incurred.

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

PLAN REVIEW
• The rates are not guaranteed for any term. MyShield reserves the right to do a review on the plan annually or at any point in time should the claims ratio deteriorates or
should there be any material changes in the make-up of the scheme, 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 of the scheme. 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 MyShield implementing a benefit reduction or cancelling the policy.

DISSOLUTION
On dissolution of the Plan, all MyShield's liabilities towards the existing and any former Principal Members and Dependents will cease as from the day of the last premium received or
the date of dissolution, whichever is the later.

CONTINUATION OPTION
Should a Principal Member cease to be a member of an existing fund, he / she has an option of applying to MyShield for a similar individual funeral policy. MyShield allows for 30 days
after receipt of the last premium for conversion to an individual policy. An unexpired part of the waiting period under the previous cover will be applicable for natural death.

SURRENDER VALUES
There are no surrender values under this Plan. Benefits under this Plan may not be ceded or pledged in any way. No loans are available under this Plan.

FRAUDULENT CLAIMS
If any fraudulent claim is made against this Policy, MyShield 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.

COMMISION
In cases where an intermediary is involved, up to a maximum of 10% commission on Premium received will be payable by MyShield to the intermediary concerned.

POLICY DOCUMENT
The policyholder is entitled to receive policy documents within 31 (thirty-one) days of inception/commencement.

DISCLOSURES

If the fund is existing with another Underwriter, MyShield will require the following documentation:

▪ The name and contact details of the previous underwriter.
▪ The Policy Contract (copy of master policy) to match the existing terms and conditions.
▪ The Claims Experience (ASISA Format) and claims list to match or better the existing rates
▪ The detailed membership data download of all lives insured from the previous underwriter to waive the waiting period for members who completed the initial waiting period.

If the fund is Self-Insured, the following information is required:

▪ Detailed membership data from the Funeral Parlour, Burial Society, applicable rates, age of participants and inception dates
▪ At inception of a Burial Society fund, the Burial Society must provide original receipts and/or books as proof of previous cover, bank statement of the scheme, amounts paid out for claims in case MyShield has to review the waiting period. The initial application forms completed by members at inception and product brochure or society constitution.

Documents Required at Inception of the Fund:

▪ Fully completed proposal form
▪ Remittance advice of first premium paid
▪ Detailed membership list, including names and identity numbers, benefits opted for and the premium applicable per life insured
▪ Fully completed application forms (including contact details of the policy holders) signed by the Principal Members

It is imperative to provide all the information listed above to allow MyShield to generate a proper and accurate rate for the risk profile.
MyShield reserves the right to request any further information it deems necessary to proceed with the quote.

CLAIMS PROCEDURE

In the event of a death, a Claim Notification form must be requested from MyShield office and together with the relevant supporting documents must be submitted to MyShield within the six (6) month period from the date of the death, failure to do so may result in the benefit being forfeited.

Documents that must be submitted:

• Fully completed Claim Notification form.
• Proof of death:
• (B1-5) Original computer produced or faxed certified Death Certificate, or Practitioner or District Surgeon.
• (B1-20) Original or faxed certified Abridged Death Certificate with a Home Affairs stamp and number in black.
• Copy of member's Identity Document.
• In the event of a claim for an unmarried child over the age of 21 but not yet 26, who is a full –time student, confirmation from a recognized education institution must be submitted, confirming full-time study and registration at the institution for the specific year of study (Part-time or correspondence scholars do not qualify).
• For a disabled unmarried child over 21, confirmation of disability must be supplied by means of a Disability Grant confirmation, copy of Medical Report or Medical Aid application.

MyShield reserves the right to request further documentation or information as it may deem necessary to accurately assess a claim.
And, the client reserves the right to file a complaint with the ombudsman regarding non-payment of claims.
MyShield will endeavor to settle the claim within 48 hours, provided all the claim procedure criteria have been met. Faxed copies must be clearly certified. The details of the Commissioner of Oaths with all the relevant details must be clear.