

<b>GENERAL RULES: for participating as a member to INTABANET CARE PLAN</b>	<b>SERVICES BENEFIT in the event of a funeral</b>
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- Single and families under 65 years may join the combination plan.
- Unmarried children (maximum of 6), under the age of 21 years, are covered.
- A general waiting period on the scheme is (6) six months for natural causes (1)one month on accidental causes and (2) years on suicide.
- Airtime and sms's will be supplied within 5 days after receipt of first premium, thereafter monthly on the 15th.
- All airtime and sms benefits are subject to a standard 12 month hybrid airtime contract. Should the main member die the complete outstanding balance on the 12 months premiums will be deducted at claims stage.
- Premiums are payable in advance on or before the 1st day of the month via debit order or Easypay

**NO grave is provided as part of the funeral services benefit. The Cash benefit is provided to cover costs towards the provision of the grave site**

- Benefits under this scheme will cease when premiums are not paid and the member will be liable for a cancellation fee for the balance of the airtime contract.
- If a member's policy should lapse, any re- joins of the care plan are subject to a new 3 months waiting period with a new entry date.
- Only claims submitted within six (6) months of death will be considered for payment or service.
- No benefits will be considered unless the relevant documentary evidence has been supplied.
- Premiums under the scheme are not guaranteed and can be adjusted at any stage giving members 30 (thirty) days' notice of intent.
- Membership under the scheme can only commence on the 1st day of the month. All policies signed and submitted after the 15<sup>th</sup> day of the month will be accepted as from the 1<sup>st</sup> of the next month.

**An administration fee of 10% will be charged for services rendered in the event of handling cash claims. E.g. If you choose the cash payout instead of the funeral and the cash payout is R14,000 then the claim administration fee is 10% of R14,000 which equals R1,400 which leaves a net cash payout of R12,600**

**N.B. The R99 Policy only provides a cash payout and no funeral Service option**

**A complete:- "Funeral services" meaning the:**

- Provision of a coffin; and
- Comprehensive funeral services rendered by the Supplier, which shall be for the account of the Contracting entity. The Comprehensive funeral services provided shall include, but is not limited to the following:
  - Administration costs; Rendering of undertaker's service;
  - Use of a hearse; Funeral gazebo and 10 chairs;
  - Use of grass carpet; Use of lowering device;
  - Removal of the deceased to our local agency;
  - Use of mortuary facilities and storage of the deceased;
  - Registration of death (where possible);
  - Writing of nameplate; Local telephone calls;
  - Transport within a 30 kilometer radius; Funeral pamphlets.
- Cash benefit of R4,000 for main member and spouse only
- Repatriation of main member and spouse.

**OR**

CASH BENEFIT (in event of NO funeral service)	Single or Family R99 Plan	Single or Family R125 Plan	Single or Family R229 Plan
<b>Principal Life and spouse Age – 14 to 65</b>			
Principal Life	R 5 000,00	R14 000,00	R 18 000,00
Spouse	R 5 000,00	R14 000,00	R 18 000,00
Children14 – 21	R 5 000,00	R14 000,00	R 18 000,00
Children 6 – 13	R 2 000,00	R7 000,00	R 9 000,00
Children 0 – 5	R 1 000,00	R3 500,00	R 4 500,00
Stillborn	R 500,00	R1 750,00	R 2 250,00
<b>CASH BENEFIT (in event of NO funeral service)</b>	<b>Extended member Plan</b>		
<b>6 TO 85 years</b>			
Principal Life	R 6 000,00		

**DEBIT ORDER INSTRUCTION: A copy of the bank statement heading MUST be attached. Details of my/our bank account are as follows:**

Name of Acc. Holder _____	Account no: _____
Branch code: _____	Account Type: _____
Bank: _____	

I/We hereby authorise Intabanet/AUI to draw against my/our account on .....(date) with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the **amount of R.....00 (Premium inclusive of Activation fee) in month one and thereafter monthly R.....00** necessary for payment of the monthly premium due in respect of the agreed insurance plan. All withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally. Should my account fall in arrears, I/we hereby authorise Intabanet/AUI to increase my monthly premiums to recover the arrears within the contract period. I/We understand that the withdrawals hereby authorised will be processed by computer through a system known as Bankserve or any other electronic means and I also understand that details of each withdrawal will be printed on my bank statement on an accompanying voucher. I/We agree to pay any bank charges relating to this debit order instruction. I/We agree to pay any and all bank charges that relate to this debit order including, without derogating from the generality hereof, all lodgement, failure and other costs that Intabanet/AUI may incur. This authority may be cancelled by me/us by giving you 30 (thirty) days' notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which have been withdrawn while the authority was in force if such amounts were legally owned. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Signed at \_\_\_\_\_ (place) on \_\_\_\_\_ (date) 20\_\_

Signature of Representative: \_\_\_\_\_ Signature of Account holder/Main Member: \_\_\_\_\_

**DECLARATION**

I accept that if I provide false information, the policy can be cancelled. I accept the conditions of the policy and that cover will commence after **SIX CALENDAR MONTHS** of membership. I accept that I am hereby curtailing my dependants' and my rights of privacy, but for risk, claim and benefit assessment, I irrevocably authorise **AUI** to obtain information from any Doctor, Medical Facility or other instance, at any time (even after my death). I declare that my family and I are in good health and that none of us have an illness that may lead to an early death. PLEASE NOTE: This Membership Certificate is for the purpose of disclosure to enable you to understand certain important aspects of your funeral cover. This Membership Certificate shall in no way override your terms and conditions of funeral cover as set out in the Master Group Policy. It is your duty to contact Intabanet to assist you in determining your rights under the Master Group Policy. FAIS Ombud number: 0860324766

Signature of Main Member: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_