

SANLAM GROUP LIFE INSURANCE AND FAMILY INSURANCE FOR OFFICE STAFF

REGISTRATION OF DE FACTO AND CUSTOMARY MARRIAGES

FOR PURPOSE OF OBTAINING SPOUSE AND FAMILY/FUNERAL COVER

1. Background

1.1 De Facto (Co-habiting) marriages

Members who are not legally married, but who cohabit as if married, are required to apply for registration of their life partner as a *de facto* spouse. See point 2.1.

1.2 Customary Marriages

Members who have not registered their customary marriage with Home Affairs and therefore do not have a marriage certificate, are required to follow the process as set out at point 2.2.

2. Process to register de facto and customary marriages

2.1 De Facto Marriage

To confirm the existence of the *de facto* marriage, affidavits by the member and his/her life partner are required in which the long-term nature of the relationship and the fact that they have been cohabiting as if married for a minimum period of six months, are verified. See enclosed affidavits Annexure A.1 and A.2 to be completed by the member and life partner.

The completed affidavits, together with certified copies of both the member's and his/her life partner's identity documents must be submitted via the electronic e-form:

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

Upon receipt of both affidavits from the member and life partner, the employer can register the member's *de facto* marriage. The member can then qualify for spouse cover and family/funeral cover as per the applicable group policy conditions.

2.2 Customary Marriage

For the employer to register the member as married in terms of customary law on the payroll system, certain legislative requirements must be met to prove the validity of a customary marriage. These requirements, as set out in section 3(a) and (b) of the Recognition of Customary Marriage Act, 1998, are:

- Both parties must be above the age of 18 years;
- Both parties must consent to be married to each other under customary law; and
- The marriage must be negotiated and entered into or celebrated in accordance with customary law.

Both the member and spouse must sign affidavits to declare that their marriage meets the legislative requirements for the employer to register the marriage in terms of the Group Life policy and Retirement Fund rules. See the enclosed affidavits Annexure B.1 and B.2 to be completed by the member and spouse respectively.

The completed affidavits, together with certified copies of both the member's and his/her life partner's identity documents must be submitted via the electronic e-form:

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

Upon receipt of both affidavits from the member and spouse, the employer can register the member's customary marriage on the payroll system. The member can then qualify for spouse cover and family/funeral cover as per the applicable group policy conditions.

3. Which benefits are involved?

Members whose De Facto or Customary Marriage was registered, have the following options that must be exercised within **3 months after the registration date**.

Important: Any options received after the 3 months period cannot be implemented.

3.1 Group Life Insurance

- ***Death Cover on the member's spouse's life***

- Within 3 months after the registration, the member qualifies to take out death cover on his/her spouse's life for an amount up to maximum 1x the member's annual Total Guaranteed Package (TGP).
- The spouse needs to provide proof of good health before the spouse cover can be implemented.

- ***Death Cover on the member's own life***

- Members who enjoy less than 3x TGP death cover on their own life, have the opportunity of increasing the group life insurance (death cover) on their own life up to maximum 3x their annual TGP within three months after the registration date.
- The member needs to provide proof of good health before the increase in the level of cover can be implemented.

3.2 Family/funeral Insurance

- Members of the Family/funeral Insurance, have the opportunity to place their spouse's parents as parents-in-law on the scheme within three months from the registration of their marriage.
- The spouse of a member of the Family Insurance will enjoy cover in terms of this Insurance as a spouse, from the date of registration. No additional premium is payable.

4. Termination of cohabiting relationship (De facto Marriage) or if member marries

- ***Termination of cohabiting relationship***

The member must submit termination of a cohabiting relationship via the electronic e-form: http://kta.sanlam.co.za/TotalAgility/forms/hrss_eform_input/HRSS_Electronic_Input_Form.form
Such notification must be in the form of an affidavit and be given within 30 days after termination of the relationship.

In such a case the spouse cover and family insurance in respect of parents-in-law have to be cancelled.

- ***If the member marries***

Should a member get legally married the de facto marriage automatically become null and void. The member must submit notification of marriage within 3 months of the date of marriage, via the electronic e-form :

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

Should the member want to retain the cover on his/her spouse's life he/she needs to indicate it on the "Marriage Notification"-form.

5. Policy on claims

Death claims of the spouses who died before the registration of the marriage and results of the medical assessment are in the possession of Human Capital will not be paid.

At death of the spouse, the employer reserves the right to gather information that may be necessary to determine whether the parties still lived together as if married.

No spouse's death claim will be payable if the spouse dies within twelve months after the latest date of commencement of the spouse cover and the death directly or indirectly arises from, or is traceable to a bodily injury which occurred, or a diseased condition of which the spouse or the member was conscious, or the spouse experienced symptoms, or for which medical treatment was received during the six months immediately before commencement date.

Updated: January 2023

Alfreda April

SANLAM GROUP LIFE INSURANCE AND FAMILY INSURANCE FOR OFFICE STAFF

APPLICATION FOR REGISTRATION OF DE FACTO MARRIAGE

AFFIDAVIT BY MEMBER

I, the undersigned,
(Member's full names and surname)

Identity number:, do hereby state under oath/solemnly declare that:

1. I have been cohabiting as if married with the person whose particulars are stated below (my life partner) with the intention to continue doing so.
2. We have been cohabiting for at least six months.
3. I regard him/her as my spouse.
4. We are mutually dependent on each other and we run a shared and common household since (state day, month and year)
5. My life partner's particulars are as follows:

Life partner's full names and surname:

Identity number: **Date of birth:**

6. I further undertake to provide my employer with written notification should the above relationship come to an end. Such notification shall be in the form of an affidavit and shall be given within 30 days after the relationship ends. At the death of my spouse the employer will have the right to determine the factual situation regarding this relationship from other evidence.
7. I realise that registration of my life partner is subject to the information in this affidavit being accurate and remaining so.

