

# MULTISURE

Funeral Cover

Offices in  
Port Elizabeth, Cape Town  
& Johannesburg  
08600 53425

Product of  
Multisure Corporation (Pty) Ltd  
Reg no.  
2005/044596/07

## MEMBERSHIP APPLICATION

Underwritten by Workerslife

TITLE     FIRST NAMES         SURNAME

PHYSICAL ADDRESS

TOWN / CITY

PROVINCE

POSTAL ADDRESS

TOWN / CITY

POSTAL CODE       I.D. No.

PH (H)

PH (W)

FAX

CELL

E-MAIL

EMPLOYER

EMPLOYER'S ADDRESS

NAME OF BANK

ACCOUNT HOLDER

BANK

ACC. No.

TYPE OF ACCOUNT\*:  CHEQUE  SAVINGS  TRANSMISSION  BRANCH

BRANCH CODE

DATE OF DEDUCTION:  1st DAY  5th DAY  15th DAY  20th DAY  25th DAY  LAST DAY MONTH IN WHICH TO START DEDUCTIONS:

*MONTHLY ON EVERY\** (If the deduction date falls on a weekend or public holiday then the deduction will be processed on the last working day prior to the deduction date.)

DEPENDANTS	NAME	RELATIONSHIP TO APPLICANT	IDENTITY NUMBER / DATE OF BIRTH

NAME OF BENEFICIARY IN CASE OF MEMBER'S DEATH

I.D. No.

I AM INTERESTED IN THE INCOME OPPORTUNITY?  YES  NO

If YES then please note that an additional R45 Business Fee will be deducted with your monthly premium from the second month to cover the costs of certain events, trainings and presentations.

OPTIONAL ADDITIONAL EXTENDED FAMILY COVER (Includes father, mother, father-in-law, mother-in-law, brother, sister, uncle, aunt, etc)	R3 000 @ R15,00	R7 000 @ R25,00	R10 000 @ R35,00	
<b>EXTENDED FAMILY UP TO AGE 13</b>				
SURNAME	FIRST NAMES	RELATIONSHIP	ID NUMBER OR D.O.B.	RAND
<b>EXTENDED FAMILY AGE 14 - 59</b>				
SURNAME	FIRST NAMES	RELATIONSHIP	ID NUMBER OR D.O.B.	RAND
<b>EXTENDED FAMILY AGE 60 - 74</b>				
SURNAME	FIRST NAMES	RELATIONSHIP	ID NUMBER OR D.O.B.	RAND

See reverse for both member cover and monthly premium then insert amount

MEMBER PREMIUM:	
TOTAL EXTENDED FAMILY PREMIUM:	
TOTAL MONTHLY PREMIUM:	

HAVE YOU OR ANY OF YOUR DEPENDANTS BEEN DIAGNOSED OR TREATED IN THE LAST 2 YEARS FOR:

1. TUBERCULOSIS / HIV AIDS / PNEUMONIA  YES  NO    2. HEART  YES  NO    3. CANCER  YES  NO    4. KIDNEY FAILURE  YES  NO

5. HAVE YOU OR ANY OF YOUR DEPENDANTS BEEN BEDRIDDEN FOR A PERIOD OF MORE THAN 3 MONTHS?  YES  NO    6. HAVE YOU OR ANY OF YOUR DEPENDANTS RECEIVED TREATMENT FROM A DOCTOR OR CLINIC FOR THE SAME ILLNESS ON MORE THAN ONE OCCASION DURING THE PAST YEAR?  YES  NO    7. HAVE YOU OR ANY OF YOUR DEPENDANTS BEEN HOSPITALIZED FOR ANY ILLNESS DURING THE PAST YEAR?  YES  NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE FULL DETAILS: .....

I HAVE READ THE DECLARATION ON THE REVERSE SIDE HEREOF, UNDERSTAND SAME AND AGREE TO IT  
I CAN AFFORD THE PREMIUMS FOR THIS POLICY.  YES  NO

DATE: ..... / ..... / 20 ..... SIGNATURE MAIN MEMBER: ..... SIGNATURE SPOUSE: .....

INDEPENDENT CONSULTANT (IC) : .....  
IC'S MEMBERSHIP No.: .....  
RECRUITER: .....  
RECRUITER'S MEMBERSHIP No.: .....

<b>FOR OFFICE USE</b>
DATE FIRST PAYMENT RECEIVED: .....
APPLICANT'S MEMBERSHIP No.: .....

