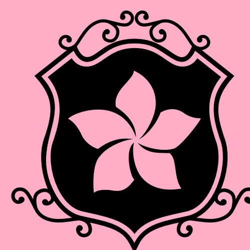

1st for women

Funeral Plan Terms & Conditions

Funeral Plan

Terms & Conditions

What the Funeral Plan policy covers

The Funeral Plan policy gives the life assured monthly cover for death as a result of accidental and natural causes. Repatriation services are also included in this cover.

Description of benefits

Natural and Accidental Death benefit

- Individual Cover – this covers the main member only.
- Family Cover – this covers the main member and spouse plus one to five dependants up to the age of 21 (or up to 25 if they are registered full-time students).
- Extension of cover for individual family members is also available at an additional premium payable.
- Death as a result of HIV/Aids-related illness is covered.
- Claims will be settled in less than two working days if all documentation is received.

Repatriation Services benefit

- In the event of the insured's death, the next of kin may decide on the place of burial and the funeral home.
- The mortal remains will then be sent to a branch of the chosen funeral home, closest to the cemetery.
- This service is only offered if both the death and burial occur within the borders of South Africa.

Qualifying for cover

This cover will only be available where the assured member's entry age is between the ages of 18 and 65.

How do my payments work?

The Funeral Plan gives the insured member monthly cover and the premiums are deducted in advance on the date stated on your schedule. If in the month following the activation of the policy (and onwards) we do not receive the premium on the due deduction date, you will be allowed a 15-day grace period in which to pay the premium. If we still do not receive the premium after these 15 days, the insured member/s will not have cover for that month.

Premium obligations

For your premium obligations, refer to the paragraph entitled "Policy details" on your schedule. This will give you details regarding the manner of payment and the due date for payment of the premiums. The policy will only commence upon receipt of the first premium.

Please take note that we agreed to collect the monthly payment for your policy by debit order. Your debit order will be deducted on the agreed upon date. We reserve the right to deduct the premium on an alternative date in an attempt to ensure cover. Should this date fall on a Sunday or public holiday, the deduction will be made either on the last working day prior to or the first working day after the weekend or public holiday. If we do not receive your premium on your preferred deduction date, we may attempt to collect your premium on a more suitable date in an effort to keep you covered. If payment is not received for three consecutive months, the policy will be cancelled immediately.

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Policy changes

Any change or cancellation you make will be effective from the date we agree on. Note that if we need to change or cancel your policy, we will give you 31 days' written notice.

Exclusions

Insurance cover will not be granted and benefits will not be payable in the event of death of the assured life resulting directly or indirectly from or which is attributable to, suicide or attempted suicide during the first 24 months from the commencement date, notwithstanding such suicide or attempted suicide being the result of insanity (temporary or permanent), mental illness, the influence of drugs or intoxication of the assured life.

Your obligations

- Give us true and complete information.
- Tell us about anything you have not yet disclosed but that may be important for us to know in order to accept the policy or about anything that changes that may be important for us to continue accepting the policy.
- Keep in mind that incorrect information, non-disclosure or misrepresentation of information may influence us on claims arising from your contract of insurance and may influence our decision to provide the benefits in terms of your policy or to accept or terminate your policy.
- Inform us if any of the policy details or declarations is incorrect or if any of these details or declarations change.

Disputed claims

After we inform you/the assured life of our decision on a claim, we will allow you 90 days to make the appropriate representations to us about our decision. If you do not comply with this time limit, we will not reconsider the disputed claim. If we do receive representations, the decision will then be reviewed and the outcome communicated to you.

If you wish to dispute the outcome of your claim you can do so within 90 days by contacting the Internal Dispute Resolution Department (details on your schedule). If the dispute is not resolved to your satisfaction you will have an additional 180 days to either institute legal proceedings or to contact the Ombudsman for Short-Term Insurance at PO Box 32334, Braamfontein, 2017 or the Ombudsman for Long-Term Insurance at Private Bag X45, Claremont, Cape Town, 7735.

Note that the Ombudsman only considers a complaint made to him if he is satisfied that the Complainant has tried unsuccessfully to resolve the dispute through approaches to the insurer's management or its internal complaints handling department.

If, after review, we do not indemnify you for a claim or any part of it and you wish to challenge our decision, you must serve legal process within six months, calculated from the expiry of the 90-day period referred to above. If you do not comply with this time limit, you will be prevented from proceeding with legal process.

Waiting period

The 'waiting period' is a period during which no insurance cover is provided and monthly premiums are payable. The following waiting periods apply:

- From the commencement date of the assured life on the policy, there is a six-month waiting period for that member for death as a result of natural causes. For death as a result of an accident there is no waiting period.
- If we do not receive the monthly premium, the above waiting periods will recommence.

Risk assessment

The age of the assured life is considered to be material to the acceptance of this policy. Please note that any incorrect or incomplete information relating to the above may result in the non-payment of a claim.

How to claim in the event of death

In the event of a claim, call the **Claims number** provided below.

The following documents must be submitted to the Claims department:

- The official claim form as required by the Claims Administrator.
- A certified copy of the abridged death certificate of the assured life.
- Proof of identity of the assured life and the nominated beneficiary.
- The policy schedule.
- A fully completed BI1663 form (notification of death form).
- An official police report if the death of the assured life was due to unnatural causes.
- Proof of banking details of beneficiary and one month's bank statement.
- If no beneficiaries exist, then a letter of executorship from the high court is required.
- Any other documentary proof that may be required by the insurer.
- More information will be provided when you contact us.

All claims must be submitted in writing within six months of the death of the assured life.

Please note – in order to make use of the offering, information will need to be transferred between ourselves and the service provider.

Declaration by the insurer

The conditions of this scheme are consistent with the provisions of the Long-term Insurance Act (Act No.52 of 1998) or with the terms of the master policy, which is available on request.

Sales, Client Care & Claims
0860 10 95 71

Your Funeral Plan is underwritten by 1Life, an authorised financial services provider (FSP licence number: 24769).

First For Women Insurance Company Ltd is an authorised financial services provider (FSP licence number: 15261).

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