

## Group Risk: Additional information required

This form must be completed upon the acceptance of a quotation. The form, in conjunction with the quotation and all other supporting information, is used for the implementation of the group risk scheme.

For assistance with completing this document, click [here](#)

The following Sanlam Corporate: Group Risk (hereinafter referred to as Sanlam) quotation was accepted:

• K-code:		Date:	
• Reference:			

### Insurance information:

• Commencement date of cover:		Review date (month only):	
• Type of insurance:	New insurance: <input type="checkbox"/>	Replacement or substitution of existing insurance:	<input type="checkbox"/>
• Please confirm type of underwriting (or whether both):	Approved Cover (insurance of a Fund)		<input type="checkbox"/>
	Unapproved Cover		<input type="checkbox"/>

### Fund/scheme details:

• Full registered name of the principal employer/ participating employer / union / organisation:			
• Operational (Trade) Name:			
• Any Subsidiary/Associated/Affiliated companies linked: (If applicable, provide proof)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
• Registration Number of Company/Close Corporation:			
• Type of Company	(e.g. Holding Company)		
• Full registered name of Fund			
• Address details of the Fund (if approved) / principal employer / participating employer / union / organisation:			
Postal Address:			Postal code: <input type="text"/>
• Full name of the existing fund/insurance or umbrella fund / scheme (if different from above information):			
If umbrella fund, confirm Umbrella Type	Type A	<input type="checkbox"/>	Type B <input type="checkbox"/>
• Particulars w.r.t. tax status of existing insurance	Approved Only <input type="checkbox"/>	Unapproved Only <input type="checkbox"/>	Approved and Unapproved <input type="checkbox"/>
If approved and unapproved, please specify per benefit (e.g. Funeral = Unapproved)			
• Previous / existing insurer:			
- Name of contact person:			
- Contact details:	Tel. no.: <input type="text"/>	E-mail: <input type="text"/>	

### Correspondence details:

• General correspondence direct with:	Employer	<input type="checkbox"/>	Fund	<input type="checkbox"/>	Brokerage/SFA	<input type="checkbox"/>
- Name of contact person/s:						
- Contact details:	Tel. no.: <input type="text"/>	E-mail: <input type="text"/>				



- Contractual correspondence direct with: *(e.g. policy)*

- Name of contact person/s:
- Contact details:

- Name of Fund administrator:

- Name of contact person/s:
- Contact details:

Employer	<input type="checkbox"/>	Fund	<input type="checkbox"/>	Brokerage/SFA	<input type="checkbox"/>
Name of contact person/s:					
Tel. no.:				E-mail:	
Name of Fund administrator:					
Name of contact person/s:					
Tel. no.:				E-mail:	

- Member communication done by/via *(PPR 11)*:

Insurer	<input type="checkbox"/>	Brokerage	<input type="checkbox"/>	Retirement Fund Administrator	<input type="checkbox"/>	Policy Holder	<input type="checkbox"/>
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**Please Note:** The Reality Access for Sanlam Group Risk loyalty programme includes the following communication as standard: a one-off Welcome notification with membership information, and quarterly newsletters containing relevant information regarding members' group policies. Newsletters will make provision for an unsubscribe option allowing members to opt-out of future newsletters. This communication will be sent directly to SGR members, regardless of the communication channel selected above.

### ⊙ Intermediary services:

- Specify intermediary type:

Brokerage	<input type="checkbox"/>	Direct	<input type="checkbox"/>	Sanlam Financial Advisor (SFA)	<input type="checkbox"/>
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- Name of intermediary:

- VAT registration:

Name of Registered entity for VAT:		VAT number:	
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- FSP number

- **Representative** name and surname:

- Identity No. / Passport No.

- Contact details:

Tel. no.:		E-mail:	
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- Postal address:

*(NOT physical address)*

- If **SFA**, please confirm:

Postal code:	
Branch:	Region:

- Commission payable:

None  Maximum statutory commission

- If **YES**, please specify to whom payable:

- If **Commission split** is applicable *(proof is required e.g. letter)*

Yes  No

- Banking details:

Account holder:			
Account number:		Type of account:	
Name of bank:		Branch code:	

- Score applicable:

SFA: Score code:		Diff Score Payable:	<input type="checkbox"/>
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### ⊙ Participation / membership:

- Participation of **new entrants commences** on:

*(e.g. new insured members)*

The day on which they qualify for participation

The first day of the month following the date on which they qualify for participation

- If any requirements are waived for **new entrants**, please specify:

- If **union members, non-employees, other, etc.**, please specify requirements for participation:




- If not all permanent personnel, please confirm categories of members:

*(e.g. Contract workers; however Fixed term contract workers are NOT permanent personnel)*

- If **contract workers** qualify for participation:
  - Specify the fixed period of contract workers' service, i.e. number of months per contract:
  - Requirements for participation / definition of a contract worker:
  - Remuneration to be used for calculation of contract workers' benefits/claims:
  - Any additional information:


② **Remuneration packages:**

- Define remuneration package for calculation of premium payments and benefits (claims):

**Please Note:** The incorrect confirmation of this point could lead to a delay/incorrect payment of a claim.

<i>Pensionable Salary</i>	<input type="checkbox"/>
<i>Risk Salary</i>	<input type="checkbox"/>
<i>Other (e.g. Cost to company)</i>	<input type="checkbox"/>
<i>Commission / Variable Income</i> (i.e. average commission income over the last 12 months)	<input type="checkbox"/>

*In this space define salary for all members – should not differ per individual:*

**Please Note:** Incentive bonuses are not automatically included in the definition of remuneration. A quotation should have been obtained if incentive bonuses are to be included.

