



## Optional for Additional Dependants\*\*\*:

### Additional Dependants:

Cover Amount	R5 000	R15 000	R25 000
1 - 20 years**	R12.00	R27.00	R45.00
21 - 64 years	R19.00	R55.00	R90.00
65 - 74 years	R35.00	R95.00	R170.00
75 - 84 years	R70.00	R200.00	-

- The Monthly Fee excludes the Debit order fee.
- There is a six (6) month waiting period for death due to natural causes for Member and Immediate Family for Voluntary Company take-up.
- There is no waiting period for death due to natural causes for Member and Immediate Family for Compulsory Company take-up.
- Only one (1) Partner (where applicable) may be nominated for these benefits.
- Only five (5) Children (where applicable) may be nominated for these benefits.
- There is a nine (9) month waiting period for death due to natural causes for all additional dependants.
- The cover level for an additional dependant may not exceed the cover of the Member.

\* Any benefit in excess of the Assistance Business Benefit limitations, is provided as multiple policies, unless specified otherwise.

\*\* Any benefits payable in respect of a child is subject to statutory limitations: Children less than 6 (six) years, R10 000 (ten thousand rand); children 6 (six) to (including) 13 (thirteen) years, R30 000 (thirty thousand rand).

\*\*\* When an insured additional dependant turns 21 years old, the premium payable for the additional dependant will increase and the premium relevant to the next age category will be payable. The cover level for an additional dependant under the age of 21, may not exceed the corresponding cover for the member's children under the Family Funeral Benefit. Where a corresponding cover amount is not available, the closest available cover must be selected.

Upon a dependent child turning 21, the child will be transferred to the maximum Additional Dependant cover level according to the relevant age category. An additional premium will be payable. Should the member require a lower cover level, written communication must be provided.

Funeral Cover:	R10 000	R25 000	R50 000*
Member (18 - 64)	R10 000	R25 000	R50 000
Partner (18 - 64)	R10 000	R25 000	R50 000
Child (14 - 20)	R10 000	R25 000	R50 000
Child (6 - 13)**	R5 000	R12 500	R25 000
Child (1 - 5)**	R2 500	R6 250	R10 000
Child (Birth - 11 months)**	R1 250	R3 125	R6 250
Stillborn (Foetus past 28 weeks)**	R1 250	R3 125	R6 250
<b>Included Benefits / Services:</b>			
Body Repatriation	YES	YES	YES
Retrenchment Benefit	YES	YES	YES
Premium Holiday	YES	YES	YES
Premium Care Benefit	YES	YES	YES
Vehicle Access Benefit®	YES	YES	YES
Mahala Loyalty Programme	YES	YES	YES
<b>Monthly Fee</b>	<b>R99.00</b>	<b>R179.00</b>	<b>R325.00</b>

## Included Benefits / Services:

### + Body Repatriation (Member, Partner and Eligible Children only)

If an Insured person's death happened more than 100km's from the place of burial, Hollard Life will contribute up to R7 500 per incident. Hollard will give a maximum annual limit of R20 000, towards the cost of transporting the mortal remains to a funeral home nearest the place of burial.

### Retrenchment Benefit (Member only)

In the event of the Member undergoing retrenchment through formal retrenchment procedure, this benefit provides a premium waiver for a period of three (3) months during which all benefits will remain active but no premiums are payable, i.e. the premiums due are waived for a period of three (3) months following the last premium received. The member must notify TBFS within 60 (sixty) days from the effective date of the member's retrenchment.

### Umbrella Premium Holiday (Policy Benefit)

This benefit allows the Member one month in the year where no premium/fee will be collected. Normal premiums/fees collection will continue from the month directly following the 'premium holiday' month. The selected month (either December or January) chosen for the specific company will be applied to all Members joining the specific company.

### Person Premium Care Benefit (Policy Benefit)

#### Premium Waiver Benefit:

In the event of a Member's death before he/she reaches the age of 65, no funeral package premiums will be required for the remaining immediate family who have been on the policy 6 months or longer before the Member's death. This benefit ceases on the Member's 65th birthday whether utilized or not.

#### Cash Back Benefit:

The Cash-back Bonus Benefit will be payable at the end of every 5-year period on the anniversary of the start date subject to the confirmation of 60 consecutive premiums received and the policy being active for 60 consecutive months. The Member will receive 20% of all premiums paid (less any policy fees) back after this five year period.

### Car Vehicle Access Benefit® (Member, Partner and Eligible Children only)

In the event of an insured person's death, the surviving family is provided with an Avis Car Rental for a period of 3 days - unlimited mileage, Category C vehicle (Aircon, Powersteering, Airbags, ABS etc.) This benefit must be claimed within six (6) months from the date of death.

### Gift Mahala Loyalty Programme (People covered on Family Plan Only)(One card issued per policy)

You enjoy true and tangible lifestyle benefits. Accumulate points on your membership card and receive up to 30% on-the-spot discount from the Discount Partners (through a virtual voucher system). Feel free to view all our partner offerings on [www.mahalas.co.za](http://www.mahalas.co.za) or simply phone 084 196 3733 (Std rates apply) for more information.

## Optional Value Added Benefits Package:

### Mobile Airtime Benefit (Member, Partner and Eligible Children only)

In the event of an insured person's death, the beneficiary or claimant is provided with Airtime to the value of R250. A secure pin will be sent via SMS to the nominated cell phone number. Airtime is sent within 24 hours of notification of a valid claim.

### Lightning Electrosure (Member and Partner only)

This benefit provides prepaid electricity to the value of R250 per month for 3 months to the surviving family in the event of an insured person's death.

