

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 aged 14 - 21 years : R _____
Child aged 6 - 13 years : R _____
Child aged 1- 5 years : R _____
Child aged 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 aged 65 Benefit R _____ At R _____ per additional person

Aged 65 to 74 Benefit R _____ At R _____ per additional person

Aged 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 Corner Life for a minimum term of 3 (three) years, Corner Life 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 Corner Life 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 Corner Life has been provided with all the relevant documentation, and has accepted this Proposal and the first Premium, Corner Life 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:
____/____/____

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