- If different categories of membership, please confirm type of salary per category and/or benefit

*(e.g. General Staff = Risk salary (Group Life and Income Disability))*

- Benefits accepted:

<i>Benefit (Claims) calculated on which remuneration package</i>				<i>Rates expressed on which remuneration package</i>			
Including Bonus	<input type="checkbox"/>	Excluding Bonus	<input type="checkbox"/>	Including Bonus	<input type="checkbox"/>	Excluding Bonus	<input type="checkbox"/>
For claim purposes, benefits and premiums are based on remuneration amount as at:			Date when a claim arises	<input type="checkbox"/>	Other <i>(If other, please specify)</i>		<input type="checkbox"/>

② **Premiums:**

- Premiums in respect of the risk insurance are calculated according to:

Rate per R100 / R1000 cover (R/c):	<input type="checkbox"/>	% of salary:	<input type="checkbox"/>	Fee per member pm:	<input type="checkbox"/>
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- Premiums are payable: Monthly in arrears

**Other** *(If other, please advise date/frequency applicable, e.g. annually in advance)*

② **Risk benefits:**

- **Benefit payment** iro Dependents/Beneficiaries by default according to Sanlam nomination form.

*If not, please advise below (e.g. discretion of a committee appointed by the employer):*

- **Flexible Life insurance:** *(if applicable)* confirm the agreed date for members to choose Flexible Life cover, other than life events:

*(e.g. one specific date per annum)*



• **Spouses' and Children's pension** (if applicable):

- If Sanlam should pay the monthly pensions, to whom should the pensions be paid:
- Please specify when pension increases should take place
- Please specify when pension payments should take place

Retirement Fund	<input type="checkbox"/>	Beneficiaries	<input type="checkbox"/>
Annually in month of death of member	<input type="checkbox"/>	Policy Anniversary	<input type="checkbox"/>
Monthly in arrears	<input type="checkbox"/>	Monthly in advance	<input type="checkbox"/>

• **Take over existing disability income claimants' benefit prior to retirement:**

Please confirm the following iro life cover:

- The remuneration amount, which must be used for calculating the death benefit only

Immediately before commencement of disability	<input type="checkbox"/>
On date on which Sanlam takes over the disability	<input type="checkbox"/>

- Should the remuneration amount for calculating death benefits **grow** from the date on which Sanlam takes over the benefits:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

• **Take over existing cover** in excess of Sanlam's Medical Proof Free Limit:

**Please note:** Proof of previous cover (medical underwriting decision letters) must be provided for employees/members cover that exceed the medical proof free limit at take-over.

• **Income Disability insurance – Employer Waiver**

- Contact person at the **Fund administrator** to receive payment of employer's contributions:

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- Contact details:

Tel. no.:

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E-mail:

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• **Special Notes/Comments:**

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⌚ **Replacement of group scheme policy** (if applicable):

- Are there any **material differences** between the **Existing** and **New** (replacement) group scheme policy?
- Are all the **material differences** indicated on the **Record of Advice** (replacement record of advice)?
- Were these **material differences** and **reasons** for the material differences **communicated** to the members of the group scheme policy?
- The **date** that the **members** were informed of the material differences between the **Existing** and **New** group scheme policy:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(e.g. 10 January 2019)			

**Please note:** Sanlam may request proof of such communication, from time to time, for the purpose of monitoring compliance with legislation.

⌚ **Data required checklist:** (see guide for data requirements)

- Updated **member data** provided for implementation
- **Legal entity** verification document (if applicable)
- If **Approved cover**, please provide/confirm provision of :
  - Copy of the Rules;
  - Special Rules in the case of an umbrella arrangement registered by the FSCA
- Take over **existing disability claimants'** member data provided (if applicable)
- Take over **existing Funeral insurance 'fully paid up'** members' data provided (if applicable)
- If **Replacement of group scheme policy**, please provide:
  - Signed Record of Advice or Replacement Advice Record



**Please note:** Signature by the relevant authorised person:

- In the case of **Unapproved cover**, this form must always be signed on behalf of the employer / union / organisation.
- In the case of **Approved cover**, it must be signed on behalf of the relevant Fund.

I/We the undersigned, hereby declare that I/we have been authorised to sign on behalf of the relevant party.

Signed at ..... on .....

.....

(Full name of the signatory)

.....

(Capacity)

**On behalf of the:**

- **Fund**
- **Employer**