



## INDEPENDENT POLICING UNION OF SOUTH AFRICA (IPUSA) FUNERAL SCHEME

NEW POLICY	
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POLICY TRANSFER	
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SUBMIT COPY OF THE POLICY
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### 1. PERSONAL DETAILS OF MAIN MEMBER

SURNAME		FIRST NAMES	
ID NUMBER	Y Y M M D D	DATE JOINED	Y Y Y Y M M D D GENDER M F
EMPLOYEE NUMBER		DEPARTMENT	
MARITAL STATUS	SINGLE MARRIED DIVORCED	WIDOWED	DOMESTIC PARTNERSHIP
CELL NUMBER		TELEPHONE NUMBER	
E-MAIL ADDRESS			
PHYSICAL ADDRESS			
		CODE	
POSTAL ADDRESS			
		CODE	

### 2. SPOUSES' DETAILS

	FIRST NAMES & SURNAME	DATE OF BIRTH / ID NUMBER	RELATIONSHIP
1		Y Y M M D D	

### 3. CHILDREN UNDER 23 YEARS' DETAILS

	FIRST NAMES & SURNAME	DATE OF BIRTH / ID NUMBER	RELATIONSHIP
1		Y Y M M D D	
2		Y Y M M D D	
3		Y Y M M D D	
4		Y Y M M D D	
5		Y Y M M D D	

### 4. BENEFICIARY NOMINATION (Applicable in the event of the death of a Main Member)

NAME		SURNAME	
ID NUMBER	Y Y M M D D	RELATIONSHIP	
CONTACT NR		EMAIL	

### 5. EXTENDED FAMILY MEMBERS DETAILS

	FIRST NAMES & SURNAME	RELATIONSHIP	CHOICE	DATE OF BIRTH / ID NUMBER	PREMIUM RATE
1			A B C D E F	Y Y M M D D	R
2			A B C D E F	Y Y M M D D	R
3			A B C D E F	Y Y M M D D	R
4			A B C D E F	Y Y M M D D	R
5			A B C D E F	Y Y M M D D	R
6			A B C D E F	Y Y M M D D	R
7			A B C D E F	Y Y M M D D	R
8			A B C D E F	Y Y M M D D	R
9			A B C D E F	Y Y M M D D	R
<b>TOTAL EXTENDED FAMILY PREMIUM</b>					<b>R</b>

## 6. FULL FAMILY BENEFIT OPTIONS

INSURED PERSON	OPTION A <input type="checkbox"/>	OPTION B <input type="checkbox"/>	OPTION C <input type="checkbox"/>	OPTION D <input type="checkbox"/>	OPTION E <input type="checkbox"/>	OPTION F <input type="checkbox"/>	OPTION G <input type="checkbox"/>
Principal Member	R10 000	R15 000	R20 000	R30 000	R50 000	R60 000	R75 000
Spouse	R10 000	R15 000	R20 000	R30 000	R50 000	R60 000	R75 000
Child 14 – 21 years	R7 500	R10 000	R12 500	R20 000	R30 000	R40 000	R50 000
Child 6 – 13 years	R5 000	R7 500	R10 000	R10 000	R20 000	R25 000	R30 000
Child 1 - 5 years	R2500	R3 750	R5 000	R5 000	R10 000	R10 000	R10 000
Child 0-11 months	R1 250	R1 875	R2 500	R5 000	R10 000	R10 000	R10 000
Stillborn	R1 250	R1 875	R2 500	R5 000	R10 000	R10 000	R10 000
<b>Family Rate Per Month</b>	<b>R29.50</b>	<b>R44.10</b>	<b>R58.80</b>	<b>R87.60</b>	<b>R146.80</b>	<b>R176.00</b>	<b>R218.00</b>

