



## Funeral Insurance: Application for funeral benefit for extended family members

Employer Name

Scheme Code

### Important Information

- All references to insured will mean either employee or fund member.
- **This form must be completed by you, the insured**, when:
  - The insurance of extended family members commences in terms of the policy, and
  - There is a change in the information regarding the extended family members, as indicated in Section B
- If any alterations are required or a new extended family member is to be added, a new form must be filled in.
- Please give your completed, dated and signed form to your employer for safekeeping and ensure that a new form is completed when required. In the event of an extended family member's death, a copy of the latest signed and dated form must accompany the death claim documents submitted to Sanlam.

### SECTION A: Personal details of the insured

This section is to be completed by the employer (Compulsory)

First name(s)										
Surname										
RSA identity number*							<i>*Compulsory</i>			
If not RSA, passport number*							<i>*Compulsory</i>			
Passport expiry date							<i>(dd/mm/yyyy)</i>			
Date of birth							<i>(dd/mm/yyyy)</i>			
Marital status:										
Single		Married		Widowed		Divorced		Co-habiting		Customary
Employee number										
Date of entering service							<i>(dd/mm/yyyy)</i>			
Date of permanent appointment							<i>(dd/mm/yyyy)</i>			
Commencement date of insurance							<i>(dd/mm/yyyy)</i>			

### Certified on behalf of the employer that the above information is correct

First name(s)			
Surname			
Designation			
Signature		Date (dd/mm/yyyy)	
		Place	



## Sanlam Corporate: Group Risk

Please return the completed, dated and signed form to your employer for safekeeping.

**SECTION B: Application for funeral insurance (Only in respect of the insured's extended family members)**

This section is to be completed by the insured (Compulsory)

**Important information** – The extended family members are insured as long as the insured qualifies for funeral insurance.

- Any changes to the application for cover for the extended family members listed, can only be done within the period defined in the group funeral insurance policy (e.g. the annual open period).
- An additional premium is payable per extended family member nominated.
- The premium deduction and cover for each extended family member, will take effect on the first day of the month following the completion of the option form.
- The benefit payment is subject to a 6-month waiting period for death due to natural causes; the waiting period however does not apply to death caused by an accident. The 6 months is determined from the date Sanlam received the application form and the first premium. The waiting period is applicable to all extended family members.
- ONLY** complete the sections regarding extended family members (numbers 1 to 10 below) as defined in the policy:  
 (\*) If a person is in a co-habiting relationship, the life partner can only be nominated if neither one of them is married to another person.  
 (\*\*) Any parent and/or parent-in-law, at the time of qualifying for insurance in terms of the policy, is not yet 75 years of age next birthday.  
 (\*\*\*) Any extended family members mentioned in number 9 & 10 below, need to be financially dependent on the insured. Any person who is financially dependent on the insured will qualify as long as they can prove the financial dependency at claim stage.

I hereby apply for the funeral insurance, in terms of the policy, for the following extended family members:

Relationship		First name and surname	ID number
1	*Additional Spouses		
2			
3	Children, other than qualifying children, who are dependent on the insured for maintenance		
4			
5	**Parents		
6			
7	**Parents-in-law		
8			
9	***Any other person who is dependent on the insured for maintenance. ( <i>name the relationship</i> )		
10			

**SECTION C: Declaration by the insured**

I, hereby revoke all my previous nominations and declare that when I claim a benefit for the above-mentioned family members, I will be responsible to render proof of my relationship.

Signature of insured		Witness signature	
Date (dd/mm/yyyy)		Date (dd/mm/yyyy)	
Place			

### Protection of Personal Information Disclosure

Sanlam Life Insurance Limited (“Sanlam Life”), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the Republic of South Africa (“RSA”).

We may send your personal information to service providers outside of the RSA for storage or further processing on Sanlam Life’s behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).