

This form must be completed upon the acceptance of a Sanlam Corporate: Group Risk (SGR) quotation. The form, in conjunction with the quotation and all other supporting information, is used for the implementation of the group risk scheme.

For assistance with the required information in completing this document, click [here](#).

1. Insurance information

Please note: To ensure compliance with Rule 13 of the Long-term Insurance Policyholder Protection Rules of 2017, group scheme policies cannot commence with the insurer until the complete employee data, including Identity numbers and contact details (mobile number and e-mail addresses) are provided.

Commencement date of insurance	<i>dd/mm/yyyy</i>	Review date	<i>(month only)</i>
Type of insurance:	New insurance	Replacement of existing insurance	

2. Replacement of existing Insurance (if applicable)

Are there any material differences between the existing and new (replacement) policy?	Yes	No
Were these material differences and reasons for the material differences communicated to the members of the group scheme policy? <i>SGR requires proof of such communication to monitor compliance with legislation.</i>	Yes	No
The date that the members were informed of the material differences between the existing and new group scheme policy:	<i>dd/mm/yyyy</i>	
Previous/existing insurer:		
Name of the contact person		
E-mail address	Contact number	

3. Employer details

Full registered name of the principal employer / participating employer/union/organisation:		
Operational (Trade) Name:		
Postal Address		Postal code
Registration number		
Any Subsidiary/Associated/Affiliated companies linked: <i>(if applicable, provide proof)</i>	Yes	No
If YES , are any of these foreign subsidiary(ies): <i>(if applicable, provide proof)</i>	Yes	No
Type of Company <i>(e.g. Holding Company)</i>		
Source of Wealth <i>(i.e. the source of the funds/capital used to start the business, e.g. sale of shares)</i>		
Source of Funds <i>(i.e. business activity that generates the funds for risk premiums)</i>		

4. Fund details

Full registered name of the existing fund/insurance or umbrella fund/scheme:

If an umbrella fund, confirm the *Umbrella Type*

Type A

Type B

Address details of the Fund *(if approved)*

Postal address

Postal code

Name of registered Fund Administrator

Name of contact person(s)

E-mail address

Contact number

Please confirm whether Member Benefit statements are issued by the Fund Administrator.

Yes

No

If the Fund Administrator issues Member Benefit statements, confirm if the Member Benefit statements include unapproved benefits. **(Please note: SGR requires proof of the member communication to monitor compliance with legislation)**

Yes

No

5. Intermediary services

Specify intermediary type

Brokerage

Direct

Sanlam Financial Advisor (SFA)

Intermediary name

Name of Registered entity for VAT:

VAT number

FSP number

Representative name and surname:

Identity / Passport number

E-mail address

Contact number

Postal address

(NOT physical address)

Postal code

If **SFA**, please confirm:

Branch

Region

Commission payable:

None

Maximum statutory commission

Specify to whom it must be paid

Is a **Commission split** applicable? *(proof is required e.g. letter)*

Yes

No

Banking details:

Account Holder

Account number

Name of bank

Type of account

Branch code

Score applicable

SFA- Score code

Diff Score Payable

6. Communication details

Contractual correspondence should be sent to:

Employer

Fund

Please note: The Policyholder Protection Rules (PPR 11.5.3) require that an insurer provides the contractual documents to the Policyholder (Employer / Fund), however, the intermediary will be included when sending the contractual documentation.

Name of contact person

Contact number

E-mail address

Medical correspondence should be sent to:

Employer

Fund

Brokerage / SFA

Name of contact person

Contact number

E-mail address

General correspondence should be sent to:

Employer

Fund

Brokerage / SFA

Name of contact person

Contact number

E-mail address

Member communication is done by/via (PPR 11):

Insurer

Brokerage

Retirement Fund Administrator

Policy Holder

7. Participation/membership details

Participation of **new entrants/employees** commences on (*e.g. new insured members*):

The day on which they qualify for participation

The first day of the month following the date on which they qualify for participation

Must all employees belong to the fund to qualify for these risk benefits?

Yes

No

If **NO**, Please specify any requirements:

Specify if any requirements are waived for new **entrants/employees**.

If **union members, non-employees, other, etc.**, specify requirements for participation:

Do **contract workers** qualify for participation?

Yes

No

If **YES**, please specify the fixed period of contract workers' service, i.e. number of months per contract:

Confirm categories of members/employees: (*e.g. Contract workers; however Fixed-Term contract workers are NOT permanent personnel*)

Requirements for participation/definition of a contract worker:

Remuneration to be used for calculation of contract workers' benefits/claims:

Any additional information:

Are any of the insured members employed or contracted by a foreign company/subsidiary of the RSA company?

Yes

No

8. Premiums

Confirm premium payment method (via):	Employer		Fund		Other	
If <i>Other</i> , please specify						
Please select below the premium applicable to each benefit as well as Approved or Unapproved status:						
	Rate per R100 / R1000 cover (R/c)	% of salary	Fee per member per month	Approved Benefit	Unapproved Benefit	
Group Life Benefits						
Lump Sum Disability Benefits						
Disability Income Benefits						
Funeral Benefits						
Severe / Critical Illness Benefits						
Other						
Premiums are payable:				Monthly in arrears		Other
<i>(If Other: Confirm date/frequency applicable, e.g. annually in advance):</i>						

9. Remuneration packages

For claim purposes, benefits and premiums are based on remuneration amount as at:						
Date when a claim arises		Other <i>(If other, please specify)</i>				
Do different remuneration packages apply <i>(i.e. to premium payments or benefits)</i> :					Yes	No
Are bonuses included in the remuneration package?					Yes	No
If Yes, are benefits (claims) calculated including or excluding bonuses:				<i>Including</i>	<i>Excluding</i>	
If Yes, are rates (premiums) calculated including or excluding bonuses:				<i>Including</i>	<i>Excluding</i>	
If Yes, please state Bonus month:						
Special notes regarding Bonuses:						
Example: 13 th Cheque included in December salary						
Define remuneration package for calculation of premium payments and benefits (claims):						
Please note: The incorrect confirmation of this point could lead to a delay / incorrect payment of a claim.						
Pensionable salary		<i>Please define salary for all members – should not differ per individual:</i>				
Risk salary						
Other <i>(e.g. Cost to company)</i>						
Commission / Variable income <i>(i.e. average commission income over the last 12 months)</i>						
Confirm remuneration package per category and/or benefit: <i>(if different packages apply to the risk benefits)</i>						
<i>(e.g. General staff = Risk Salary [Group Life and income Disability])</i>						
Please note: Incentive bonuses are not automatically included in the definition of remuneration. A quotation should have been obtained if incentive bonuses were to be included.						

10. Risk benefits

Life insurance – Take over existing disability income claimants’ benefit prior to retirement *(if applicable)*:

Confirm the *remuneration amount*, which must be used for calculating the death benefit only.

- Immediately before the commencement of disability
- On the date on which SGR takes over the disability

Should the remuneration amount for calculating death benefits *grow* from the date on which SGR takes over the benefits: Yes No

Flexible Life insurance *(if applicable)*: Confirm the agreed date for members to choose/change flexible life cover, other than on life events: *(e.g. one specific month per annum)*

Spouses’ and Children’s pension *(if applicable)*:

If SGR should pay <i>monthly</i> pensions, confirm to whom should the pensions be paid:	Retirement Fund		Beneficiaries	
When should pension <i>payments</i> take place:	Monthly in arrears		Monthly in advance	
When should pension <i>increases</i> take place:	Annually in the month of death of member		Policy Anniversary	
Who calculates the capitalised values?	Retirement Fund		Sanlam	
Who will be responsible for monthly pension payments to Spouse/Child?	Retirement Fund		Sanlam	
If an unapproved benefit, how must the benefit be paid?	Lump Sum (Capitalised value)		Monthly Pension	

Funeral insurance – for extended family or voluntary members *(if applicable)*:

Did a waiting period apply with the previous insurer in respect of a Funeral policy, and which policy was still active in the past 31 days Yes No

Income Disability insurance – Employer Waiver (The employer’s contribution towards the employee’s retirement fund) *(if applicable)*:

Who is the Employer Waiver being paid to?	The Fund	The Employer	Individual RA
Contact person at the Fund Administrator/Employer:			
E-mail address	Contact number		

Take over existing cover in excess of SGR’s medical proof-free limit (MPFL): Yes No

Please note: Proof of previous cover (medical underwriting decision letters) must be provided for employees/members’ cover that exceeds the medical proof-free limit at take-over, as well as an overall proof-free limit report.

Special Notes / Comments:

11. Beneficiary nomination form for unapproved group risk cover

The policyholder (employer/association) confirms that they follow a process to ensure members complete and update beneficiary nomination forms for their unapproved group risk cover (life insurance and/or funeral insurance). Yes No

12. Checklist (see guide for data requirements)

Legal entity verification (*i.e. Beneficial owner/s information for screening*) (*if applicable*)

For the data template, click [here](#).

If **Approved cover**, provide/confirm provision of:

Copy of Rules and Amendments (*if applicable*)

Special Rules in the case of an umbrella arrangement registered by the FSCA

If the Fund Administrator issues the **Member Benefit Statements**, please provide a sample

Updated **member data** provided for implementation

Take over **existing disability claimants'** member data provided (*if applicable*)

For the data template, click [here](#).

Take over **existing Funeral insurance 'fully paid up'** members' data provided (if applicable)

For the data template, click [here](#).

Protection of Personal Information (POPIA)

The policyholder (employer/fund) understands and agrees that they are a joint responsible party in relation to any personal information of employees/members that's collected and shared with Sanlam, in compliance with the applicable data privacy laws, which includes POPIA.

Yes No

10. Details of the SGR quotation accepted (*for internal use*)

K-code		Date Issued	dd/mm/yyyy
Reference			

Signature

For **Unapproved** benefits:

Signed by the relevant authorised person on behalf of the **Employer / Organisation / Union**.

I/we the undersigned, hereby declare that I /we have been authorised to sign on behalf of the relevant party.

Signed at		on	
Signature		Full name	
		Capacity	

For **Approved** benefits:

Signed by the relevant authorised person on behalf of the **Fund**.

I/we the undersigned, hereby declare that I /we have been authorised to sign on behalf of the relevant party.

Signed at		on	
Signature		Full name	
		Capacity	

Protection of Personal Information Disclosure

Why Personal Information is required: 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"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- for operational and administrative processes;
- to protect Sanlam Life's interests; and
- any purposes related to the above;
- Claims checks (Industry Life and Claims Register(s))

Failure to provide the mandatory information will prejudice your insurance cover.

Changing and correcting Personal Information: You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will 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 personal information in accordance with the Protection of Personal Information Act, 2013.

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