.....
MEMBER

.....
PAYCODE

.....
BUSINESS UNIT

I certify that on this day of at

- (1) The member acknowledged that he/she knew and understood the contents of the above declaration;
- (2) I duly administered the oath as prescribed by law, thereafter the deponent signed the affidavit in my presence;
- (3) He/she did not object to taking the oath and consider it to be binding on his/her conscience.

.....
COMMISSIONER OF OATHS

SANLAM GROUP LIFE INSURANCE SCHEME AND FAMILY INSURANCE FOR OFFICE STAFF

APPLICATION FOR REGISTRATION OF DE FACTO MARRIAGE

AFFIDAVIT BY LIFE PARTNER

I, the undersigned,
(Life partner's full names and surname)

Identity number:, do hereby state under oath/solemnly
declare that:

1. I have perused the Application for Registration of Life Partner signed and sworn to/affirmed
by, on 20.....
(Member's full names and surname)
2. I confirm that the contents thereof are accurate and I regard him/her as my spouse.

.....
LIFE PARTNER

I certify that on this day of at

- (1) The life partner acknowledged that he/she knew and understood the contents of the above declaration;
- (2) I duly administered the oath as prescribed by law, thereafter the life partner signed the affidavit in my presence;
- (3) He/she did not object to taking the oath and considered it to be binding on his/her conscience.

.....
COMMISSIONER OF OATHS

FOR OFFICE USE:

Delete which is not applicable:

Registration approved on condition that the material information in the affidavit is accurate and remains so.

- Approved as from:
- Not approved. Reason if not approved:
.....

Signed on (date) on behalf of the insurance, being duly
authorised thereto.

.....
**MEMBER OF THE MANAGING COMMITTEE
SANLAM GROUP LIFE AND FAMILY
INSURANCE FOR OFFICE STAFF**

SANLAM GROUP LIFE INSURANCE AND FAMILY INSURANCE FOR OFFICE STAFF

APPLICATION FOR REGISTRATION OF CUSTOMARY MARRIAGE

AFFIDAVIT BY MEMBER

I, the undersigned,
(Member's full names and surname)

Identity number:, do hereby state under oath/solemnly declare that in terms of the requirements as set out in sections 3(a) and (b) for the Recognition of Customary Marriages Act, 1998 as follows:

1. I entered into a customary marriage on
with with **Identity number:**
(Full names and surname of spouse)
2. I was above the age of 18 years at the time of the marriage.
3. I gave my consent to be married under customary law to the abovementioned person.
4. The marriage was negotiated and celebrated in accordance with customary law.
5. I further undertake to provide my employer with written notification should the above relationship come to an end. Such notification shall be in the form of an affidavit and shall be given within 30 days after the relationship ends. At the death of my spouse the employer will have the right to determine the factual situation regarding this relationship from other evidence.
6. I realise that registration of my customary marriage is subject to the information in this affidavit being accurate and remaining so.

.....
MEMBER

.....
PAYCODE

.....
BUSINESS UNIT

I certify that on this day of at

- (1) The member acknowledged that he/she knew and understood the contents of the above declaration;
- (2) I duly administered the oath as prescribed by law, thereafter the deponent signed the affidavit in my presence;
- (3) He/she did not object to taking the oath and consider it to be binding on his/her conscience.

.....
COMMISSIONER OF OATHS

Annexure B.2

**SANLAM GROUP LIFE INSURANCE AND FAMILY INSURANCE FOR OFFICE STAFF
APPLICATION FOR REGISTRATION OF CUSTOMARY MARRIAGE**

AFFIDAVIT BY SPOUSE

I, the undersigned
(Spouse's full names and surname)

Identity number:, do hereby state under oath/solemnly declare that in terms of the requirements as set out in sections 3(a) and (b) for the Recognition of Customary Marriages Act, 1998 as follows:

1. I entered into a customary marriage on
with with **Identity number:**
(Full names and surname of member)
2. I was above the age of 18 years at the time of the marriage.
3. I gave my consent to be married under customary law to the abovementioned person.
4. The marriage was negotiated and celebrated in accordance with customary law.
5. I realise that registration of my customary marriage is subject to the information in this affidavit being accurate and remaining so.

.....
SPOUSE

I certify that on this day of at

- (1) The spouse acknowledged that he/she knew and understood the contents of the above declaration;
- (2) I duly administered the oath as prescribed by law, thereafter the deponent signed the affidavit in my presence;
- (3) He/she did not object to taking the oath and consider it to be binding on his/her conscience.

.....
COMMISSIONER OF OATHS

FOR OFFICE USE:

Delete which is not applicable:

Registration approved on condition that the material information in the affidavit is accurate and remains so.

- Approved as from:
- Not approved. Reason if not approved:
.....

Signed on (date) on behalf of the insurance, being duly authorised thereto.

.....
**MEMBER OF THE MANAGING COMMITTEE
SANLAM GROUP LIFE AND FAMILY
INSURANCE FOR OFFICE STAFF**