

Funeral Aid Insurance: Application for benefit

Scheme Name	KwaZulu-Natal Joint Municipal Pension / Provident Funds	Scheme Code	
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Important Information

This form must be completed when:

- The insured's cover commences in terms of the policy; or
- There is a change in the information of the insured's family members, as indicated in Section B.

In the event of the death of the insured or a family member of the insured, a copy of this form must accompany the death claim documents.

SECTION A: Personal details of the insured (to be completed by the member)

First name(s)			
Surname			
RSA Identity number		Date of birth	(dd/mm/yyyy)
Gender			
Marital Status	Single	Married	Divorced
	Co-habiting	Widowed	

SECTION B: Application for funeral aid benefits (family members' details)

I hereby apply for the funeral aid benefits, in terms of the policy, to be applicable to my family members as indicated below:
**If a person is in a co-habiting relationship, the life partner can only be registered if neither one of them is married to another person.*

Relationship	First name(s) and surname	Identity number	Gender
*Spouse			
Children			

Declaration by the insured

I declare that when I claim a benefit for a family member, I will prove my relationship to such a person.

Signature of insured		Date	
Signature of witness		Date	



Sanlam Corporate: Group Risk

Please return the completed, dated and signed form to your employer for safekeeping.