

## FAMILY FUNERAL COVER OPTIONS

R 18 000

### PERSONAL DETAILS (MAIN MEMBER)

Title	Name	Surname	ID Number	Date Of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Cell Number	Email Address	Work Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physical Address				
<input type="text"/>				
<input type="text"/>				
City	Province	Country	Zip/postal	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### DEPENDANTS TO BE COVERED

Name Surname	ID Number	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name Surname	ID Number	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name Surname	ID Number	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name Surname	ID Number	Gender	Relationship
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Name Surname	ID Number	Gender	Relationship
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Name Surname	ID Number	Gender	Relationship
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Name Surname	ID Number	Gender	Relationship
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Name Surname	ID Number	Gender	Relationship
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Name Surname	ID Number	Gender	Relationship
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## NOMINATED BENEFICIARY

Name Surname	<input type="text"/>	ID Number	<input type="text"/>
Signature	<input type="text"/>	Cell Phone	<input type="text"/>

**\*Family Funeral cover for the BCCEI LDC contract workers, provides family funeral cover for a family of eight (8) which consists of: Main member, Spouse and 6 Children. The contribution split for the R18 000 family funeral cover monthly premium of R16.82 is 50/50 between the employer and the LDC contract worker.**