

SAARP Remembrance Plan



The **SAARP Remembrance Plan** provides cover to Individuals, Single Parents, and Families of up to R30,000 which includes Mahala Loyalty benefits, helping **YOU** to leave a dignified legacy!

Individual Member Plan	R10 000	R15 000	R20 000	R25 000	R30 000
18 - 64 years	R43	R64	R85	R106	R127
65 - 74 years	R93	R139	R185	R231	R277
75 - 84 years	R155	R233	R310	R388	R465

Family Plan	R10 000	R15 000	R20 000	R25 000	R30 000
Member	R10 000	R15 000	R20 000	R25 000	R30 000
Spouse	R10 000	R15 000	R20 000	R25 000	R30 000
Child 14 - 20	R10 000	R15 000	R20 000	R25 000	R30 000
Child 06 - 13	R5 000	R7 500	R10 000	R12 500	R15 000
Child 01 - 05	R2 500	R3 750	R5 000	R6 250	R7 500
Child <1 or Stillborn	R1 250	R1 875	R2 500	R3 125	R3 750
18 - 64 years Premium	R93	R139	R185	R231	R277
65 - 74 years Premium	R193	R290	R386	R483	R579
75 - 84 years Premium	R316	R473	R631	-	-

Single Parent Plan	R10 000	R15 000	R20 000	R25 000	R30 000
Member	R10 000	R15 000	R20 000	R25 000	R30 000
Child 14 - 20	R10 000	R15 000	R20 000	R25 000	R30 000
Child 06 - 13	R5 000	R7 500	R10 000	R12 500	R15 000
Child 01 - 05	R2 500	R3 750	R5 000	R6 250	R7 500
Child <1 or Stillborn	R1 250	R1 875	R2 500	R3 125	R3 750
18 - 64 years Premium	R54	R81	R108	R135	R162
65 - 74 years Premium	R104	R156	R208	R260	R312

Extended Family Options	R5 000	R10 000	R15 000
0 - 16 years	R2	R4	R6
17 - 64 years	R14	R28	R41
65 - 74 years	R44	R87	R131
75 - 84 years	R75	R149	R223

- Policy Notes:**
Waiting Periods:
- Principle Partner & Immediate Family <85: **6 Months**
 - Principle Partner & Immediate Family <75: **6 Months**
 - Adult Dependants <65: **6 Months**
 - Adult Dependants <85: **6 Months**

- Death due to suicide: **12 Months**
- Death due to accident: **No waiting period**

No new waiting periods will be applied to new members upon transfer, if the member can provide proof of cover showing that the member completed their waiting periods with their current Underwriter.

Intermediary services and Membership Administration are performed by Mahala Loyalty Programme (Pty) Ltd, Reg no: 2001/030145/07, FSP Number: 21961 and is underwritten by Old Mutual Life Assurance Company (SA) (FSP 26/10/703), both are Authorised Financial Services Providers.



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 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/licensed Insurer.

FURTHER IMPORTANT INFORMATION

- These terms and conditions should be read with your policy document, which will be issued to you within 31 days of the inception date. In case of uncertainty, your Policy Document will take precedence.
 - The Applicant has 31 days from receipt of the policy date to cancel this policy if no claim was submitted. Any premiums paid during this period will be refunded.
 - **The premiums on Page 1 include the following fees:**

