

PRIME ASSET COVER: APPLICATION FORM

Agent / Broker Details	
Agency Code	

A. LIFE / PERSON INSURED

Title	First Names	Surname	Gender
ID Number	Age		
Physical Address			Code
Cell	Email		

B. OCCUPATIONAL DETAILS

Business	Film/Events	Model/Actor	Musician
Insured's Role in Industry		Agent	
General Description of Duties			
Average Income / Turnover p/m		Required Commencement Date: 1st of the Month	

C. CHOOSE A PLAN

(based on monthly income)

- Premium Plus (Cover: R50 000 - R75 000)
- Platinum Plan (Cover: R35 000 - R50 000)
- Gold Plan (Cover: R25 000 - R35 000)
- Silver Plan (Cover: R15 000 - R25 000)
- Bronze Plan (Cover: R0 - R15 000)

CHOOSE PAYMENT

PER MONTH	6-MONTHS	ANNUAL
R720 x12 <input type="checkbox"/>	R4 320 x2 <input type="checkbox"/>	R8 640 x1 <input type="checkbox"/>
R610 x12 <input type="checkbox"/>	R3 660 x2 <input type="checkbox"/>	R7 320 x1 <input type="checkbox"/>
R490 x12 <input type="checkbox"/>	R2 940 x2 <input type="checkbox"/>	R5 880 x1 <input type="checkbox"/>
R365 x12 <input type="checkbox"/>	R2 190 x2 <input type="checkbox"/>	R4 380 x1 <input type="checkbox"/>
R310 x12 <input type="checkbox"/>	R1 860 x2 <input type="checkbox"/>	R3 720 x1 <input type="checkbox"/>

D. PRE-EXISTING CONDITIONS

Are there any conditions, no matter how trivial, pertaining to illnesses or any previous bodily injury or medical conditions, occupational hazards, hobbies or past-times which may affect the assessment of the risks to be covered in terms of this application? Pre-existing conditions will be excluded from cover, for review upon request by the insured after a two year period of clear health confirmed by a medical practitioner, at underwriters' discretion. Illness claims arising during the initial 60 days from policy inception are not covered. Cover is immediate i.r.o. accident and for illness a 4 day waiting period applies.

Yes No If YES, please provide full details: (complete separate sheet if needed)

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E. NOMINATED BENEFICIARY (IN THE EVENT OF DEATH)

Name	Surname
Tel No.	ID Number



F. DEBIT ORDER

I request ONE Underwriting Managers (Pty) Ltd to draw against my account due amounts payable in terms of this contract. I further request the bank to pay and debit my account with all such amounts drawn. If the account holder is a company, its exact name must be entered and the authorised officer must affix the company stamp, sign and state his/her title within the company.

Account Type								
Bank								
Account Holder								
Account Number								
Branch								
Branch Code								
Debt Order Date	1st of the Month		7th of the Month		15th of the Month		20th of the Month	

Signature of Account Holder:

G. DECLARATION

I declare that the statements made and the information contained in this application for a PRIME ASSET COVER PLAN, shall form the basis of the contract of insurance with Mutual & Federal Risk Financing Ltd and I further warrant that the statements made are true to the best of my knowledge and belief.

Signed at: _____ Date: _____

Full Name: _____

Signature:

IMPORTANTLY

1. Refer to your policy document for precise definitions, limitations and exclusions.
2. Please refer to the policy wording for specific exclusions relating to occupations such as pilots, police or military forces, professional sports people etc. and conditions such as HIV/AIDS, sexually transmitted diseases, stress related conditions, cosmetic procedures, influenza, laryngitis and sinusitis.
3. Prime Asset Cover is a short-term insurance policy and therefore has no investment, cash or savings component.
4. Please note cover ceases at age 70.