

# New Membership Option Form

## Member Details

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

## IMPORTANT

- Only select the option below that is most appropriate to suit your own personal needs.
- If you are a new employee and younger than 50 years, you are allowed to select any of the options below.
- If you are a new employee and older than 50 years, you will be required to provide proof of good health should you select any of the ZY-Options below. Failure to do so will result in your membership being reversed to the default or Y-option.
- 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.
- As a last option, you may in future at any time apply to increase your cover on the basis of "proof of good health".
- For more information please visit the Scheme's website at [www.tglscheme.co.za](http://www.tglscheme.co.za)

### OPTION (Mark your option with an X)

### YOUR PREMIUM

#### Y-OPTION

(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 R67 600

☐

Nil.  
 The employer pays the premium.

#### 1ZY-OPTION

(providing 1 times additional death cover)

Death cover equal to 2 x annual basic salary  
 Disability cover equal to 1.5 x annual basic salary  
 Funeral cover R67 600

☐

0.585% of basic salary

#### 2ZY-OPTION

(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 R67 600

☐

1.170% of basic salary

#### 3ZY-OPTION

(providing 3 times additional death cover)

Death cover equal to 4 x annual basic salary  
 Disability cover equal to 2.5 x annual basic salary  
 Funeral cover R67 600

☐

1.755% of basic salary

### The above is my final choice and I understand that:

- Membership is compulsory for as long as I am employed by the City of Tshwane.
- I may not change my option or cover except if it is done so in accordance and in terms of the provisions of the policy.
- 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