NOTIFICATION OF DEATH OF SPOUSE

Return to: http://kta.sanlam.co.za/TotalAgility/forms/hrss_eform_input/HRSS_Electronic_Input_Form.form

IMPORTANT:

- The completed form must be in the possession of HCSS (Sanlam Head Office) within 3 MONTHS of the date of death of the spouse. If the form is not submitted to HCSS within the required 3 months the options will expire and no implementation will be possible.
- A certified copy of the death certificate must be attached to this form. (If the required document is not available the form may be submitted without it. However, the required document must be submitted as soon as possible.)
- Important: No claim will be paid if the required death certificate was not submitted.

DETAILS OF EMPLOYEE	
Name and surname of ampleyees	
Name and surname of employee:	
Date of birth:	Paycode:
Business Unit:	Telephone number:
Spouse's date of death:	
GROUP LIFE INSURANCE FOR SANLAM OFFICE STA	AFF
Option to increase death cover on member's ow	n life
General Rule s	
	otal Guaranteed Package (TGP) death cover, have the couse to take out additional assured death cover up to a death of the qualifying spouse.
The increase of the cover is subject to proof of	good health.

Application

(Mark the applicable block with an **E**)

I require the following multiple of my annual TGP as death cover on my own life

1)	ĸ	1.5x	2x	2.5x	3x
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Important: Proof of good health is required for any increase in the cover on your own life.

B. MEDICAL SCHEME

Membership of Bonitas or Fedhealth Medical Scheme is compulsory if you are not registered as a dependant on any other medical aid scheme.

All forms referred to in this part are available on the Intranet at Wealthsmiths > My HR > My Medical Scheme. (http://intranet.sanlam.co.za/sites/HR/MyHR/Pages/MyMedAid001.aspx). The completed forms must be attached to this form.

1. You may add dependants

General Rules

- Complete the following form to add dependants:
 - Bonitas: Member record amendment form
 - Fedhealth: Record amendment form
 - Bestmed: Application for the registration of dependants form
- 2. You may become a member of Bonitas/Fedhealth Medical Scheme if your membership as a dependant on your spouse's/parent's medical aid has been cancelled.

General Rules

- Complete the respective Bonitas/Fedhealth application form.
- You have to provide a membership certificate of your previous medical aid that indicates when your membership ceases.
- 3. If you are registered as a dependant on your spouse's medical aid, you may cancel your Bonitas/Fedhealth/Bestmed membership.

General Rules:

- Bonitas/Fedhealth/Bestmed: Members inform HRSS in writing that they wish to cancel their membership.
- At least 30 days' notice is required for cancellation of your membership. Cancellations cannot be backdated.
- You have to include proof that indicates you are registered or will be registered as a dependant on another medical aid scheme.

Application: [Mark the applicable block with **I**]

- I want to add a dependant(s)
- I want to become a member of Bonitas/Fedhealth
- I want to cancel my membership of Bonitas/Fedhealth/Bestmed

YES	NO
YES	NO

YES NO

From.....(Date)

YES NO

I enclose the following forms/proof: [Mark the applicable block with **E**]

- A certified copy of my marriage certificate
- Application for Bonitas/Fedhealth membership form
- Bonitas/Fedhealth Amendment Form
- Bestmed: Application for the registration of dependants form
- Bonitas/Fedhealth/Bestmed: Letter to cancel membership
- A membership certificate of my previous medical aid scheme that indicates when my membership ceases
- Proof that I am/will be registered as a dependant on another medical aid scheme

YES	NO	N/A
YES	NO	N/A

N/A

I hereby wish to apply for the additional assurance as indicated above, and authorize Sanlam to deduct the corresponding amounts from my remuneration each month and to transfer it to the group life insurance.				
Signature	Witness	Date		

Updated: April 2023