

GENERAL RULES: for INTABANET CARE PLAN	SERVICES BENEFIT in the event of a funeral:			
<p>Single/Extended Members under 85 years and families under 65 years may join the scheme.</p> <ul style="list-style-type: none"> Unmarried children to a 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. Benefit for Accidental death is subject to a one (1) month waiting period. Premiums are payable in advance on or before the 1st day of the month via debit order or EFT. <p>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 in the event of a funeral service</p> <ul style="list-style-type: none"> Benefits under this scheme will cease when premiums are not paid/successfully deducted. 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. Waiting period for benefits as a result of suicide is subject to a minimum period of two (2) years. Only claims submitted within six (6) months of death will be considered for payment or service. Benefits of common-law spouse not declared on the application will not be considered for service benefit in the event of death (traditional marriage and labola included). No benefits will be considered unless the relevant documentary evidence has been supplied. No benefits will be honored if premiums are in arrears or short paid. No benefits in respect of grandchildren or foster children will be considered, unless proof of legal adoption 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 15th day of the month will be accepted as from the 1st of the next month. Benefits will commence after the stipulated waiting period has expired. <p>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</p>	<p>A complete:- "Funeral services" meaning the:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 pamphlet; Cash benefit for main member only of R2,000, R3,000 or R4,000 depending on plan selected 			
	OR	R48.00	78.00	R95.00
	CASH BENEFIT (in event of NO funeral service)	Single or Family Basic Plan	Single or Family Gold Plan	Single or Family Diamond Plan
Principal Life and spouse Age – 14 to 65				
	Principal Life	R 10 000,00	R14 000,00	R 18 000,00
	Spouse	R 10 000,00	R14 000,00	R 18 000,00
	Children 14 – 21	R 10 000,00	R14 000,00	R 18 000,00
	Children 6 – 13	R 5 000,00	R7 000,00	R 9 000,00
	Children 0 – 5	R 2 500,00	R3 500,00	R 4 500,00
	Stillborn	R 1 250,00	R1 750,00	R 2 250,00
	CASH BENEFIT (in event of NO funeral service)	Extended member Plan		
6 TO 85 years				
	Principal Life	R 6 000,00		
Select between various payment options:				
EasyPay	Debit order	EFT Not available for individuals		

DEBIT ORDER INSTRUCTION: A copy of the bank statement MUST be attached.

Name of Acc. Holder _____		Account no: _____
Branch code: _____	Account Type: _____	Bank: _____
<p>I/We hereby authorise Intabanet/AUI to draw against my/our account, monthly on(date) with the abovementioned bank (or any other bank or branch to which</p>		
<p>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).</p>		
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: 086 0324 766

Signature of Main Member: _____ Date: _____ 20__