

GOV CARE LIFESTYLE & FUNERAL* PLAN FOR GOVERNMENT EMPLOYEES APPLICATION FORM

*Underwritten by: KGA LIFE LIMITED (Reg No 1998/023657/06)



PAAV NR
POLICY NR

DETAILS OF MAIN MEMBER

FIRST NAME			
SURNAME			
ID NUMBER			
POSTAL ADDRESS			
CODE		CODE	
TEL (W)		TEL (H)	
MEMBER'S CELL NR		ALTERNATIVE CELL NR	

DEPENDANTS	NAME & SURNAME	RELATIONSHIP	GENDER	ID NO / D.O.B
SPOUSE / COMMON LAW				
CHILD DEPENDANT 1				
CHILD DEPENDANT 2				
CHILD DEPENDANT 3				
CHILD DEPENDANT 4				
CHILD DEPENDANT 5				
CHILD DEPENDANT 6				
CHILD DEPENDANT 7				

Supply details on children with (a) different surnames (b) foster children and (c) children over the age of 21 years:

BENEFICIARY DETAILS

NAME	ID NUMBER
RELATIONSHIP	TEL NUMBER
ADDRESS	

PREMIUM

CATEGORY	PREMIUM	<input checked="" type="checkbox"/>
FAMILY	R110-00 PER MONTH	
SINGLE	R100-00 PER MONTH	

STOP ORDER SECTION: Authorization by premium paying member

EMPLOYEE NR	PERSAL NR	DEPARTMENT	
SALARY CREDIT DATE		DEDUCTION START DATE	

I hereby authorize the accountant department of _____ to deduct a monthly premium of R_____ with effect from _____ from my salary and to remit to KGA Life Ltd from whom I have obtained insurance, until such time as I cancel this authorization in writing or until I substitute it with a new authorization.

Member's declaration and signature

- I warrant that all information given in this application form is true and complete.
- I am comfortable that the product satisfies my financial needs.
- My current financial position makes it possible for me to meet the monthly contributions due on the policy.
- I have read, understand and accept the terms and conditions of the policy.

Signed at _____ on this _____ day of _____ 20_____

Member's Signature:

•	Members who are 18 to 65 years may participate.
•	Members not legally married but living together as a family can still enjoy family benefits provided all relevant particulars, i.e.: common-law details, are declared at inception (this includes traditional marriages).
•	Children are covered as follows: Dependant, Biological unmarried children up to 20 years / 25 years if such biological child is a registered full-time student studying at a recognized training institution.
•	Disabled Children:
→	Cover for physically or mentally disabled children, who qualify as dependants and who are dependant on their parents, will be provided under the family policy until they reach the age of 20 / 25 [irrespective of whether they receive a monthly grant];
→	The moment a physically or mentally disabled children, who receives a grant, turns 21 / 26, such child will not enjoy further cover unless such a child registered on his / her own policy;
→	Physically or mentally disabled children, who do not receive a monthly grant, will continue to enjoy cover under the family policy.
•	Foster Children – a child accepted by KGA shall mean:
→	A child that has been legally adopted and the relevant Court Order or other legal documentation has been issued in respect thereof;
→	A child for whom the member is caring on a permanent basis, provided it is the child of direct family who are themselves incapable of caring for such a child;
→	A child that is not direct family, provided that document by the welfare is provided confirming that the member is caring for the child on a permanent basis.
•	Cover is provided for on a month-to-month basis. No reserves are built up, premiums are payable lifelong and there are no surrender values when cover ceases.
•	All new members are subject to a six (6) consecutive calendar month waiting period from inception date for death due to natural causes. The member must live and contribute to the policy of 6 consecutive calendar months from inception date before cover will commence.
•	Death due to unnatural causes will be subject to immediate cover after receipt of the 1 st premium by KGA.
•	One (1) calendar month for children under 14 years of age.
•	Twenty Four (24) calendar months for death due to suicide / attempted suicide.
•	Premiums are payable monthly in advance. Where the payment date is between the 1 st – 15 th of a month, the entry date will be the 1 st of that month. Where the payment date is between the 16 th – 31 st of a month, the inception ate will be the 1 st of the following month.
•	A member's membership / cover will cease after non-payment of two consecutive premiums. If the member decides to rejoin the scheme at a later stage the member will be subject to a waiting period of six (6) months.
•	Premiums are in no way guaranteed and can be adjusted by KGA at any stage by giving one calendar months notice in writing to the member.
•	A member's cover may not exceed R10 000 in total.
•	Claims will only be considered once KGA is in receipt of all the required documents substantiating the claim (point below).
•	Claims will only be considered for payment if the applicable waiting period has lapsed.
•	Only claims submitted within six (6) months of the date of death will be considered for payment.
•	No claim will be honored if premiums are outstanding or in arrears.
•	The following claim documentation [original or certified copies] must be supplied when reporting / submitting a claim:
→	KGA claim form
→	BI 5 – Computerized death certificate
→	BI 1663 – A copy
→	Deceased's Identity Document → a certified copy
→	<u>Affidavit's</u> will not be allowed from parents declaring parenthood at time of a claim
→	<u>Stillborn</u> → As long as a death certificate [BI 5 or BI 20] can be produced for a stillborn, no questions will be raised regarding the gestation period
•	Claims will be paid to the beneficiary as indicated on the application form.
•	The rules of this scheme are not inconsistent with the provisions of the Long Term Insurance Act [Act 52 of 1998] or in terms of the Master Policy.
•	The Master Policy is available for inspection at the head office of KGA Life Ltd. The master policy contains the full rules & conditions of this contract. Should there be a discrepancy the conditions as set out in the master policy will prevail.

Insured lives	R10 000
Member	R10 000
Spouse	R10 000
Child 14 – 20 years	R10 000
Child 6 – 13 years	R 5 000
Child < 6 (incl. stillborn)	R 2 500

For complaints – The Long Term Insurance Ombudsman	
(Tel) :	021 6575000
(Fax) :	021 674 0951
Address :	Private Bag X45, Claremont, Cape Town, 7735
For enquiries relating to additional benefits contact Gov Care (refer to attached summary):	
(Tel) :	(021) 8016480
(Fax) :	086 621 2589
	SMS : 0792251433
Email	info@govcare.co.za *
Web	www.govcare.co.za *

This product is underwritten by KGA Life Ltd.
KGA Life Ltd is a registered financial service provider for category A assistance insurance. License no. 15980.

Physical address	Postal address	Telephone nr	Fax nr	Email address
53 Canterbury Street BELLVILLE 7530	PO Box 884 BELLVILLE 7535	Head Office: (021) 9446300 Customer Care Centre: 086 1000 542	Head Office: (021) 9484443 Customer Care Centre: (021) 9497869	info@kga.co.za compliance@kga.co.za