Commission:	15%
Administration:	30%
 - If the Policy benefit lapses due to non-payment of premiums, the Policyholder will no longer have cover for them or their dependants on this policy. The Policyholder may apply directly or via the Intermediary for reinstatement of cover. Reinstatement will be allowed within 2 months from the effective lapse date, without imposing a new waiting period. If the policy has been active for longer than a period of 2 years, the grace period to reinstate will be extended by 1 month per year until the grace period is 6 months after which there will be no extension of grace period. The remaining period of a waiting period that had not yet passed at the time of lapse, will however still apply and outstanding premiums have to be paid in order for a reinstatement of cover to occur.
 - In the event of a claim, the Intermediary should be contacted. Claims must be lodged within 12 months from the claim event. Benefits not claimed in this period will be forfeited.
 - Any complaints must first be lodged with the Intermediary. Should the resolution not be satisfactory, the Insurer can be contacted on 0860 331 444 or via e-mail GSFMQueries@oldmutual.co.za. Any complaints must be submitted in writing.
 - Should there be concerns about the information received, the Insurer's Compliance Department can be contacted on 086 000 4139 or GSFMQueries@oldmutual.com *If resolution is still unsatisfactory, complaints may be lodged with the Regulators at the below addresses:
- The FAIS Ombud:**
 P.O. Box 74571, Lynnwood Ridge, 0040
 Fax: 012 348 3447 / 012 470 9097 / 086 764 1422
 Email: info@faisombud.co.za
 Website: www.faisombud.co.za
 Tel: 012 762 5000 / 012 470 9080 /
- Long-term Insurance Ombudsman:**
 Private Bag X45, Claremont, Cape Town, 7735
 Tel: (021) 657 5000 / 086 0103 236
 Fax: (021) 657 0951
 E-mail: info@ombud.co.za
 Website: www.ombud.co.za
- **CLAIMS & CLAIM PAYMENTS**
 - The following documentation and requirements need to be provided to the Insurer when submitting a claim:
 - Completed official claim form;
 - Certified copy of Identity Document of the claimant;
 - Certified copy of Identity Document of the deceased;
 - Notification of death - BI 1663 form (if applicable);
 - Copy of the Beneficiary's stamped bank statement;
 - A police report in the event of Accidental Death; and
 - Any such other documentary proof as may be required by the Insurer at its sole discretion. The occurrence of the Insured Event must be reported in writing within 12 (twelve) months of such occurrence.
 - Claim payments will be made into South African bank accounts only.
 - No claim shall be considered, or Benefit paid out under this Policy if the claimant is unable to furnish documentation acceptable to the Insurer, which are positive verification of the Insured Event.
 - No claim shall be considered, or Benefit paid out under this Policy if the Policy member does not fall within the definitions or parameters as detailed in this Policy and the Application, with the possible exception of Policy Members from a replaced Scheme. In the event of a claim in respect of such Policy Members, previous terms and conditions will be considered to the extent that such terms and conditions may be more favourable in respect of the deceased Policy Member.
 - If any claim under this Policy is in any respect fraudulent, or if any fraudulent means are used by the Policyholder or anyone acting on their behalf to obtain any Policy benefit under this Policy, such claims shall not be honoured and the Insurer will have the right to cancel the Policy at its discretion.
 - The Insurer shall be entitled to apply set-off against any Benefits payable and any outstanding Premiums or other amounts payable to the Insurer.
 - Payment of the Policy Benefits provided for in terms of this Policy shall be a full and effectual discharge of Insurer's liabilities in terms of the Policy.

Sales Agent Details & Declaration:

I, (*agent name and surname) have complied with the wording of the script during my conversation with the above client and I verify that all the details captured on this form are an accurate reflection of the call.

*Name & Surname:	
Agent Code:	Voice Log No:

1. PARTICIPANT DETAILS: (AVAILABLE TO RSA RESIDENTS & CITIZENS 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:	d d m m y y y y	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:

3.1 SPOUSE & DEPENDENT CHILDREN (AVAILABLE TO RSA RESIDENTS & CITIZENS ONLY)

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

3.2 EXTENDED FAMILY (AVAILABLE TO RSA RESIDENTS & CITIZENS ONLY)

	Name & Surname	Date of Birth / ID no.	Relationship	Cover	Collectable Fee
EXT 1					R
EXT 2					R
EXT 3					R
EXT 4					R
EXT 5					R

4. COLLECTABLE FEE (PAYABLE IN ADVANCE) (TICK PREFERRED OPTION)

1	Membership Options:	Individual Member <input type="checkbox"/>	Single Parent Plan <input type="checkbox"/>	Family Plan <input type="checkbox"/>	R		
2	Cover Level:	R10 000 <input type="checkbox"/>	R15 000 <input type="checkbox"/>	R20 000 <input type="checkbox"/>	R25 000 <input type="checkbox"/>	R30 000 <input type="checkbox"/>	R

* 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.

