orchard insurance

Group Funeral Insurance Application Form

Client No.	
Quote No.	
Policy No.	
Inception Date	

Policyholder details			
Surname		Title	
First names		Gender	
Date of birth		Identity number	

Contact details			
Permanent Address:		Current Address (if different from Permanent Address):	
Physical		Physical	
Postal		Postal	
Work Tel		Cell Tel	
Home Tel		Email	

Please select category of cover required						
Basic cover						
	Plan A5 000	Plan B 10 000	Plan C 12 000	Plan D 15 000	Plan E 20 000	Plan F 30 000
Immediate Family	☐	☐	☐	☐	☐	☐

Immediate family dependent details (1 Spouse and maximum of 6 Children)				
Relationship	Surname	First names	Identity number	Date of birth
Spouse				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				

Applicant Signature _____

Date_____

Agent Signature_____

Date_____

Additional cover (Extra Spouse, Extra Child, Parent, Senior Citizen Parent, Extended Family)							
Description	Quantity	Plan A5 000	Plan B 10 000	Plan C 12 0000	Plan D 15 000	Plan E 20 0000	Plan F30 000
		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐
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		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐

Additional Immediate family coverage– dependent details (Extra Spouse, Extra Child, Parent, Senior Citizen Parent)				
Relationship	Surname	First names	Identity number	Date of birth

Extended family coverage – dependent details (Age groups: under 21, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80)				
Age group (31-40, etc)	Surname	First names	Identity number	Date of birth

Applicant Signature _____ Agent Signature_____

Date_____ Date_____

Orchard Family Plan	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Policyholder	5 000	10 000	12 000	15 000	20 000	30 000
Spouse	5 000	10 000	12 000	15 000	20 000	30 000
Child (14 to 21)	5 000	10 000	12 000	15 000	20 000	30 000
Child (6 to 13)	2 500	5 000	6 000	7 500	10 000	15 000
Child (1 to 5)	1 250	2 500	3 000	3 750	5 000	7 500
Child (< 1 including stillbirth over 28 weeks)	625	1 250	1 500	1 875	2 500	3 750
Monthly Premium	18.00	36.00	43.00	54.00	72.00	108.00

- Covers 1 Spouse and up to 6 Children
- Main Member must be between 18 and 65
- No waiting period

Pensioner Plan	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Benefit	5 000	10 000	12 000			
Rate per Member per Month	38.00	75.00	89.00			

- Pensioner refers to a Main Member who is between 65 and 80 years of age (does not qualify for the Orchard Family Plan)
- 9 months waiting period.

Pensioner & Spouse Plan	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Benefit	5 000	10 000	12 000			
Rate per Member per Month	60.00	120.00	145.00			

- Pensioner refers to a Main Member who is between 65 and 80 years of age (does not qualify for the Orchard Family Plan)
- 9 months waiting period.

Add on: Extra Child	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Benefit (age 21 and under)	5 000	10 000	12 000	15 000	20 000	30 000
Monthly Premium	6.00	13.00	15.00	19.00	26.00	38.00

- 6 month waiting period

Add on: Extra Spouse	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Benefit	5 000	10 000	12 000	15 000	20 000	30 000
Monthly Premium	8.00	17.00	20.00	25.00	33.00	50.00

- 6 month waiting period

Add on: Parent (70 and under)	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Benefit	5 000	10 000	12 000	15 000		
Monthly Premium	27.00	54.00	65.00	81.00		

- Parents or Parents-in-Law who are 70 years old or less are eligible for entry.
- 9 months waiting period.
- Maximum of 4 Parents

Applicant Signature _____ Agent Signature_____

Date_____ Date_____

Add on: Senior Citizen Parent (80 and under)	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Benefit	5 000	10 000	12 000	15 000			
Monthly Premium	49.00	98.00	118.00	147.00			

- Parents or Parents-in-Law under 81 years of age at commencement of the policy are eligible for entry.

- 9 months waiting period.

- Maximum of 4 Parents or Senior Citizen Parents

Add on: Extended Family	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Benefit	5 000	10 000	12 000	15 000			
Monthly Premium (age 21 and under)	6.00	13.00	15.00	19.00			
Monthly Premium (age 22-30)	7.00	14.00	16.00	21.00			
Monthly Premium (age 31-40)	8.00	15.00	18.00	23.00			
Monthly Premium (age 41-50)	10.00	20.00	23.00	29.00			
Monthly Premium (age 51-60)	16.00	32.00	39.00	48.00			
Monthly Premium (age 61-70)	28.00	57.00	68.00	85.00			
Monthly Premium (age 71-80)	51.00	103.00	124.00	154.00			

- Extended Family refers to a non-immediate family member (aunt/uncle, nephew/niece, cousin, or grandparent) who isa dependent of the Policyholder.