## 7. EXTENDED FAMILY MEMBERS CHOICES

EXTENDED FAMILY BENEFITS	CHOICE A	CHOICE B	CHOICE C	CHOICE D	CHOICE E	CHOICE F
AGE OF EXTENDED FAMILY MEMBER AT ENTRY	R8,000	R10 000	R15 000	R20 000	R25 000	R30 000
Between age 0 – 5 years	R4,84	R6,04	R9,06	R12,10	N/A	N/A
Between age 6-17 years	R 4,84	R6,04	R9,06	R12,10	R15,12	R18,14
Between age 18 to 64 years	R24,20	R30,20	R45,30	R60,50	R75,60	R90,70
Between age 65 to 74 years	R50,60	R63,30	R94,90	R126,60	R158,30	R189,90
Between age 75 to 84 years	R82,40	R103,10	R154,60	R206,20	R257,70	R309,30
Between age 85 to 94 years	R302,20	R377,70	R566,60	R755,50	R944,40	R1 133,20

## 8. INCOME REPLACEMENT BENEFITS (MAIN MEMBER ONLY)

Payable in six monthly equal instalments over a six month period from the death of a Main Member			
BENEFIT OPTIONS	OPTION A	OPTION B	OPTION C
Cover Amount	R1 500	R2 500	R3 500
Main Member between age of 18-64 years	<b>R15.00</b>	<b>R25.10</b>	<b>R35.10</b>

## 9. PREMIUM CALCULATION

CATEGORY INSURED	PREMIUM AMOUNT
Full Family Premium	R
Total Extended Family Premium	R
Income Replacement Premium	R
<b>TOTAL PREMIUM DUE</b>	<b>R</b>

## 10. DEBIT ORDER AUTHORITY

I hereby authorize the Intermediary to issue and deliver payment instructions for collection against my below mentioned account (or any other bank to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in this document. This authority and mandate will continue until it is terminated by me giving one calendar month's written notice. The individual payment instructions so authorized must be issued and delivered monthly on the day as detailed below. In the event that the payment day falls on a Sunday, or recognized SA public holiday, the payment day will automatically be the very next ordinary business day. I understand that the withdrawals hereby authorized will be processed through a computerized system provided by the SA Banks. I also understand that details of each withdrawal will be printed on my bank statement. I acknowledge that all payment instructions issued by the Intermediary shall be treated by my below mentioned bank as if the instructions have been issued by me personally. I agree that I will not be entitled to any refund of amounts withdrawn while this authority was in force, if such amounts were legally owing.

Please complete the following details in full if you have chosen a debit order deduction.									
ACCOUNT HOLDER									
BANK NAME					BRANCH NAME				
ACCOUNT NUMBER					BRANCH CODE				
ACCOUNT TYPE	SAVINGS	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>	TRANSMISSION	<input type="checkbox"/>	DEBIT ORDER DAY	<input type="checkbox"/>	------(MONTHLY)
ACCOUNT HOLDER'S SIGNATURE									
DATE									
	Y	Y	Y	Y	M	M	D	D	

**TERMS AND CONTIONS OF INDEPENDENT POLICING UNION OF SOUTH AFRICA**

- \* These terms and conditions should be read with the Master Policy, a copy of which can be obtained from the Intermediary or Scheme. In case of uncertainty, the Master Policy will take precedence.
  - \* The Applicant has 31 days from signature date to cancel this policy if no claim was submitted. Any premiums paid during this period will be refunded.
  - \* The cover is immediate for members covered under an existing union group scheme. The start date for new members is when the first premium is received.
  - \* Waiting periods (in months) from Cover Start Date:
 

Main Member / Spouse / Children	6
Extended Family Members	6
  - \* No waiting period will apply for Accidental Cover, provided first premium has been received.
  - \* If Benefits are added or increased at any stage in respect of a Policy Member, a new Waiting Period will be applicable to the added Benefit or the increase in Benefit amount, as the case may be, in respect of such Policy Member.
  - \* Suicide will not be covered during the first 12 months from the Cover Start Date.
  - \* Children will no longer be covered after the age of 23 years.
  - \* The premiums on Page 1 include the following fees:
 

