

**OPTION TO INCREASE FAMILY COVER FOR FUNERAL BENEFIT**

I, the undersigned,

|  |  |
| --- | --- |
| **Name** |  |

|  |  |
| --- | --- |
| **Employee ID** |  |

hereby select to increase my Family Cover (Funeral Benefit) from R20 000 to R50 000 with effect from 1 September 2019.

|  |  |
| --- | --- |
| **Family Cover** | **Structure of Insurance** |
| UP Employee | R50 000 |
| Insured Spouse | R30 000 |
| Insured Child |  |
| Aged >= 14 | R30 000 |
| Aged >= 6 but < 14 | R25 000 |
| Aged >= 2 but < 6 | R10 000 |
| Aged < 2  | R10 000 |
| Stillborn | R10 000 |

The amount of R15,31 which is the difference between the premium for the additional cover of R25.09 and the University subsidy of R9.78, will be deducted from my salary on a monthly basis going forward.

I understand that this amount may change on an annual basis based on the group cover rates for Family Cover and the employer subsidy for the additional cover will remain capped at the annual premium based on the current family cover benefits of R20 000.

**I understand and accept the above option.**

……………………………… .………………………

# Signature of employee Date

**THE COMPLETED FORM MUST BE SUBMITTED TO YOUR HUMAN RESOURCES OFFICE ON: FRIDAY, 30 AUGUST 2019 TO BE EFFECTIVE FROM 1 SEPTEMBER 2019.**

**SHOULD FORMS BE SUBMITTED AFTER THE CLOSING DATE THEN THE COVER WILL ONLY BE PROCESSED AND EFFECTIVE FROM THE FOLLOWING MONTH.**