# Hollard.
## group risk

## EXTENDED FAMILY FUNERAL COVER APPLICATION FORM

This form is to identify the extended family members to be covered under the scheme's extended family funeral benefit. A maximum of 8 extended family members can be insured (refer to Section E of this form).

Complete all relevant sections of the form and submit the completed version to your Human Resources Department (retain a copy for your record).

### SECTION A: POLICY DETAILS

Employer/ Policyholder:

Policy number:

Membership / Employee number:

### SECTION B: MAIN MEMBER'S PERSONAL DETAILS

First names:

Surname:

Identity number:

Date of birth:

Gender:

Marital status:

Contact number:

### SECTION C: PARTICULARS OF EXTENDED FAMILY WHO ARE TO BE COVERED

|   | Name and surname | Identity number | Relationship to main member |
|---|------------------|-----------------|------------------------------|
| 1 |                  |                 |                              |
| 2 |                  |                 |                              |
| 3 |                  |                 |                              |
| 4 |                  |                 |                              |
| 5 |                  |                 |                              |
| 6 |                  |                 |                              |
| 7 |                  |                 |                              |
| 8 |                  |                 |                              |

## SECTION D: PRIVACY STATEMENT

We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share your personal information with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing the risk or servicing you. We impose the same strict confidentiality standards on these parties as is applied by us. By providing the required personal information and signing this form, you consent to us processing and sharing your personal information with third parties. We will treat this information with caution, and we have put reasonable security measures in place to protect it. The information provided will only be used for its intended purpose and will not be shared for marketing additional products and/or services.

## SECTION E: IMPORTANT INFORMATION

1. Please complete the application in full and ensure that the information is correct.
2. Ensure that you sign and date the application.
3. A maximum of 8 extended family members may be covered.
4. The maximum entry age for extended family members is 74 years i.e. once an extended family member reaches the age of 74 years, they are no longer eligible to join the scheme.
5. For an extended family member to be covered they must live in the Southern African region (unless otherwise agreed to by us in writing), and must either be a citizen of the Republic of South Africa or have been given the necessary permission from the South African authorities to live and work in the Republic of South Africa.
6. A waiting period of 6 months will apply for extended family members. No waiting periods applies to accidental deaths.
7. Should there be any changes or additions to the family members you would like covered, please complete a new application form with all existing and new members on. This form will replace all your previous forms.
8. Cover starts when the insured is added to the register of lives insured and premium payment starts.
9. The definitions below are applicable.

**Pertinent definitions:**

- Extended family member:
  A parent, a parent-in-law, a brother, a brother in-law, a sister, a sister in-law or a child over the age of 21 unless he/she remains eligible for the benefit under the core funeral benefit. Also included are grandparents, step-parents, step-brothers, step-sisters, uncles, aunts, grandchildren, nieces, nephews, cousins, ex-spouse (provided they previously qualified in terms of the definition of spouse). The maximum number of extended family members that will be covered for funeral benefits during the duration of this policy is provided in the policy schedule.

- Insured:
  An extended family member of the main member who meets the conditions for eligibility to be covered by this policy.

## SECTION F: CONSENT

I have read, understand, and agree to the privacy statement in this form which includes the collection and processing of personal information. If I agree to this on behalf of someone else, I confirm that I have the necessary approval and/or mandate to do so. I declare that all the information given on this form is true and that no material information has been withheld.

Main member signature

Date signed (dd/mm/yyyy)

Hollard Group Risk, division of Hollard Life Assurance Company Limited. Registration number: 1993/001405/06
Hollard Group Risk is an authorised financial services provider. FSP number: 17697

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