Intermediary Commission	15%
Administration Fees	10%
  - \* Should the Main Member pass away with valid cover, the cover amount will be paid to the beneficiary nominated above. This person has to be 18 years or older and have a valid South African bank account.
  - \* If the Policy benefit lapses due to non-payment of premiums, the Policyholder may apply directly or via the Intermediary, as the case may be, for reinstatement of cover. Reinstatement will be allowed within 2 months from the effective lapse date, without imposing a new waiting period. The remaining period of a waiting period that had not yet passed at the time of lapse, will however still apply and outstanding premiums have to be paid in order for a reinstatement of cover to occur.
  - \* Main Members who are not South African citizens, or who do not ordinarily reside in South Africa, will only be allowed to join on a Main Member basis.
  - \* Should an Insured Event occur in respect of a Main Member or any other Policy Member outside the borders of South Africa, such claim will be subject to receipt of the official proof of death from another country, which Stangen may or may not be in a position to verify. Payments of claims under such circumstances can therefore not be guaranteed.
- |                  |  |                      |
|------------------|--|----------------------|
| The Insurer      | The Standard General Insurance Company Limited ("Stangen") |                      |
|                  | Registration No. 1948/029011/06                            | Tel No. 0861 007 966 |
| The Intermediary | Bridging Intermediaries & Consultants Pty Ltd (BIC)        |                      |
|                  | Registration No. 2019/488852/07                            | Tel No. 010 222 0430 |

- \* The Applicant accepts that the Insurer can communicate with him or her telephonically and/or electronically. All records shared with the Insurer may be stored electronically. The Insurer values clients' privacy and personal information. The detailed Privacy Policy can be viewed online at <https://www.stangen.co.za/privacy/>
  - \* In the event of a claim, the Intermediary should be contacted. Claims must be lodged within 12 months from the claim event.
  - \* Any complaints must first be lodged with the Intermediary. Should the resolution not be satisfactory, the Insurer can be contacted on the numbers above or via e-mail [complaints@stangen.co.za](mailto:complaints@stangen.co.za) . Any complaints must be submitted in writing.
  - \*Should there be concerns about the information received, the Insurer's Compliance Department can be contacted on 086 11 22 222 or [insurancecompliance@stangen.co.za](mailto:insurancecompliance@stangen.co.za)
  - \*If resolution is still unsatisfactory, complaints may be lodged with the Regulators at the below addresses:
- |                               |   |  |
|-------------------------------|---|--|
| The FAIS Ombud                | P.O Box 74571, Lynnwood Ridge, 0040   |  |
|                               | Email: <a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a> Website: <a href="http://www.faisombud.co.za">www.faisombud.co.za</a> |  |
|                               | Tel: 012 762 5000 / 012 470 9080 Fax: 012 348 3447 / 012 470 9097 / 086 764 1422  |  |
|                               | Private Bag X45, Claremont, Cape Town, 7735   |  |
| Long-term Insurance Ombudsman | Tel: (021) 657 5000 / 086 0103 236 Fax:(021) 657 0951   |  |
|                               | E-mail: <a href="mailto:info@ombud.co.za">info@ombud.co.za</a> Website: <a href="http://www.ombud.co.za">www.ombud.co.za</a>                |  |

**APPLICANT DECLARATION**

I, the undersigned, hereby apply for funeral cover for myself and other policy members as detailed on above Pages for the cover amounts as detailed on the pages above. By my signature hereto, I also confirm that I have read and understood the terms and conditions. By my signature hereto, I also confirm that I have the consent of all the adult lives assured for their personal information to be shared with the Intermediary and the Insurer; and I consent to same in respect of my own personal information and that of my children as detailed above.

<b>Full Names</b>				<b>Applicant's Signature:</b>
<b>Surname</b>				
<b>Place</b>		<b>Date</b>		

**Full Names of Union Rep who handed/collected this form (where applicable):** \_\_\_\_\_  
**Province:** \_\_\_\_\_ **Contact number:** \_\_\_\_\_

ON COMPLETION, THE APPLICATION MUST BE SUBMITTED TO [IPUSA@BRIDGINGIC.CO.ZA](mailto:IPUSA@BRIDGINGIC.CO.ZA)  
 For Queries contact BIC on 010 206 0110, Cell No: 065 828 5115, WhatsApp: 065 899 4091



**Licensed insurer in terms of the Insurance Act, 2017**  
**An authorised financial service provider, FSP number 47235**  
 Address: Menlyn Corporate Park, Block A 175 Corobay Avenue,  
 Waterkloof Glen, Ext 11, Pretoria, 0081