3	Total Monthly Collectable Fee:	R
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5. PAYMENT OPTIONS SELECTION:

<input type="checkbox"/> Debit Order	<input type="checkbox"/> Pay@	If selecting Debit Order as your preferred payment option, please fill in your bank details below. When selecting Pay@ use your Policy Number to pay at any Pay@ affiliated branch. Cash will be collected at your branch via the Pay@ system.
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6. DEBIT ORDER AUTHORISATION:

Reference No. **MAH001**

I authorise Mahala Loyalty Programme or its assignee to debit my bank account at above mentioned bank (or any other bank / branch to which I may transfer my account) with the Total Monthly Fees indicated above. Arrears will be collected by double debit. Should that double debit collection fail, ALL Benefits will automatically lapse and be forfeited.

Account Type: Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>	Bank Name:	Day of Deduction: 1st <input type="checkbox"/> 5th <input type="checkbox"/> 16th <input type="checkbox"/> 26th <input type="checkbox"/> 28th <input type="checkbox"/>
Account holder:	Account No:	

7. 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:	d d m m y y y y

8. VALUE ADDED BENEFITS BENEFICIARY: (Please indicate which service provider you would like)

<input type="checkbox"/> Mahala to deliver the benefits to my chosen beneficiary	OR	<input type="checkbox"/> Pay the cash to the value of the benefits to my chosen beneficiary
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9. WAIVER OF WAITING PERIODS QUESTIONNAIRE

QUESTIONS	ANSWERS							
9.1 Are you taking this policy to replace a policy that was cancelled within 2 months before taking this new one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
9.2 Name of Insurer								
9.3 Cover start date	d	d	m	m	y	y	y	y
9.4 Cancellation / lapse date	d	d	m	m	y	y	y	y
9.5 Are you covering the same life/lives that were covered on your previous policy (Principal member)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						

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

10. 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

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

- 11.1) I hereby apply for the benefits contained in this document.
- 11.2) I am aware the inception date on my policy will be the first of the month following my first premium payment. No benefits will be applicable until after the inception date and the conclusion of the waiting period.
- 11.3) I declare that I have not withheld any material information.
- 11.4) I am aware and have been explained of the waiting periods applicable to this policy.
- 11.5) 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 myself
- 11.6) I understand I am joining this plan in order to ensure I receive the burial service for all covered lives.
- 11.7) 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.
- 11.8) By signing this application from, I, the Member do hereby mandate (give permission/authority to) Mahala Loyalty Programme:
- 11.8.1) Arrange for long-term insurance cover, on my behalf.
- 11.8.2) 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;
- 11.8.3) 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;
- 11.8.4) Process claims for the benefits in terms of the policy/ies and to assist me and/or my dependent(s) in lodging claims with OMLACSA;
- 11.8.5) 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); subject to selection at claim stage;
- 11.8.6) Deal with general administrative queries in respect of my policy/ies and benefits.
- 11.8.7) Terminate my policy/ies /agreements with OMLACSA for the purposes of assigning me to a new insurance plan with a new insurer/underwriter;
- 11.8.8) I have provided the necessary consent and it is in my interests to do so.
- 11.9) The mandate given in 11.7 and 11.8 will continue to be in place with the new insurance company in the event of a change of insurer.
- 11.10) The maximum cover amount allowed, per benefit, on any one policy, is R30,000. However, Old Mutual restricts the total cover to a maximum of R90,000 across multiple policies. The maximum cover allowed for children across all multiple policies is R20,000 for children 6 years and under (including stillborn) and R30,000 for children between 7 and 14 years. Should the maximum cover be exceeded, claims will only be honored to the allowed maximum cover amount.
- 11.11) I have been informed of the maximum of cover aggregation per life assured.
- 11.12) Should we not be able to confirm your previous policy or not meeting the requirement, Waiting Period will not be waived.
- 11.13) 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.
- 11.14) 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.
- 11.15) 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.



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 an additional waiting period on a funeral policy if the policyholder confirms and provides evidence that they have taken out this policy to replace a previous policy and the waiting period was served on that previous policy. This is subject to the requirement that the previous policy is, either still in force, or was cancelled less than two months before the application date of this 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 a licensed insurer.

SOURCE OF FUNDS

- Salary Social Grant
- Savings Divorce Settlements

Participant Signature:

Date: