

FundsAtWork Family Protector - PLUS options

Member number

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Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

Section 1: Employer details

Employer's name

Employee number

Section 2: Member details

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No ID/Passport number

Passport country of origin

Tax number Tax office

Residential address

Postal code

Postal address

Postal code

Telephone - work Fax number

Telephone - home Cell number

Email address

Section 3: Before completing the rest of this form, please make sure that:

- You have read your member guide.
- You have read your benefit statement and you know which benefits you have.

If you have any queries about your Family Protector benefits, you may contact the Client Contact Centre on 0860 65 75 85. Please fill in the section that applies to you.

Section 4: Funeral benefit

The Family Protector funeral BASE benefit for a member and spouse(s) is R15 000.

Additional cover

- Member and spouse(s)
- Add or change cover (if applicable). The cover for the member and spouse(s) must always be added or changed together.
 - The premium is R6 per month per R2 500 of additional cover per person.
 - A maximum of two spouses will be covered.

Please change the funeral cover for myself and my spouse(s) from R15 000 to:

Cover amount	R17 500 <input type="checkbox"/>	R20 000 <input type="checkbox"/>	R22 500 <input type="checkbox"/>	R25 000 <input type="checkbox"/>	R27 500 <input type="checkbox"/>	R30 000 <input type="checkbox"/>
	R32 500 <input type="checkbox"/>	R35 000 <input type="checkbox"/>	R37 500 <input type="checkbox"/>	R40 000 <input type="checkbox"/>	R42 500 <input type="checkbox"/>	R45 000 <input type="checkbox"/>
	R47 500 <input type="checkbox"/>	R50 000 <input type="checkbox"/>				

Details of Spouse 1

Title Initial/s First name

Surname

RSA ID Yes No ID/Passport number

Passport country of origin

Date of birth - -

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Section 4: Funeral benefit (continued)**Details of Spouse 2**

Title Initial/s First name

Surname

RSA ID Yes No ID/Passport number

Passport country of origin

Date of birth - -

• Increase children cover (if applicable)

- The premium is R3 per month per R2 500 additional cover per child.
- Children's cover may not exceed the member's and spouse(s) cover.
- You must choose the same amount of cover for all your children. Keep in mind that a maximum cover amount per age category applies:
 - R10 000 for children under 6 years
 - R30 000 for children between 6 and 14 years and
 - R50 000 for children over 14 years.

• Family Protector Funeral BASE benefit:

Children	14 - 21years	R15 000
	All children under 14 years and stillborn	R7 500

- When you increase the amount of cover for your children, you have to select the same amount of cover for every age category by which you want to increase the cover. The total cover per age category for children cannot exceed the amount of cover for the member.

If you have chosen a cover amount that is higher than the cover restriction per age category, the maximum amount for that specific age category will be paid out, but as soon as the child moves up into the next age category the new maximum cover amount will apply. This way you don't need to adjust the cover amount all the time as it will automatically increase as your child gets older.

Please change the funeral cover for my children's cover from the BASE benefit to:

Cover amount	<input type="text"/> R2 500 <input type="text"/>	<input type="text"/> R5 000 <input type="text"/>	<input type="text"/> R7 500 <input type="text"/>	<input type="text"/> R10 000 <input type="text"/>	<input type="text"/> R12 500 <input type="text"/>	<input type="text"/> R15 000 <input type="text"/>	<input type="text"/> R17 500 <input type="text"/>
	<input type="text"/> R20 000 <input type="text"/>	<input type="text"/> R22 500 <input type="text"/>	<input type="text"/> R25 000 <input type="text"/>	<input type="text"/> R27 500 <input type="text"/>	<input type="text"/> R30 000 <input type="text"/>	<input type="text"/> R32 500 <input type="text"/>	<input type="text"/> R35 000 <input type="text"/>

Details of child (1)

Title Initial/s First name

Surname

RSA ID Yes No ID/Passport number

Passport country of origin

Date of birth - -

*Note: Please be aware that the maximum cover that will be paid for children younger than 6 years is R10 000.

Details of child (2)

Title Initial/s First name

Surname

RSA ID Yes No ID/Passport number

Passport country of origin

Date of birth - -

*Note: Please be aware that the maximum cover that will be paid for children younger than 6 years is R10 000.

