

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		Resign <input type="checkbox"/>		Retire <input type="checkbox"/>		Dismissed <input type="checkbox"/>		Other <input type="checkbox"/>
Current option (mark with X)		Y	1ZY		2ZY		3ZY	
Current position with employer								
Highest qualification								
Height	Meters							
Weight	Kilograms							
Smoker	Yes	No						

Cover required after termination

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

Tick applicable block(s)	
Death Cover	
Disability Cover	
Funeral Cover (Own life only)	
Family Funeral Cover (Own life, spouse and children)	

For Office Use Only

Current Monthly Salary	R			Scheme Code: 001943
Current Death Benefit	R			
Current Disability Benefit	R			
Previous Disability Approved by Insurer	Yes	No	R	
Current Funeral Cover	R			
Current Family Funeral Cover	R			
				Scheme Code: 0033922

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