Send form to: MULTISURE CORPORATION (PTY) LTD, P.O. Box 5010, Walmer, Port Elizabeth, 6065 or Fax 041 581 0746 or Email admin@multisure.co.za

**AGREEMENT**

**TERMS AND CONDITIONS FOR FUNISURE MEMBERS**

1. This agreement is between MultiSure (PTY) LTD (MultiSure) and the person on the reverse side hereof who applies for membership of MultiSure Funeral Cover plan.
2. Applicants who are in the age group 18 up to but not including 75 years may participate in this scheme.
3. The member will pay the membership fee as set out on the reverse side hereto to MultiSure.
4. All monthly membership fees are payable in advance before the 1<sup>st</sup> of each month. Any new member's first payment made during a month shall be deemed to have been made in respect of the following month and it is the sole responsibility of the member to ensure that the membership fees in respect of the following months are paid regularly on or before the due date.
5. The monthly membership fees for the MultiSure Funeral Cover plan can be reduced or increased in the sole discretion of MultiSure.
6. Members who are not legally married but living together as a family can still enjoy family benefits provided that all the relevant particulars are declared on the application form.
7. Cover in respect of children will include unmarried children up to but not including the age of 21. Cover is extended up to but not including the age of 26 if the child is an unmarried full-time student. Cover for physically or mentally disabled children who are dependant on their parents will continue to be covered under this plan, irrespective of age, provided premiums are paid. Physically or mentally disabled children who receive a disability grant do not enjoy cover.
8. Members and lives assured/extended family will be subject to a six (6) calendar month waiting period for benefits. Cover will only commence 6 calendar months after receipt of the first premium.
9. The onus will be on the premium paying member and his spouse to ensure that monthly premiums are paid promptly to MultiSure. Cover under this plan will cease on non-payment of any due premium.
10. If a member's cover should cease and the member applies to rejoin the scheme at a later stage the same conditions as for new membership will apply.
11. Cover under the scheme is provided on a month-to-month basis. No reserves are built up under the scheme.
12. Cover will commence after the stipulated waiting period has expired.
13. Cover for death as a result of suicide is excluded for a membership period of two (2) years.
14. a. The following benefits apply in the event of a death resulting from HIV/Aids or an HIV/Aids related disease.
  - i. 0-6 months membership : no benefit
  - ii. 7-12 months membership : 25% of cover amount
  - iii. 13-18 months membership : 50% of cover amount
  - iv. 19-24 months membership : 75% of cover amount
  - v. 25 months + membership : 100% of cover amount
- b. The family / beneficiary will have six (6) months (from the date of death) in which to provide documentary proof/evidence that the death in fact was not a result of HIV/Aids related disease. If such proof/evidence can be supplied then the balance of the cover amount will be paid out.
15. Only claims submitted within six (6) months from the date of death will be considered for payment.
16. Claims for common-law spouses not declared on the application form will not be considered for payment in the event of death. (Traditional marriage included).
17. Extended family members not included in this plan from inception, will not be admitted at a later stage.
18. Where a member has more than one spouse, all additional spouses will only enjoy cover if they are declared as extended family.
19. The rules of this scheme are not inconsistent with the provisions of the Long-Term Insurance Act (Act 53 of 1998) or with the terms of the Master Policy.
20. The Master Policy is available for inspection at the head office of Sekunjalo Life Assurance Ltd (the underwriters). 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.
21. The premium structure for the MultiSure Funeral Cover plan shall be as follows:

**PREMIUM STRUCTURE**

Member	Cover Amount	Monthly Premium
1. Single with/without children in age group 14-59	R3 000,00	R30,00
	R10 000,00	R55,00
	R20 000,00	R95,00
2. Single without children in age group 60-74	R3 000,00	R50,00
	R10 000,00	R125,00
	R20 000,00	R210,00
3. Family Cover where main member in age group 14-59	R3 000,00	R35,00
	R10 000,00	R60,00
	R20 000,00	R110,00
4. Family Cover where main member in age group 60-74	R3 000,00	R65,00
	R10 000,00	R175,00
	R20 000,00	R295,00

22. The following insured amounts would be payable depending on the cover of the main member:

Member and spouse	R3000	R10000	R20000
Children 14 and older	R3000	R10000	R20000
Children 6 to 13	R1500	R5000	R10000
Children under 6 incl. stillborn babies	R750	R2500	R5000