Details of child (3)

Title Initial/s First name

Surname

RSA ID Yes No ID/Passport number

Passport country of origin

Date of birth - -

*Note: Please be aware that the maximum cover that will be paid for children younger than 6 years is R10 000.

Details of child (4)

Title Initial/s First name

Surname

RSA ID Yes No ID/Passport number

Passport country of origin

Date of birth - -

*Note: Please be aware that the maximum cover that will be paid for children younger than 6 years is R10 000.

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Section 6: Education benefit

- **Add or change cover for children (if applicable)**

- The premium is R5 per month per R10 000 per child.
- You can change the cover in increments of R10 000.
- The maximum cover for all children is the lesser of 5 times your annual salary or R2m.

Details of child (1)

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/Passport number	<input type="text"/>	
Passport country of origin	<input type="text"/>				
Address of child (if different from own) Residential address	<input type="text"/>				
Postal address	<input type="text"/>				Postal code <input type="text"/>
Total cover (in addition to the R10 000 BASE cover) required for child (1)	<input type="text"/>				

Details of child (2)

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/Passport number	<input type="text"/>	
Passport country of origin	<input type="text"/>				
Address of child (if different from own) Residential address	<input type="text"/>				
Postal address	<input type="text"/>				Postal code <input type="text"/>
Total cover (in addition to the R10 000 BASE cover) required for child (1)	<input type="text"/>				

Details of child (3)

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/Passport number	<input type="text"/>	
Passport country of origin	<input type="text"/>				
Address of child (if different from own) Residential address	<input type="text"/>				
Postal address	<input type="text"/>				Postal code <input type="text"/>
Total cover (in addition to the R10 000 BASE cover) required for child (1)	<input type="text"/>				

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Details of child (4)

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No ID/Passport number

Passport country of origin

Address of child (if different from own) Residential address

Postal address Postal code

Postal code

Total cover (in addition to the R10 000 BASE cover) required for child (1)

Details of child (5)

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No ID/Passport number

Passport country of origin

Address of child (if different from own) Residential address

Postal address Postal code

Postal code

Total cover (in addition to the R10 000 BASE cover) required for child (1)

Section 7: Additional lives

- **Additional children**
 - The premium is R5 per month per 10 000 per child.
 - You can add a maximum of two children.

Details of child (6)

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No ID/Passport number

Passport country of origin

Address of child (if different from own) Residential address

Postal address Postal code

Postal code

Total cover (in addition to the R10 000 BASE cover) required for child (1)

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Details of child (7)

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No ID/Passport number

Passport country of origin

Address of child (if different from own)
Residential address

Postal address

Postal code

Postal address

Postal code

Total cover (in addition to the R10 000
BASE cover) required for child (1)

Section 8: Health premium waiver• **Add years for Momentum Health (if applicable)**

- You can only make changes once a year in January .
- The premium is R11 per month for every year added under death and R5 per month for every year added under disability.

Payment period required in respect of death

Payment period required in respect of disability

• **Add years in respect of other medical aid, i.e. not Momentum Health (if applicable)**

- You can only make changes once a year in January .
- If you are not on the Momentum Health scheme, the premium will be R15 per month for every year under the death and R7 per month for every year added for disability.

Payment period required for death

Payment period required for disability

• **Add or change medical scheme (if applicable)**

- The monthly contribution paid, to a medical scheme other than Momentum Health, will be capped at R2 100 for a single member and R5 800 for a family.

Name of medical scheme

Option

Reference number

Section 9: Declaration by member

I (full names)

declare that:

- all particulars furnished in this form are true and correct;
- I understand the Family Protector benefits that have been made available to me; and
- I am aware of the effect the change in the Family Protector benefit will have on my take-home pay.

Signed at

Member's signature

Date - - 2 0

Fax this completed form to our Client Contact Centre on 012 657 3970. You may also log on to our website at www.momentum.co.za and make changes to your Family Protector benefit electronically.

Terms and conditions

- Momentum FundsAtWork will not be liable for any losses the member incurs if the information the member supplies, is unclear, illegible or incorrect in any way.
- You may be required to go for a medical examination.
- No benefit will be paid if death is a result of suicide or self-inflicted injury within the first two years of selection of the Family Protector - PLUS option.

