PROPOSAL FOR A GROUP ASSURANCE PLAN

PROPOSER:

Name of the Company/Organization/Umbrella: _____

Scheme Name: _____

Policy No. (If applicable): _____

Physical Address: _____ Postal Address: _____

_____ _____

_____ _____

Code: _____ Code: _____

Telephone No: _____ Fax No. _____ E-mail Address: _____

Overall nature of business sector/industry: _____

Location of Company /Organization (region): _____

Type of Organization:

- ☐ Company
- ☐ CC
- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Trust
- ☐ Union
- ☐ Burial Society
- ☐ Funeral Parlor
- ☐ Church
- ☐ Other

Company Registration number: _____

Names and Identification Numbers of individuals in charge of the scheme (applicable to) Partnership and Sole Proprietorship:

Name: _____ ID Number: _____

Name: _____ ID Number: _____

Name: _____ ID Number: _____

Name: _____ ID Number: _____

Name: _____ ID Number: _____

PROPOSAL FOR FUND PLACED WITH CORNER LIFE AS:

☐ Direct Business

Date of Commencement: ……/……/……

Effective Date: ……/…… /……..

BROKERAGE DETAILS:

Brokerage/ Administrator Name:_____FSP No.: _____

Broker Code: _____

SCHEME CONTACT DETAILS:

Contact Person:_____Telephone No.: _____

Fax No.:_____E-Mail Address: _____

PREMIUM PAYMENTS DETAILS:

Payment Frequency

☐ Monthly
☐ Annual

Contact Person responsible for payment of premiums:_____

Telephone No.:_____E-Mail Address: _____

PARTICIPATION DETAILS:

Participation for all eligible persons will be:

☐ Compulsory
☐ Voluntary

This is an Employer relationship:

☐ Yes
☐ No

Members are paying the premium, wholly or in part:

☐ Yes
☐ No

Members will be paid the benefits upon claiming:

☐ Yes
☐ No

Members can cancel their participation in the policy:

☐ Yes
☐ No

Who will be eligible to participate in the proposed plan: _____

Number of members covered under the plan at inception: _____

Category of cover requested:

☐ Full Family
☐ Member Only
☐ Dependents Only
☐ Extended Family

BENEFIT:

Funeral cover

Benefit structure applicable under the fund: Principal Member : R_____

Spouse : R_____

Child age 14 - 21 years : R_____

Child age 6 - 13 years : R_____

Child age 1- 5 years : R_____

Child age 0 – 11 months : R_____

Stillborn : R _____

Monthly Premium rate per member : R _____

ADDITIONAL BENEFITS APPLICABLE TO THIS FUND:

☐ Memorial Benefit
☐ Repatriation Benefit
☐ Accidental Death Benefit
☐ Extended Family Cover

PARENTS/ EXTENDED FAMILY BENEFITS: Application forms attached.

Under age 65 Benefit R_____ At R_____per additional person

Age 65 to 74 Benefit R_____ At R_____per additional person

Age 75 to 84 Benefit R_____ At R_____per additional person

CONDITION:

Provided that you maintain at the agreed stipulated number of Principal Members and remain underwritten by **Scarlet Capital** for a minimum term of 3 (three) years, **Scarlet capital** shall offer the premium quoted. The premium is subject to review on an annual basis.Standard terms and conditions apply.

Please tick the appropriate box:

☐ Condition accepted
☐ Condition not accepted

DECLARATION:

I / We hereby warrant that the above information is complete, true and correct, and that no other material information which may be relevant to **scarlet Capital** assessment of the Proposal has been withheld. I /We understand and agree that any willful misrepresentation in this Proposal will invalidate any benefit under the Policy and that I / We undertake to abide by the terms and conditions of the policy. I/We understand that until **Scarlet Capital** has been provided with all the relevant documentation, and has accepted this Proposal and the first Premium, **Scarlet Capital** will not assume risk.

Attached to this Proposal please receive:

☐ Quote, with annexed documents
☐ 1st Premium
☐ Full Membership Data
☐ Member applications attached

Authorized Signature:_____Official Designation: _____

Initials & Surname:_____Date: _____

Company Stamp

Corner Life Consultant in attendance: _____

For Office Use Only

Checked by Consultant:_____Received by Actuarial Department:____/____/____Received by Admin: ___/___/___

Policy No:_____Scheme No:_____Administrator:_____Issue Date: ____/____/____

Address
Shop Number 006
31031 Mocke Street
Daveyton
1520
Tel: 010-023 6422
Cell: 083 3352770
e-mail: info@scarletcapital.co.za