

Continuation Option – Application to Convert to an Individual policy

Important Advice: It is always important to seek professional financial advice and assistance.

Please answer the personal questions below

Name					
Identity number				Cell number	
Pay number				Email	
Termination date					
Current option (mark with X)		Y	1ZY	2ZY	3ZY
Current position with employer					
Highest qualification					
Height	Meters				
Weight	Kilograms				
Smoker	Yes	No			

Cover Required

I request a quote for the following individual cover type(s)

	Tick applicable block(s)
Death Cover	
Disability Cover	
Funeral Cover	
Family Funeral Cover	

For Office Use Only

Current Monthly Salary	R		
Current Death Cover	R		
Current Disability Cover	R		
Previous Disability Approved by Insurer	Yes	No	R
Current Funeral Cover	R		
Current Family Funeral Cover	R		

Process

Once this form is submitted to the Scheme, a no-obligation quote will be requested from the insurer.
 A financial advisor will contact you to discuss the quote and available options.
 You will be under no-obligation to accept the quote presented.

MEMBER SIGNATURE

DATE