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 funeral benefit may be offered as a member-only benefit or as a family benefit. The family benefit allows for cover to include an insured's spouse and children with the option of also including parents, depending on the policyholder's benefit selection.

The benefit can be compulsory or voluntary and is an unapproved benefit.

The basic benefit

The benefit is a flat benefit amount, selected by the policyholder at the start of the policy. If the policyholder has selected the family benefit, the benefits are scaled. The policyholder can request a scale appropriate for the scheme.

The benefit for the main member is paid as a lump sum to the insured's nominated beneficiary or estate in the case of no nominated beneficiary.

The benefit for other insureds under the policy 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.

- **Body repatriation service**
  This benefit allows for the repatriation of mortal human remains for distances of 150km or more from destination. The service covers South Africa and neighbouring states such as Lesotho, Eswatini, Botswana, Mozambique, Zimbabwe and Namibia.
  Additional services such as advice on the processing of all necessary and associated documentation and assistance in dealing with Government appointed Funeral Directors in reclaiming mortal remains are provided if required.
  The amount payable is determined by various factors including the distance travelled and method of transport and is limited to the maximums outlined below.

Benefit maximums

- All benefits are subject to a maximum Rand amount, for each insured as outlined below.
- The benefit for the spouse, child or parent may not be more than the main member's benefit.
- Aggregation does not apply.
- The maximum covered cost of repatriation is R15 000 if within South African borders, or R25 000 if in neighbouring states.

Insured	Maximum benefit allowed
Main insured member	R100 000
Spouse	Lesser of R100 000 and main insured cover amount
Child of 14 - 21 years	Lesser of R100 000 and main insured cover amount
Child of 6 - 13 years	Lesser of R50 000 and main insured cover amount
Child of 1 - 5 years	Lesser of R20 000 and main insured cover amount
Child of 0 - 11 months	Lesser of R20 000 and main insured cover amount
Stillborn	Lesser of R20 000 and main insured cover amount
Parent	Lesser of R20 000 and main insured cover amount

Policy terms and 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 An insured must: - be an employee of the employer indicated in the policy schedule; and - 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. - have completed the application form and been accepted for cover under the core policy in the case of voluntary cover. **Eligibility of other insureds:** - Maximum entry age for spouse(s) is 69 - Maximum cover age of spouse(s) is 70 - Maximum cover age of a child is when they turn 21, or 25 if registered at an educational institution, or whole life for a totally and permanently disabled child who is unmarried and financially dependent on the main member - Maximum entry age for parents/parents-in-law is up to 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 spouse / child / parent

Definition of spouse	A person who is the permanent life partner (whether in a heterosexual or homosexual partnership) or spouse or civil union partner of a main member in accordance with the Marriage Act, 25 of 1961, the Recognition of Customary Marriages Act, 120 of 1998, or the Civil Union Act, 17 of 2006, or the tenets of any Asiatic religion. A permanent life partner is a partner who the main member lived with for longer than 12 months during which time they shared a common household as if being married. There is no limit to the number of spouses that can be covered under the policy, however a maximum of 2 spouse's claims are payable per main member during their period of cover.
Definition of child	An unmarried, financially dependent child of the main member, who has not yet attained the age of 21, and will include a posthumous child, a stepchild, a legally fostered child, an adopted child and a stillborn child following 26 weeks of pregnancy, but not as a result of willful abortion. The age may, at our discretion, be extended to 25 age attained, in respect of an unmarried child who is a full time student at a registered educational institution. Attendance can be on campus, virtual or via correspondence. Will also mean an unmarried, financially dependent child of the main member who is mentally disabled or permanently and totally physically disabled, whilst the main member is eligible for cover under this policy. There is no limit to the number of children that can be covered under this policy, however a maximum of 4 children's claims are payable per main member per single event. In cases where more than 4 children die in a single event, we will pay according to the valid claims for the 4 eldest children.
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. The main member needs to elect how many parents they want covered under this policy. A maximum of 4 parents will be covered for benefits under this policy during the entire period of the main member's cover under this policy.
Selecting the funeral benefit	**For the voluntary funeral benefit AND cover for parents / parents-in-law under the compulsory and voluntary benefit:** Cover can be selected under the policy within: - 3 months of the policy start date if the employee is an existing employee at the time the policy starts - 3 months of joining the employer if the employee joins after the policy start date - 3 months of a life changing event
Definition of life changing event	The following events are considered life-changing: - Having a child - Getting married - Getting divorced - Becoming the main caregiver of a sick loved one

When cover for an insured starts	**Cover for the main member starts:** - For compulsory cover: On their entry date provided they are actively at work - For voluntary cover: When they meet the eligibility criteria, provided they are actively at work - If they are not actively at work, when we receive satisfactory proof of their good health, or they complete 2 months of consecutive service with their employer without absence **Cover for other insureds starts at the later of:** - The main member's cover starting - The insured meeting the eligibility criteria - In the case of parents, when the insured is added to the register of lives insured and premium payment starts
Underwriting requirements	Not required
Actively at work	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 insured ends	**Cover for the main member ends when any of the following occur:** - The insured's employment with the employer ends unless the insured remains covered under the paid-up benefit; - Any conditions for eligibility are no longer met; - Premiums are not paid, unless the insured remains covered under the paid-up benefit; - The insured reaches the maximum cover age; - The insured is temporarily absent from work for more than 6 months (or any extended period agreed to by us writing); or - The insured remains outside the Southern African region for more 3 months (or any extended period agreed to by us in writing). **Cover for other insureds ends when any of the following occur:** - The main member's cover under this policy ends; - The spouse no longer meets the definition of spouse (if the insured is a spouse); - The child no longer meets the definition of child (if the insured is a child); - The insured dies; - The main member dies, unless the insureds remain covered under the paid-up benefit; - The insured, other than the main member's parents or parents-in-law, reaches the maximum cover age; or - All benefits for all insureds under the policy have been paid.

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	For voluntary cover: The waiting period is 3 months We will not pay a claim that occurs during the waiting period, unless the claim is a result of an accident. For parents under compulsory cover: We will not pay a claim for a parent/parent-in-law that occurs during the waiting period, 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.