EXTENDED FAMILY FUNERAL BENEFIT | FACT SHEET

A funeral benefit provides financial assistance to the family of the deceased, ensuring that the deceased receives a dignified burial.

The extended family funeral benefit may be offered if compulsory core cover for the member is in place. The extended family benefit allows for cover to be provided to extended family members who meet the required criteria.

The benefit is voluntary and unapproved.

The basic benefit

The benefit is a flat benefit amount, selected by the policyholder at the start of the policy.

The benefit is paid as a lump sum to the main member.

Ancillary benefits

The policyholder can choose to provide additional cover by including any of the following ancillary benefits:

- Continuing cover if disabled benefit If disability income benefits are offered as part of the employee benefit programme, this benefit allows disability claimants to remain covered for funeral benefits whilst in receipt of disability income benefits.	- Paid-up benefit The paid-up benefit allows cover to continue for all insured's who are covered for benefits, on the date that the main member is disabled or dies. Premiums will be waived from the date of the main member's death or disability.

Benefit maximums

- Our maximum funeral benefit for an extended family member is currently R20 000.
- The benefit for the extended family member cannot be more than the main member's funeral benefit.
- Aggregation does not apply.

Cover conditions

Eligibility	Eligibility of main member: - Minimum entry age is 18 - Maximum entry age is the lesser of 64 and 1 year prior to the selected maximum cover age - Maximum cover age is 70 The main member must: - be covered under a Hollard Group Risk core funeral benefit under a policy taken out by the employer - have completed the application form and been accepted for cover

	- be an employee of the employer indicated in the policy schedule - live in the Southern African region (unless otherwise agreed to by us in writing), and must either be a citizen of the Republic of South Africa or have been given the necessary permission from the South African authorities to live and work in the Republic of South Africa **Eligibility of extended family member:** - No minimum entry age or maximum cover age - Maximum entry age is 74 An insured must: - live in the Southern African region (unless otherwise agreed to by us in writing), and must either be a citizen of the Republic of South Africa or have been given the necessary permission from the South African authorities to live and work in the Republic of South Africa - meet the definition of extended family member
Definition of extended family member	A parent, a parent-in-law, a brother, a brother in-law, a sister, a sister in-law or a child over the age of 21 unless he/she remains eligible for the benefit under the core funeral benefit. Also included are grandparents, step-parents, step-brothers, step-sisters, uncles, aunts, grandchildren, nieces, nephews, cousins, ex-spouse (provided they previously qualified in terms of the definition of spouse).
Definition of parent	Includes the parent of the main member and/or spouse where the main member and/or spouse is a natural child, a stepchild, a legally fostered child or an adopted child of the parent.
Nominating the insureds	- A maximum of 8 extended family members can be insured - The main member must specify the extended family members they are covering - The main member can remove a family member at any time, but must inform us
When cover for an extended family member starts	When the insured is added to the register of lives insured and premium payment starts
Underwriting requirements	Not required
Actively at work	Not required
Temporary absence from work	An insured can continue to enjoy cover when the main member is temporarily absent from work provided: the absence is intended to be temporary; it is shorter than 6 months; premiums continue being paid; and the main member continues receiving a salary. If the main member is temporarily absent from work more than once, the absences must be separated by at least 3 consecutive months. If they are not, they will be added together to determine whether he is absent for longer than the 6-month limit.
Temporary absence from Southern Africa	An insured can continue to enjoy cover when the main member is temporarily absent from Southern Africa provided: the absence is intended to be temporary; it is shorter than 3 months; premiums continue being paid; and the main member continues receiving a salary. If the main member is temporarily absent from work more than once, the absences must be separated by at least 3 consecutive months. If they are not, they will be added together to determine whether he is absent for longer than the 3-month limit. Southern Africa includes Angola, Botswana, Eswatini, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa and Zambia.

When cover for an extended family member ends	Cover ends when any of the following occur: - Any conditions for eligibility are no longer met; - The main member's employment with the employer ends, unless the insured remains covered under the paid-up benefit; - The main member passes away, unless the insured remains covered under the paid-up benefit; - Premiums are not paid, unless the main member remains covered under the paid-up benefit; - The main member is temporarily absent from work for more than 6 months (or any extended period agreed to by us writing); - The main member remains outside the Southern Africa region for more than 3 months (or any extended period agreed to by us in writing); - The main member reaches the maximum cover age; - The extended family member passes away; - The extended family member ceases to meet the definition of extended family member; - The extended family member remains outside the Southern African region for more 3 months (or any extended period agreed to by us in writing).

Claim conditions

Claim submission period	The claim must be notified, and all claim documentation must be submitted to us within 12 months of the date of death.
Claim documents required	We typically need the documents listed below. If we need any additional evidence, we will tell you what we need: - A signed claim form - A copy of the deceased's death certificate - Copy of the completed Notification of Death Form (DHA-1663) - A copy of the deceased's identity document - A copy of the main member's identity document - If applicable, a copy of the relevant Police Report from the South African Police Service in the event of an accident or unnatural causes - A copy of the main member's last payslip - A copy of proof of the relationship of the deceased to the main insured i.e. marriage certificate, birth certificate or affidavit confirming the relationship - A completed beneficiary nomination form signed by the insured - A copy of the beneficiary's identity document - Proof of banking details
Waiting period	The waiting period is 6 months. We will not pay a claim that occurs during the waiting period for any insured, unless the claim is a result of an accident.

Exclusions	Warlike activities
	- Nuclear, biological and chemical warfare or sabotage.
	- The insured actively taking part in:
	  o any war, invasion, rebellion, revolution, uprising, riot, civil commotion, strike (including a protected strike), labour disturbance, and the seizing of power
	  o overthrowing or influencing any government by force or terrorism.

Disputes	If a dispute arises, a request can be made for us to review our decision. This must be a written request received within 90 days of the date that our rejection letter is received. Alternatively, a complaint can be lodged with the National Financial Ombudsman.

Administration information

Register of lives inured	An updated register of lives insured is required monthly.
Premium frequency	Premiums are payable monthly. We allow a 31-day grace period for premiums after the first premium.
Changes in premium	Premiums may change at the yearly premium review or when there are material changes to the employer's business or lives insured.
Notice period for changes in policy terms and conditions	31 days
Termination of the policy	The policy ends when premiums are not paid, the employer stops being in business, or the notice period for cancelling the policy comes to an end. Hollard may cancel the policy by giving 60 days' written notice. The policyholder may cancel the policy immediately if it's within the first month of the policy start date, or by giving 31 days written notice thereafter.

Important

This fact sheet is in terms of our standard policy terms and conditions as well as our standard benefits offered and does not include any of our special offers, endorsements or bespoke policies.

For the complete terms and conditions, please refer to our policy document, a copy of which can be requested from Hollard. To contact Hollard for our policy documents, please contact HGRAdmin@hollard.co.za. In the event of any dispute or any discrepancy between this document and the provisions of the policy, the policy will prevail.

For more information about this product or any of our other Group Insurance products, please contact your Hollard consultant.