

# New Membership Option Form

## Member Details

Surname and initials:		Identity number:	
Cell phone number:		Pay number:	
Email:			

## IMPORTANT

1. Only select the option below that is most appropriate to suit your own personal needs.
2. If you are a new employee and younger than 50 years, the Scheme allows you to unconditionally select any of the options below.
3. If you are a new employee and older than 50 years, you will be required to provide proof of good health should you want to be covered under any of the Z-option's that allows you to take additional cover.
4. Once you as a new member selected an option, you will in future only be allowed to increase your cover in the event of marriage, birth or adoption of a child or promotion, provided it is done within 60 days of the event and you are not yet 50 years old.
5. As a last option, you may in future at any time apply to increase your cover on the basis of "Proof of good health".

OPTION (Mark your option with an X)		YOUR PREMIUM
<b>Y-OPTION</b> (automatic or default option providing the minimum cover)		
Death cover equal to 1 x annual basic salary Disability cover equal to 1 x annual basic salary Funeral cover R40 000	<input type="checkbox"/>	Nil. The employer pays the premium.
<b>1ZY-OPTION</b> (providing 1 times additional death cover)		
Death cover equal to 2 x annual basic salary Disability cover equal to 1½ x annual basic salary Funeral cover R40 000	<input type="checkbox"/>	0,585% of basic salary
<b>2ZY-OPTION</b> (providing 2 times additional death cover)		
Death cover equal to 3 x annual basic salary Disability cover equal to 2 x annual basic salary Funeral cover R40 000	<input type="checkbox"/>	1,170% of basic salary
<b>3ZY-OPTION</b> (providing 3 times additional death cover)		
Death cover equal to 4 x annual basic salary Disability cover equal to 2½ x annual basic salary Funeral cover R40 000	<input type="checkbox"/>	1,755% of basic salary

The above is my final choice and I understand that I cannot resign from the Tshwane Group Life Scheme or change my type of cover except if it is done in accordance and in terms of the provisions of the Scheme's Rules. I endorse the provisions of the Rules of the Scheme and realise that the conditions of the Scheme may be amended periodically and that such amendments may affect inter alia my contributions, benefits or both.

MEMBER SIGNATURE

DATE