**TERMS AND CONDITIONS FOR MULTISURE INDEPENDENT CONSULTANTS (ICs)**

1. Only members of MultiSure Legal Cover or MultiSure Funeral Cover are entitled to become MultiSure ICs and market the Funeral Cover plan.
2. No fee is payable for becoming a MultiSure IC and a member shall become an IC and start earning commission as soon as he/she recruits another individual as a member of the MultiSure Funeral Cover and/or MultiSure Legal Cover plans and provided that he/she has made his/her first and all subsequent membership fee payments due to MultiSure.
3. A member of MultiSure Funeral Cover shall also be entitled to market the MultiSure Legal Cover product and vice versa.
4. An IC shall operate his/her own business, is an independent contractor (for all purposes including tax and otherwise), and is not an employee, legal representative or agent of MultiSure or another MultiSure IC or member.
5. An IC can terminate his association with MultiSure at any time in writing.
6. An IC shall for a period of five (5) years after termination of this agreement hold in confidence any trade secrets, sales and distribution systems, formulas, literature and business information which the IC acquired during the term of this agreement and will not use such items directly or indirectly. An IC shall also not enter or participate in a competing business activity whilst being a member of MultiSure and for a period of five (5) years after termination of this agreement.
7. An IC who terminates or whose association with MultiSure is terminated shall lose his/her status with MultiSure and shall, if re-qualifying as an IC, be treated as a new IC.
8. To be entitled to the benefits and commissions due to him/her as set out in the MultiSure Funeral Cover brochure and rules and policies document, an IC shall ensure that his/her membership remains valid and shall ensure that all membership fees are paid on time and as set out above. No commissions, royalties, production bonuses or any other benefits shall be payable to ICs / Associates whose membership fees are not paid by the due date.
9. In the case of benefits, commissions, royalties and production bonuses not being paid to an IC due to the IC's fault, the benefits, commissions, royalties and production bonuses due to the latter shall roll up to the next three (3) commission, royalty and production bonus earning IC's.
10. MultiSure shall not be held liable for any consequential or incidental damages caused by its breach, cancellation or suspension of this agreement, whether or not the possibility for such damages are known to MultiSure.
11. An IC will operate his/her business in such a manner and at all times to enhance the reputation of MultiSure and ensure that his/her conduct complies with the rules and policies of MultiSure.
12. MultiSure may, in its absolute discretion, immediately suspend and/or terminate a member's association by notice in writing to the IC in the event that MultiSure has reasonable grounds for believing that the IC has breached any provisions of this agreement.
13. An IC / Associate shall become entitled to earn commissions, bonuses and benefits when he/she recruits other individuals as MultiSure Funeral Cover members and shall receive the said commissions, bonuses and benefits and shall advance to higher commission, bonus and benefit levels as set out in the rules and policies document which is incorporated in this agreement.
14. MultiSure may in its sole discretion and at any time alter the income levels, commissions, bonuses and benefits and required qualifications as set out in the rules and policies document if MultiSure deems such alterations to be in the interest of itself and/or its Members and/or its ICs.
15. Alternative benefits to those set out in the MultiSure Funeral Cover brochure may be introduced in the sole discretion of MultiSure and in such cases the costs, commissions, bonuses and other benefits shall be determined by MultiSure in its sole discretion.

NB: ALL COMPLETED APPLICATION FORMS MUST BE SUBMITTED TO MultiSure (Pty) Ltd, 1st Floor, 6th Ave Centre, cnr 6th Ave & Heugh Rd, Walmer, Port Elizabeth or P.O. Box 63943, Greenacres 6057 - Tel. 08600 53425.

**DECLARATION**

I, THE PERSON MENTIONED AS THE MAIN MEMBER, HEREBY APPLY FOR MEMBERSHIP OF MULTISURE'S FUNERAL COVER IN ACCORDANCE WITH THE TERMS AND CONDITIONS WHICH I HAVE READ AND UNDERSTOOD AS SET OUT HEREIN. I WISH TO PAY MY MEMBERSHIP FEES AS FOLLOWS: (Please circle one):

- i) I authorise MultiSure to debit my bank account on the ..... of each month with the amount of R ..... per month or any other amount as a result of an increase of membership fees by MultiSure until cancelled by me in writing. If there are insufficient funds in the nominated account to meet the obligation, MultiSure (Pty) Ltd is entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;
- ii) I will pay the membership fees every month before the due date. (**MULTISURE'S BANK DETAILS: ACCOUNTNAME: MULTISURE; BANK: ABSA; ACCOUNT No.: 4052301886; BRANCH: 632005**)

I/WE ACCEPT THE WAITING PERIODS AND ALL CONDITIONS (INCLUDING HIV/AIDS), AS CONTAINED IN THE MASTER POLICY AND AS EXPLAINED TO ME/US BY THE INDEPENDENT CONSULTANT. I/WE AUTHORISE KGA LIFE LTD (THE UNDERWRITERS) TO OBTAIN FROM ANY DOCTOR OR ANY OTHER PERSON, ANY NECESSARY MEDICAL INFORMATION, EVEN AFTER MY/OUR DEATH. I/WE UNDERSTAND THAT UNTRUE STATEMENTS CAN LEAD TO POLICY CANCELLATION AND THE CLAIM NOT BEING SETTLED.

Please note that a once-off R80 administration fee is payable by all new members and must be paid together with the first premium or will be deducted with the first premium in the case of a debit order authorisation. Arrear premiums will be deducted together with monthly premiums without prior notification to the member.