

FAMILY PLAN
GRANT DEDUCTION

The **Social Support Family Plan** provides **funeral support of R20,000** to the main member and spouse. The Grant recipient may cover up to five (5) children on this policy. Additional value added benefits are included with your monthly premium at no additional cost.

Funeral Cover	R20 000
Main Member (18 - 64)	R20 000
Spouse (18 - 64)	R20 000
Child (14 - 21)	R20 000
Child (6 - 13)	R10 000
Child (1 - 5)	R5 000
<1 - Stillborn	R2 000
Monthly Premium	R180.00

INCLUDED BENEFITS

MAHALA LOYALTY REWARDS BENEFIT

Everyday Rewards gives you access to over 2000 deals! Earn Points in your e-Wallet, Grab instant on-the-spot discounts, Collect stamps for freebies or Enjoy in-store Rands off selected items redeemable at Checkers and Dis-Chem Pharmacies.



R250 AIRTIME BENEFIT

Make sure you reach every family member, the R250 Airtime Benefit will provide you with enough airtime to make every call.



R750 POWER BENEFIT

The last thing you want to think about is remembering if you bought pre-paid electricity vouchers or not. The Essential Benefit Package includes a R750 of pre-paid electrically voucher so you don't have to worry about the small things.



Funeral Policy Notes:

- Waiting Periods:
Principal Member and Child - six (6) months.
- There is no waiting period for accidental death.
- A twelve (12) month waiting period applies for death due to suicide.
- A maximum of five (5) dependent children may be covered per policy.

1. PARTICIPANT DETAILS: (AVAILABLE TO RSA RESIDENTS & CITIZENS ONLY)

 Participant No.
(Office Use Only):

ID Number:		Language Preference: English: <input type="checkbox"/> Afrikaans: <input type="checkbox"/>		Title : Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	
Surname:			Full Name:		
Date of Birth:	DAY	MM	YY	Preferred Name:	
Email address:		Province:		Maiden Name:	
Cell Phone:		Tel No. (H)		Tel No. (W)	

2. ADDRESS:

Residential Address:		Postal Address:	
Postal Code:		Postal Code:	

3. PARTNER & DEPENDENT CHILDREN (AVAILABLE TO RSA RESIDENTS & CITIZENS ONLY)

	Name & Surname	ID Number	Gender		
Partner			M	F	
Child 1			M	F	
Child 2			M	F	
Child 3			M	F	
Child 4			M	F	
Child 5			M	F	

4. PLAN SELECTION (TICK PREFERRED OPTION)

Membership Fee:	R20 000 Family Plan	<input type="checkbox"/>	R
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These cover options are only applicable to certain age categories. Please check that this option is available for your age category before completing this form. Failure to do so may lead to an unsuccessful application.

5. GRANT DEDUCTION STOP ORDER:

Policy No.

Full Name of Grant Beneficiary:			
ID Number of Grant Beneficiary:		Monthly Amount:	R
Pay Station:		Deduction Start Date:	/ / 20

I hereby instruct the South African Social Security Agency to deduct monthly the above premium from my grant and remit to Old Mutual Life Assurance Company South Africa (Ltd) FSP 703.

I understand that SASSA does not market or endorse any financial products, and I confirm that I have entered into this agreement for a funeral policy of my own free will. SASSA will only deduct the premium after I have given express authorization for this to be done.

Stop order payment authorisation

Name of Grant Beneficiary	Signature / Finger print of Grant Beneficiary	Date
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Name of Advisor:	Advisor ID No.	Advisor Signature
Advisor Contact No.	Date:	

6. NOMINATED BENEFICIARY:

(To whom the benefits are paid in the event of the death of the Main Participant)

Full Name:	Surname:	
ID Number:	Relationship:	Date of Birth: DAY MM YY

7. VALUE ADDED BENEFITS BENEFICIARY:

(Please indicate which service provider you would like)

<input type="checkbox"/> Mahala (for the benefits to be provided to your beneficiary)	<input type="checkbox"/> Beneficiary to decide at claim stage
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8. WAIVER OF WAITING PERIODS QUESTIONNAIRE

QUESTIONS	ANSWERS							
8.1 Are you taking this policy to replace a funeral policy that was cancelled within 2 months before taking this new one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
8.2 Name of Insurer								
8.3 Cover start date	D	D	M	M	Y	Y	Y	Y
8.4 Cancellation / lapse date	D	D	M	M	Y	Y	Y	Y
8.5 Are you covering the same life/lives that were covered on your previous funeral policy (Principal member)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						

if "No", full waiting period will be imposed.