### Shopping Clothing Voucher Benefit (Member and Partner only)

This benefit provides a R1 500 clothing voucher from any Edcon or Pepkor clothing store.

### Salad Veggie Benefit (Member and Partner only)

This benefit provides a voucher to the value of R1000, to be used at any Checkers nationwide. This benefit must be used within 6 months after date of death and can only be used within the borders of RSA.



### Terms & conditions apply.

All funeral benefits are administered by THE BEST Funeral Society (PTY) Ltd. Reg. No.1997/005812/07 and underwritten by Hollard Life Assurance Company Limited Reg. No. 1993/001405/06, both are Authorised Financial Services Providers.



**THE BEST**  
THE BEST Funeral Society

**Hollard.**

INTERMEDIARY NAME:  AGENT CODE:  FSP Number:

COMPANY NAME:  COMPULSORY:  VOLUNTARY:

**1) MEMBER (ONLY MEMBERS AND DEPENDANTS RESIDING IN RSA WILL BE ELIGIBLE FOR COVER) PAYROLL NUMBER:**

FULL NAMES:  SURNAME:   
 ID no:  TEL WORK: (  )      
 TEL HOME: (  )     CELL NO: (  )      
 DATE OF BIRTH:  DD /  MM /  YYYY  
 STR ADDRESS:  CODE:   
 POSTAL ADDRESS:  CODE:

**2) PARTNER AND DEPENDENT CHILDREN ID no: GENDER:**

PARTNER:	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
CHILD 1:	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
CHILD 2:	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
CHILD 3:	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
CHILD 4:	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
CHILD 5:	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	F <input type="checkbox"/>

**3) ADDITIONAL DEPENDANTS TO BE ADDED (ONLY INSURED PEOPLE RESIDING IN RSA WILL BE ELIGIBLE FOR COVER)**

INITIALS & SURNAME	COVER AMOUNT	RELATIONSHIP	ID NUMBER	PREMIUMS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**4) TO WHOM SHOULD THE BENEFIT BE PAYABLE IN CASE OF THE MEMBER'S DEATH? ADDITIONAL DEPENDANT PREMIUM R**

**BENEFICIARY:** In the event of my death I nominate the following person to receive the proceeds of any cover payable in terms of this policy or to authorise and arrange my funeral.

FULL NAME & SURNAME  RELATIONSHIP

IDENTITY NUMBER

OPTIONAL VALUE ADDED BENEFIT FEES R   
 FAMILY MONTHLY FEE R   
 TOTAL MONTHLY FEES R

Premiums received for insured people who do not meet the entry criteria will be refunded and no benefits will be payable for that insured person.

**PAYMENT OPTIONS: PLEASE TICK AND INITIAL AT YOUR PREFERRED OPTION**

**5) SALARY DEDUCTION DECLARATION**

I consent and authorize the total monthly fees to be deducted from my salary/wages beginning \_\_\_\_/\_\_\_\_/\_\_\_\_. This amount is payable to Hollard Life Assurance Company Limited (Hollard Life) Reg. 1993/001405/06 and may be varied on written notification by myself or THE BEST Funeral Society (Pty) Ltd.

INITIAL

**6) DEBIT ORDER AUTHORISATION & DECLARATION (We don't accept Post Office savings accounts)**

Account Type:  Cheque  Savings  Transmission  Name of Bank:  Branch Code:   
 Account Number:  Account Holder:  Day of Deduction: 1st  16th  26th

I authorise Hollard Life or its assignee to debit my bank account at abovementioned bank (or any other bank / branch to which I may transfer my account) with the Total Monthly Fees indicated above (Excludes Debit order fee of R5.50 which will be added to the Total Monthly Fees). Arrears will be collected by double debit. Should that double debit collection fail, the policy and ALL Service Benefits will automatically lapse and be forfeited.

INITIAL

**7) DECLARATION:**

I, the undersigned, hereby declare and warrant that any and all information supplied herein, is true and complete. I am aware, and understand, any non-disclosure or misrepresentation of information that is material to the determination of the risk by Hollard Life may lead to the policy being declared null and void, in which case all premiums/fees paid will be forfeited. I understand that no analysis has been undertaken of my financial needs or position, and that no advice or representation has been given to me with regard to this product. I have selected the benefit package based on my evaluation of my needs. I am certain that the product that I am applying for 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.

I consent to the disclosure of the personal information provided by me or on my behalf to Hollard Life PROVIDED such information is disclosed ONLY to relevant third parties for purposes of verification or conclusion of necessary obligations under this contract/policy. This consent clause will survive termination of the policy.

You are only allowed one Mahala Workers Plan policy per insured person. However multiple funeral plans across all Hollard Life products are allowed, provided that a maximum benefit for the member must not exceed R100 000. The maximum benefit for Additional Dependants across all Hollard products may not exceed R 30 000. Terms and Conditions applicable to this policy, are explained in your policy certificate. Subject to the conditions of the Long-term Insurance Act, you have 30 days after receipt of the summary of the policy, to cancel your policy by notifying Hollard Life in writing. Should there be any non-compliance with the laws governing your policy, email compliance@tbfs.co.za or alternatively fax to (011) 836 8573.

Please Note: This is an application for insurance cover only. There IS NO GUARANTEED OR IMMEDIATE ACCEPTANCE of your application - terms & conditions apply. Hollard Life will send you a printed policy certificate confirming the details of the policy and insured people. Should you not receive your policy certificate within 60 days, please contact our offices on 0860 101 003. Premiums received for insured people who do not meet the entry criteria will be refunded and no benefits will be payable for that insured person.

Account Holder Signature:  Member Signature:  Date: