

INSURANCE COVER BENEFITS APPLICATION FORM

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Company Code

Branch Code

Associate no.

MEMBER DETAILS:

Surname				Male		Female	
First Names							
Identity Number					Age		
Contact No. (H)		(W)		Cell			
Policy Documentation will be sent to this address:							
Address (Home)							
		Postal Code					
Address (Work)							
		Postal Code					

BENEFICIARY NOMINATION (Personal Accident Cover)

Surname							
First Names							
Relationship							
ID Number							
Contact No. (H)		(W)		Cell			

ELECTIVE INSURANCE COVER	Monthly Rate	Weekly Rate	Tick Cover Selected
Funeral Plan The plan offers a lump sum benefit to assist with funeral costs.	R11.00 R14.00 R20.00	R 2.75 R 3.25 R 5.00	R 7 500 Funeral cover <input type="checkbox"/> R10 000 Funeral cover <input type="checkbox"/> R15 000 Funeral cover <input type="checkbox"/>
Hospital Cash Plan If you are hospitalised due to an accident or injury, the plan will pay you out a benefit for each day that you are in hospital. Hospitalisation for an illness will only be covered after day 3.	R11.00 R22.00 R33.00 R44.00 R55.00 R84.00	R 2.75 R 5.50 R 8.25 R11.00 R14.00 R21.00	R100 per day Hospital Cover <input type="checkbox"/> R200 per day Hospital Cover <input type="checkbox"/> R300 per day Hospital Cover <input type="checkbox"/> R400 per day Hospital Cover <input type="checkbox"/> R500 per day Hospital Cover <input type="checkbox"/> R750 per day Hospital Cover <input type="checkbox"/>
Hospital Indemnity Plan If you are hospitalised due to an accident, the benefit will pay you out all charges at actual cost.	R26.00 R33.00 R36.00	R 6.50 R 8.25 R 9.00	R 50 000 Accidental cover <input type="checkbox"/> R100 000 Accidental cover <input type="checkbox"/> R200 000 Accidental cover <input type="checkbox"/>

Total Monthly / Weekly Premium

Number of Items Selected:

Declaration:

I declare that I have not withheld any information and I accept that this application and declaration shall be the basis of the Contract of Insurance between myself and Constantia Insurance Company Limited and Constantia Life (hereinafter called Constantia) which will become effective on the first day of the period for which premiums are paid.

Having applied for this Policy and on acceptance of my application by the Insurer, I hereby irrevocably authorise my employer to deduct from my weekly/monthly salary the premium as quoted. Should the relevant premium be adjusted by Constantia or should I request Constantia to increase/decrease the premium for whatever reason I confirm that the adjusted amount be deducted from my salary. Such authorisation shall remain in force and effect until cancelled by myself, in writing with one calendar months notice.

I, the client am satisfied that a financial needs analysis has not been completed. I further understand and acknowledge that absence of a financial needs analysis could have the effect that all my financial needs may not be addressed properly.

Signed at _____ on this _____ day of _____

Name _____ Signature _____

Conditions

This application will not constitute a policy unless accompanied by an acceptance letter and a policy schedule. Constantia agrees and undertakes to pay the benefits described in the policy and schedule, subject to:

- The actual receipt at its head office of the total premium due and payable;
- In the currency of the Republic of South Africa;
- The accuracy of the information given in the insured's declaration in the proposal and policy applications;
- The terms and conditions contained in the policy or endorsed hereon;
- The declaration being made without qualification; and
- The policy having commenced in terms of the application.

General Conditions

No provision or condition of the policy may be waived, altered or varied except in writing or by endorsement on the policy under the signature of an authorised official of Constantia. In addition, no act or omission to act by Constantia or any officer, employee or servant of Constantia shall be deemed to be a representation on behalf of Constantia upon which the insured's heirs, executors or assigns is entitled to act. This policy is issued on the basis that the statements and information made and set forth in the proposal and/or all declarations made in respect thereof are true and correct. Notwithstanding anything contained in the

Signature

policy document, the policy and all its provisions are and shall be at all times, subject to such limitations as may be imposed from time to time by any Act of Law of the Republic of South Africa.

1.1 Restriction free

The policy is free from all restrictions to residence, travel and occupation unless otherwise stated herein or as endorsed.

1.2 Currency and Law

All amounts payable in terms of the policy, whether premium payable to Constantia, or benefits payable by Constantia, are expressed and payable in the lawful currency of the Republic of South Africa. Any question of law arising under or in respect of the policy shall be decided according to the laws of the Republic of South Africa.

1.3 Beneficiary

The owner of the policy may, in writing to Constantia, nominate a beneficiary or beneficiaries to receive the proceeds of the policy following upon the death of the owner. The owner of the policy may change or withdraw such nomination at any time. Any such nomination or change thereof or withdrawal thereof shall not be binding on Constantia unless made in writing in such form as Constantia may require and recorded by Constantia. In the absence of any beneficiary nomination, the proceeds of the policy will be paid to the Estate of the owner.

1.4 Premium payments

The policy shall not be binding until the first premium has been paid and received by Constantia. All premiums are payable to Constantia commencing on the date of commencement and thereafter at the intervals stated in the Schedule. A grace period of one calendar month will be allowed for the payment of each premium after the first. Unless stated otherwise elsewhere in this policy, the policy will automatically lapse, or become paid up, if a premium has not been paid upon the expiry of the grace period.

CONSTANTIA INSURANCE COMPANY LIMITED

Contact Details

Unit 1 Tulbagh 360 Oak Avenue Randburg 2194
PO Box 3518 Cramerview 2060For complaints and Compliance Officer of Constantia Insurance Company Limited, please call 011 789 3342
Underwritten by Constantia and Constantia Life