

**PHAMBILI FUNERAL  
APPLICATION FORM**

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Company/Group name		Branch	
Representative name and surname			
Employee number		Inception date	

**THIS IS NOT A MEDICAL SCHEME PRODUCT AND VOLUNTARY TO ALL UMVUZO MEDICAL AID MEMBERS FOR REGISTRATION ON THE PHAMBILI FUNERAL PLAN.**

**A. PHAMBILI MEMBERSHIP OPTIONS (3 MONTH WAITING PERIOD FOR NATURAL DEATH)**

Basic option "A" single (as per brochure)	R10 000	R15 000	Basic option "B" family (as per brochure)	R10 000	R15 000	R
	R19.25	R28.90		R43.45	R65.30	
<b>Extended family (brochure)</b>	Total per age category and cover amounts as per tariffs on brochure (additional to basic option) (E)					R
<b>Value add's "F"</b>	Total of Value-Added benefits as per table in "F" on application form					R
<b>Total monthly premium</b>	One basic option as per Phambili Funeral OR Extender Plan + Extended Family (E) + Value add totals (F)					R

A binder of 12.5%, a commission of 10% are included in your gross premium. Your premiums are guaranteed for the first 12 months. Premiums are payable monthly. Unpaid premiums outside the 31-day grace period (see "G") may result in a cancellation policy. Note that any increase in the premium will be notified to the Main Member 31 (thirty-one) days prior to the change taking effect. Inception of your policy is subject to the first premium being received by the Insurer.

**B. DETAILS OF MAIN MEMBER (3 MONTH WAITING PERIOD FOR NATURAL DEATH)**

First name													
Surname													
Identity number													
Gender	Male			Female			Marital status						
Cell number													
Tel number													
Email address													
Physical address												Code	
Postal address												Code	
Umvuzo Health medical scheme member number (compulsory)													

**C. NOMINATED BENEFICIARY (100%) (ALL PRODUCTS)**

First name													
Surname													
Identity number													
Gender	Male			Female			Relationship to the Main Member						
Tel number							Cell number						

**D. NOMINATED DEPENDANTS (SPOUSE AND CHILDREN) (PHAMBILI)**

Surname	Full name	ID											Gender			
Spouse															M	F
Child 1															M	F
Child 2															M	F
Child 3															M	F
Child 4															M	F

Cover available for dependent children up to the age of 21 to 25 years, provided that they are dependent full-time students.

**E. DETAILS OF ADDITIONAL CHILDREN & EXTENDED FAMILY (PHAMBILI)  
(WAITING PERIOD OF EXTENDED FAMILY IS 6 MONTHS / ADDITIONAL CHILD, 3 MONTHS)**

Surname	Full name	ID	Gender	Premium
Extended 1			M F	
Extended 2			M F	
Extended 3			M F	
Extended 4			M F	
Extended 5			M F	
Extended 6			M F	
Extended 7			M F	
Extended 8			M F	
Paying Child 1			M F	
Paying Child 2			M F	
Paying Child 3			M F	
Paying Child 4			M F	
Any Child over the age of 21 (or over the age of 25 if a full time student before attaining 25) can be covered as extended.			Total premium "E"	

**VALUE-ADDED OPTIONS (PHAMBILI)**

**F. TOP-UP OPTIONS (FAMILY COVER INCLUDES 4 LIVES: MAIN, SPOUSE, 2 CHILDREN)  
(6 MONTHS WAITING PERIOD APPLY TO NON-GUARDRISK PRODUCTS)**

Option	Principal	Family	Total
Repatriation**		R15.00	R
Commuter* (Accidental death included public transport)		R15.00	R
Prepaid**	R 2.00	R 3.00	R
Grocery voucher (R3 750) - main member only**	R 9.30		R
Grocery voucher (R7 500) - main member only**	R18.50		R
Electricity voucher (500 x 3 months) - main member only**	R 9.20		R
Electricity voucher (500 x 6 months) - main member only **	R18.50		R
Total premium "F"			

\* Guardrisk product | \*\* Non-Guardrisk products

**G. DECLARATION IN RESPECT OF LONG-TERM INSURANCE PRODUCTS**

I hereby apply for the "GROUP" Family Funeral Plan in accordance with the conditions and exclusions of the plan as set out in the quotation and policy document. I understand that a policy summary, including my personal details, chosen benefits and claims procedures (as intended in section 48 of the Long-Term Insurance Act) will be e-mailed or posted to me. In accordance with the Long-Term Insurance Act, I have 31 days from receipt of the section 48 summary to cancel this policy. If this policy is cancelled within 31 days, any payment that has been received will be refunded provided no claim has been lodged or any benefit paid. I am aware of the waiting periods applicable to this policy. I have familiarized myself with the maximum cover for each member of the Family Funeral Plan. There is a limit of one policy per dependent family of the "GROUP" Fund members.

I, the undersigned, hereby declare and warrant that all information supplied herein is true and complete. I am aware and understand that any non-disclosure or misrepresentation of information, which is material to the determination of the risk by Guardrisk Life Limited, may lead to the policy being declared null and void. I am certain that the product for which I am applying meets my needs and feel that I have all the necessary information in order to make an informed decision in respect of the purchase thereof. The long-term policy shall come into force and effect on the inception date, provided that the offer for insurance made by the policyholder by way of the proposal form is unconditionally accepted by Guardrisk Life Limited and the first premium payable in terms of the policy was received by Guardrisk Life Limited.

**H. DECLARATION IN RESPECT OF THE PROTECTION OF PERSONAL INFORMATION ACT**

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013  
Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that your Personal Information collected by Us may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws;
- to enable Us to fulfil our obligations in terms of this Policy;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent.

You understand that if the Administrator/Insurer has utilized your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk or with the Information Regulator once established.

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Main member signature

DATE	Y	Y	Y	Y	M	M	D	D
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Siyavika is an authorised Financial Services Provider FSP 44999.  
Guardrisk Life Limited is an authorised Financial Services Provider 76.