9. DETAILS OF PREVIOUSLY INSURED PERSON

Name	Surname	Date of Birth / ID no	Previous cover amount

Waiver of Waiting Periods (full/partial)

Type	Old Mutual Waiting Periods (A)	Month(s) Waiting Periods served from previous Insurer (B)	Applicable Waiting periods on New Policy (A-B)
Death by natural causes			Old Mutual waiting period LESS waiting period served from previous insurer
Suicide			Old Mutual waiting period LESS waiting period served from previous insurer

10. DECLARATION BY MAIN ASSURED / POLICY HOLDER (MANDATE):

- | | | |
|---|---|--|
| <p>10.1) I hereby apply for the benefits contained in this document.</p> <p>10.2) I declare that I have not withheld any material information.</p> <p>10.3) I am aware and have been explained of the waiting periods applicable to this policy.</p> <p>10.4) I accept that this application and declaration shall be the basis of the contract insurance between Old Mutual Life Assurance Company South Africa (Ltd) FSP 703 (OMLACSA) and Social Support Family Plan.</p> <p>10.5) I understand I am joining Social Support Family Plan in order to ensure I receive the burial service for all covered lives.</p> <p>10.6) We confirm that any personal information submitted and/or requested from you, will only be used to facilitate administration on the policy and to satisfy contractual obligations.</p> <p>10.7) By signing this application from, I, the Member do hereby mandate (give permission/authority to) Mahala Loyalty Programme:</p> <p>10.7.1) Arrange for long-term insurance cover, on my behalf.</p> <p>10.7.2) Instruct OMLACSA to effect changes to or renew the life insurance policy/ies and other benefits on my and/or my dependent(s) behalf; collect and receive all premiums payable by me and to pay the premiums over to OMLACSA, on my behalf;</p> <p>10.7.3) Receive and collect all statutory and/or other notices, product documents and communications from OMLACSA, on my behalf, for the purposes of providing such notices to me;</p> | <p>10.7.4) Process and validate claims for the benefits in terms of the policy/ies and to assist me and/or my dependent(s) in lodging claims with OMLACSA;</p> <p>10.7.5) Collect and receive benefits payable in terms of the policy/ies from OMLACSA for any payment due to same and/or my nominated beneficiaries or my dependent(s);</p> <p>10.7.6) Deal with general administrative queries in respect of my policy/ies and benefits.</p> <p>10.7.7) Terminate my policy/ies /agreements with OMLACSA for the purposes of assigning me to a new insurance plan with a new insurer/underwriter; provided that it is in my interests to do so.</p> <p>10.8) The mandate given in 10.6 and 10.7 will continue to be in place with the new insurance company in the event of a change of insurer.</p> <p>10.9) The total amount of benefits payable across Old Mutual will be limited by law from time to time, per life insured. You are only allowed one Social Support Family Plan policy per insured person. However multiple funeral plans across all Old Mutual products are allowed, provided that a maximum benefit for the member must not exceed R100 000.00. The maximum benefit for Additional Dependants across all Old Mutual products may not exceed R30 000.00. Terms and conditions applicable to this policy, are explained in your membership certificate.</p> <p>10.10) I have been informed of the maximum of cover aggregation per life assured.</p> | <p>10.11) Should we not be able to confirm your previous policy or not meeting the requirement, Waiting Period will not be waived.</p> <p>10.12) I understand that a waiting period applies to death because of causes other than an accident. This means that cover will not be paid if the insured person dies due to causes other than an accident within the waiting period.</p> <p>10.13) By checking this box, you agree to receive promotional emails and other materials from Mahala Loyalty Programme and its affiliates. Information requested is for Mahala Loyalty Programme marketing purposes only and will not be sold or shared with a third party. Marketing emails provide a one-click method to unsubscribe from the distribution list.</p> <p>10.14) The Mahala Loyalty Programme (Pty) Ltd ("Mahala") protection of personal information policy is available for review at www.mahalas.co.za. By taking out this policy Mahala confirms it will need to share certain relevant information with the insurer and/or other related parties. I hereby consent to Mahala performing these functions and sharing the information that is relevant. I realise if I do not provide this consent I will not be able to conclude this policy.</p> |
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YES NO

REPLACEMENTS

- The person selling me this product has not recommended I do a replacement.
- If I am replacing the policy I know that I must insist on an explanation of the potential negative consequences and costs to me for so doing before undertaking the replacement.
- Waiver of Waiting Period (full/Partial)
 - We will not impose a waiting period on a funeral policy if the policyholder confirms that they have taken out this policy to replace a previous policy where the waiting period was served and was cancelled within two months before the application date of the new policy.
 - This applies to waiting periods served on the policies with the same or different insurer.
 - This only applies when the same life is insured for the same amount of cover.
 - For any additional cover bought over and above the cover amount of the previous policy, the full applicable waiting period will apply.
 - We will reduce the waiting period if the policyholder completed part of the waiting period on the previous, similar policy.
 - The previous policy must have been with the registered Insurer with Financial Sector Conduct Authority.

Participant Signature:

Date:

MAHALA LOYALTY PROGRAMME (PTY) LTD is a licensed FSP.

This product is underwritten by Old Mutual Life Assurance Company (SA) Limited. A licensed FSP and Life Insurer. For complaints about products and services contact MAHALA LOYALTY PROGRAMME (PTY) LTD on 0860 62 42 52.

If you are not satisfied, call Old Mutual on 086 000 4139 or e-mail GSFMQueries@oldmutual.com.

If you are still not satisfied, you can call the Insurance Ombudsman on 0860 103 236 or FAIS Ombudsman on 012 762 5000.