

SECTION 1 : MAIN MEMBER AND SPOUSE DETAILS

Full Name(s) and Surname

ID Number

Marital status Married Single Divorced Widowed Tel (H)

Tel (W) Email

Spouse Name and Surname

Spouse ID

Residential Address Code

Postal Address Code

RSA citizen Yes No If no, please state country of origin

Preferred communication method

Rider benefits

Repatriation <input type="checkbox"/>	Tombstone <input type="checkbox"/>	Grocery <input type="checkbox"/>	Airtime <input type="checkbox"/>
Amount	Amount	Amount	Amount
<input type="text"/> R15 000	<input type="text"/> R10 000	<input type="text"/> R5 000	<input type="text"/> R1 000
<input type="text"/> R20 000	<input type="text"/> R15 000	<input type="text"/> R8 000	
<input type="text"/> R30 000	<input type="text"/> R20 000	<input type="text"/> R12 000	

SECTION 2: CHILDREN INFORMATION

	Name(s) and Surname	ID Number/ DOB	Cover Amount
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: EXTENDED FAMILY

maximum entry age is 75

	Name(s) and Surname	ID Number/ DOB	Relationship	Cover Amount
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 4 : BENEFICIARY INFORMATION

Full Name(s) and Surname

ID Number

Relationship

Telephone

Gender Male Female

SECTION 5: BANKING INFORMATION

Policy Number

Is Debit Order active on this number Yes No

Account name

Account number Account type

Branch code

Debit Order start date

SECTION 6: PERSAL DEDUCTION AUTHORISATION

I prefer that my premium be deducted by means of PERSAL. Should this deduction fail, I authorize Esurity Life to deduct my premium by means of Debit Order. I, the undersigned:

Full Name(s) and Surname

ID Number

Station Rank

Dept. Code Persal Number

I hereby authorize the Accountant of the Department/Administration of _____ to deduct from my salary each month the premium of R _____ applicable for the cover selected with effect from (month) _____ 20_____ and monthly thereafter and pay this amount to Esurity Life Solutions ("Esurity Life") from whom I have obtained a policy, until such time as I cancel this authorization in writing, or until I substitute it with a new authorization. Should the relevant premium rate be adjusted by Esurity Life as a result of an inflation related increase in premium rate, I confirm that the adjusted premium rate may be deducted from my salary until such time as I cancel this authorization in writing or until I substitute it with a new authorization. In the event of this deduction being dishonored, the policy will lapse, subject to the grace period as stipulated under the terms and conditions. No deductions are accepted for arrear or any other premiums. I understand that this signed document is required in the Esurity Life offices 10 (ten) working days prior to the deduction date; if not, the deduction will only qualify for the following calendar month's deductions, and cover will only commence the following month

Policy Terms and Conditions

These terms and conditions ("Terms") govern the Funeral Policy ("Policy") issued by Esurity Life Solutions ("Esurity") to the policyholder ("Policyholder"). By purchasing this Policy, the Policyholder agrees to be bound by these Terms, which outline the rights and obligations of both Esurity and the Policyholder.

2. Policy Cover

2.1 Scope of Cover: The Policy provides financial assistance to cover funeral expenses in the event of the death of the insured persons ("Insured").

2.2 Cover Amount: The cover amount is specified in the Policy Schedule and is payable to the designated beneficiary upon the death of the Insured, subject to the terms and conditions outlined herein.

2.3 Benefits: The benefits offered in this cover are:

- Airtime
- Grocery
- Repatriation
- Tombstone/memorial

And any other expenses deemed necessary for the funeral by the Policyholder, within the cover limit.

3. Eligibility

3.1 Residency: Insured persons under this policy must be South African citizens, permanent residents, or in possession of valid work or other permits, allowing them to stay in South Africa on a long-term basis as per the Immigration Act and live in South Africa for at least six months in any 12-month period.

3.2 Age Limitations: The Insured must be within the ages of 18 and 65 years at the time of application.

4. Premium Payments

4.1 Payment Schedule: You can spread your premium payments over 11 months instead of 12, taking a break from payments for one month, anytime from February to December. Keep in mind that the 11-month premium will be higher, as the 12th monthly premium is calculated over 11 months. If you choose this option, the details will be noted in your schedule.

4.2 Payment Methods: The premium must be paid monthly, in advance, by debit order, stop order, or cash.

4.3 Missed Premiums: If your premium isn't paid on the payment date, you have a 31-day grace period to pay the outstanding premium. This grace period starts from the date of the missed payment.

4.4 Reinstatement: A policy can be reinstated within two calendar months (60 days) from the date of lapse or cancellation, subject to approval of the reinstatement application. Esurity Life Solutions reserves the right to approve reinstatements based on criteria that may change periodically.

5. Beneficiary designation

5.1 Nomination: The Policyholder may designate one or more beneficiaries to receive the benefits upon the death of the Insured.