- Extended Family members under 81 years of age at commencement of the policy are eligible for entry.

- 6 months waiting period.

- Maximum of 4 Extended Family

Applicant Signature _____ Agent Signature_____

Date_____ Date_____

Family Support	E12 000.00	Waiting Period
Member Only	**E15.00**	*6 months waiting period*
Member & Spouse	**E35.00**	*6 months waiting period*
Add on: Extra Spouse (max 4)	**E20.00**	*6 months waiting period*

Tombstone/ Memorial Benefit				
Member Only	**E5 000.00**	**E7 500.00**	**E10 000.00**	**Waiting Period**
Member & Spouse	**E5 000.00**	**E7 500.00**	**E10 000.00**	*6 months waiting period*
Premium per month	**E24.00**	**E27.00**	**E34.00**	

Grocery Benefit		
Member Only (18-65 years)	**E12 000.00**	**Waiting Period**
Premium per month	**E50.00**	*6 months waiting period*

Inkhomo Benefit (Cash Option)				
Full Family Principal Member	E7 500.00	E10 000.00	E15 000.00	**Waiting Period**
Spouse	E7 500.00	E10 000.00	E15 000.00	*6 months waiting period*
Children 14 - 21	E7 500.00	E10 000.00	E10 000.00	
Children 6 - 13	E3 000.00	E5 000.00	E5 000.00	
Children 1 - 5	E3 000.00	E3 000.00	E3 000.00	
Stillborn - 11 months	E1 500.00	E1 500.00	E1 500.00	
Premium per month	**E30.00**	**E39.00**	**E53.00**	
Principal Member Only	E7 500.00	E10 000.00	E15 000.00	
Premium per month	**E27.00**	**E34.00**	**E47.00**	

Payment method and details	Payroll deduction	Debit order	Stop order	EPTC	MOMO	Direct Bank deposit (Nedbank)
	☐	☐	☐	☐	☐	☐

Employment details for payroll deduction			
Current Employer		Employee/Payroll No.	
Employer's Address		Occupation	
		Contact Person	
Employer Tel.		Department	

Beneficiary details			
Surname		Title	
First names			
Date of birth		Identity number	
Address			
Home Tel.		Cell Tel.	

Coverage and Premium Summary				
	Coverage description and plan	Quantity	Coverage amount	Monthly premium
Basic cover				
Additional cover				
Additional cover				
Additional cover				
Additional cover				
Additional cover				
Additional cover				
Additional cover				
			Total monthly premium	

Applicant Signature _____ Agent Signature_____

Date_____ Date_____

Declaration

I declare and agree to the following terms and conditions:

1. I hereby apply for the Orchard *Lusendvo* Funeral Policy in accordance with the terms and conditions of the Policy Wording and the benefits and costs of the Policy Schedule, which I have read and understood.

2. I am aware that I must supply Orchard with written details of new marriages and new births for the spouse and children to be eligible for cover as dependents under a family plan. I am also aware that, in the case of a deceased insured spouse or child, I must supply Orchard with written details of any designated replacement spouse or child for the newly designated dependent to be eligible for cover under a family plan. Failure to submit such information could result in delays or repudiation at claim stage.

3. All the information supplied in connection with this application is true and complete and will form the basis of this policy. I understand that any misrepresentation or false information can lead to the cancellation of these benefits, in which case all monies paid to Orchard will be forfeited.

4. This policy will only become effective once the first premium has been received.

5. I undertake to keep Orchard informed of any change in my banking or contact details.

6. I am financially responsible for assistance in respect of funeral costs for all the dependents as elected.

7. I am related to the dependents who I have designated as Extended Family.

8. I understand that I may only take up one voluntary Orchard *Lusendvo* Funeral Policy and that no person insured under this policy may be simultaneous insured under another voluntary Orchard funeral insurance policy.

I, the undersigned, confirm that I have read this declaration and understand the full implications thereof I hereby authorize Orchard Insurance Ltd (Orchard) to submit a deduction to MY BANK/EMPLOYER in respect of premium payments owing in in terms of the LUSENDVO/CIVIL SERVANT **Policy agreement** concluded between myself and Orchard. My BANK/EMPLOYER is hereby authorized to accept the first deduction under this authority on the_____day of 20…. and thereafter on the same day of every succeeding month until cancelled by me in writing. I understand that I must give orchard 30 (thirty) days' notice of in writing of my intention to cancel this authority.

Applicant Signature _____ Agent Signature_____

Date_____ Date_____

orchard insurance

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