

## APPLICATION FOR A-PLUS CASH PLAN

### APPLICANT/MAIN MEMBER DETAILS

SURNAME		OTHER	
BIRTH DATE		AGE	
GENDER ( M/F )		MARITAL	
OCCUPATION		EMPLOYER	
EMPLOYER'S			
APPLICANT'S			
PHONE		EMAIL	

### PAYMENT FREQUENCY:

MONTHLY  QUARTERLY  HALF YEARLY  YEARLY

**NOTE; Uniform benefit (cover) for main member and all beneficiaries.**

CATEGORY	CASH PAYOUT	MONTHLY PREMIUM	ANNUAL PREMIUM	TICK PLAN CHOSEN
CASH 1	2,500,000	6,300	75,400	
CASH 2	2,000,000	5,100	60,300	
CASH 3	1,500,000	3,800	45,300	
CASH 4	1,000,000	2,600	30,200	
CASH 5	500,000	1,300	15,100	

### MEMBERS TO BE COVERED

- The premiums indicated are per individual and the plan chosen applies to all members named.
- A maximum of 3 children of the principal member below the age of 21 years are covered for free of charge.

#	SURNAME	OTHER NAMES	GENDER	AGE	RELATIONSHIP
1					
2					
3					
4					
5					
6					

### TRUSTEE DETAILS

NAME	PHONE CONTACT	RELATIONSHIP

**NOMINATED RELIGIOUS ORGANISATION OR COMMUNITY PROJECT FOR CONTRIBUTION (NAME, CONTACT PERSON, TELEPHONE CONTACT)**

### ACCEPTANCE AND DECLARATION

I declare that the details, statements and answers by or on my behalf on this application are truly made whether in my own handwriting or not. I understand that the answers to the questions and statements and any other documents required shall be the basis of the contract and are to be incorporated in the proposed contract.

NAME		SIGNATURE		DATE:	
------	--	-----------	--	-------	--