5.2 Change of Beneficiary: Beneficiary designations can be changed by the Policyholder at any time by providing written notification to Esurity. Changes will take effect upon receipt and confirmation by Esurity.

5.3 Dispute Resolution: In case of any dispute regarding the beneficiary designation, Esurity reserves the right to withhold the benefit payment until the dispute is resolved.

6. Claims Process

6.1 Notification: Claims must be sent to us within six months of the insured person's death. Claims sent after this time may not be accepted.

6.2 Required Documentation: The following documents must be submitted to Esurity for claim processing:

- Claimant's ID copy
- The deceased's ID copy
- The deceased's death certificate
- BI1663 form

A police report in the event of an accidental death, The beneficiary's proof of banking.

Any additional documents or information requested by Esurity for verification purposes.

6.3 Claim Assessment: If the claim is valid and all necessary documents are received, we will pay out within 48 hours. We have an extra 14 business days to investigate if there is a dispute.

We are allowed to investigate every claim, and we may contact any person, take statements, and conduct whatever investigations we consider necessary.

6.4 Payment of Benefits: The claim payout will be paid to you if your spouse, child, or extended family member listed on this policy dies.

If you die, your chosen beneficiary will receive the claim payout. This is the person you chose to receive the claim payout if you die, and their name will appear on the schedule. You can change your beneficiary at any time. If, for any reason, we cannot pay the beneficiary or there is no beneficiary listed on the policy, the claim payout will be paid into your estate.

7. Exclusions

The Policy does not cover death resulting from:

- Intentional or self-inflicted injury, including suicide, in the first 12 months of coverage.
- Driving with a blood alcohol concentration exceeding the legal limit.
- Intentional use of drugs, narcotics, or medication not prescribed by a registered medical practitioner.
- Refusal of recommended treatment by a registered medical practitioner. ☐ Involvement in criminal activity.
- Active participation in war, armed conflict, rebellion, civil commotion, sabotage, or related activities.
- Active involvement in terrorism.
- Radioactivity and nuclear explosion.
- Participation in labour disturbances, riots, demonstrations, strikes, or lockouts.
- Acting in the course and scope of employment in military, naval, air, or police services of any country or international.
- Engaging in aviation, unless you are a fare-paying passenger in a licensed aircraft operated by an airline or air charter company for regular transportation.

8. Policy Lapse and Reinstatement

8.1 Lapse: We will cancel the policy if you miss two premiums in a row.

We may cancel the policy at any time, but we will always give you 31 days' written notice of our decision.

8.2 Reinstatement: A policy can be reinstated within two calendar months (60 days) from the date of lapse or cancellation, subject to approval of the reinstatement application. Esurity Life Solutions reserves the right to approve reinstatements based on criteria that may change periodically.

9. Termination of Policy

You may also contact us to cancel any time after the cooling-off period. We will only refund premiums outside the cooling-off period if we don't have consent to debit your account.

The policy will end if you stop or cancel your debit order.

We will cancel the policy if you miss two premiums in a row.

10. Governing Law

This policy is subject to the jurisdiction of the courts of South Africa, and the law of South Africa applies.

Contact Information

For any inquiries, claims, or assistance, Policyholders can contact Esurity Life Solutions at:

Address: Rusa Campus, 355 Pretoria Avenue, Ferndale, Randburg, 2194

Phone: 087 474 6838

Email: info@esuritylife.co.za

Website: www.esuritylife.co.za

Applicant declaration (Please read to understand)

I, the undersigned, hereby declare that the information provided in this application form is true and correct to the best of my knowledge. I understand and agree to the following terms and conditions:

- 1. Accuracy of Information:** All information provided in this application, including personal and financial details, is accurate and complete. I acknowledge that any false or misleading information may result in the rejection of this application or the cancellation of my policy.
- 2. Disclosure of Information:** I consent to the collection, use, and disclosure of my personal information by the insurance company for the purposes of assessing this application, managing my policy, and processing any claims.
- 3. Medical Information:** I understand that I may be required to undergo a medical examination or provide additional medical information to support this application.
- 4. Policy Terms and Conditions:** I have read and understood the policy terms and conditions provided with this application form. I agree to be bound by these terms and conditions upon acceptance of my application and issuance of the policy.
- 5. Premium Payments:** I agree to pay all premiums due in accordance with the policy schedule. I understand that failure to make premium payments may result in the termination of my policy.
- 6. Beneficiaries:** I have provided accurate details of my beneficiaries and will update the insurance company of any changes to this information promptly.
- 7. Right to Cancel:** I understand that I have the right to cancel this policy within the cooling-off period as specified in the policy terms and conditions, subject to any applicable fees or charges.

By signing below, I confirm that I have read and understood this declaration and that I agree to the terms and conditions set out above.

.....
Applicant signature

.....
Date

This Family Cover is proudly underwritten by Esurity Life Solutions. Esurity Life Solutions is a Licensed Microinsurer and an authorized Financial Services Provider, FSP Number 50583