

APPLICATION FORM FOR LITSEMBA FUNERAL GROUP SCHEME

A. PROPOSER'S NAME

NAME & SURNAME: _____ ID NO: _____
 MAIDEN NAME: _____
 DATE OF BIRTH: _____ PLACE OF BIRTH: _____
 MALE: _____ FEMALE: _____ MARITAL STATUS: _____ OCCUPATION: _____
 TEL (H): _____ BUS (W): _____
 CELL: _____ EMAIL: _____
 POSTAL ADDRESS: _____
 RESIDENTIAL ADDRESS: _____
 NAME OF EMPLOYER: _____
 ADDRESS OF EMPLOYER: _____

B. NEXT OF KIN (TO CLAIM)

FULL NAME	CONTACT	RELATIONSHIP	DATE OF BIRTH
1.			
2.			

C. NEXT OF KIN (POLICY BENEFICIARIES)

FULL NAME	GENDER	RELATIONSHIP	DATE OF BIRTH
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Tick Additional plan (s) to add to your policy.

☐ SELECT YOUR PREFERRED MEMBER ONLY PLAN - A, B, C, D, E, F, G, H, I OR J

BENEFITS	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G	PLAN H	PLAN I	PLAN J
Member Only	E5000	E10000	E15000	E20000	E25000	E30000	E35000	E40000	E45000	E50000
PREMIUM	E16.00 pm	E24.00 pm	E37.00 pm	E49.00 pm	E61.00 pm	E74.00 pm	E86.00 pm	E98.00 pm	E111.00 pm	E124.00 pm

SELECT YOUR PREFERRED MEMBER ONLY - SENIOR CITIZEN PLAN - A, B, C, D, E, F, G, H, I OR J

BENEFITS	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G	PLAN H	PLAN I	PLAN J
Member Only - Senior Citizen	E3000	E4000	E5000	E6000	E7000	E8000	E9000	E10000	E15000	E20000
PREMIUM	E25.50 pm	E34.00 pm	E42.50 pm	E51.00 pm	E59.50 pm	E68.00 pm	E76.50 pm	E85.00 pm	E127.50 pm	E170.00 pm

SELECT YOUR PREFERRED FAMILY PLAN - A, B, C, D, E, F, G, H, I OR J

BENEFITS	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G	PLAN H	PLAN I	PLAN J
PRINCIPAL MEMBERS (0 - 64 YEARS ONLY)	E5000	E10000	E15000	E20000	E25000	E30000	E35000	E40000	E45000	E50000
SPOUSE	E5000	E10000	E15000	E20000	E25000	E30000	E35000	E40000	E45000	E50000
14 TO 21 YEARS	E5000	E10000	E15000	E20000	E25000	E30000	E35000	E40000	E45000	E50000
6 TO 13 YEARS	E2500	E5000	E7500	E10000	E12500	E15000	E17500	E20000	E22500	E25000
0 TO 5 YEARS	E1500	E3000	E4500	E6000	E7500	E9000	E10500	E12000	E13500	E15000
STILLBORN 28 WEEKS	E750	E1500	E2000	E3000	E3750	E4500	E5250	E6000	E6750	E7500
TOMBSTONE (MEMBERS ONLY)	E2500	E5000	E7500	E10000	E12500	E15000	E17500	E20000	E22500	E25000
PREMIUM	E16.05 pm	E32.15 pm	E48.25 pm	E64.35 pm	E80.45 pm	E101.60 pm	E118.60 pm	E135.45 pm	E152.40 pm	E169.00

SELECT YOUR PREFERRED PARENTS & PARENTS-IN-LAW PLAN - A, B, C, D, E, F, G, H, I OR J

BENEFITS	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G	PLAN H	PLAN I	PLAN J
Parents & Parents-In-Law (0 - 64 YEARS ONLY)	E3000	E4000	E5000	E6000	E7000	E8000	E9000	E10000	E15000	E20000
PREMIUM	E7.80 pm	E10.40 pm	E13.00 pm	E15.60 pm	E18.20 pm	E20.80 pm	E23.40 pm	E26.00 pm	E38.00 pm	E51.00 pm

SELECT YOUR PREFERRED EXTENDED FAMILY PLAN - A, B, C, D, E, F, G OR H

BENEFITS	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G	PLAN H
Extended Family (0 - 64 YEARS ONLY)	E5000	E10000	E15000	E20000				
Extended Family or Parent / Parents In-Law (65 - 85 YEARS ONLY)					E5000	E10000	E15000	E20000
PREMIUM	E11.00 pm	E22.00 pm	E33.00 pm	E44.00 pm	E42.50 pm	E85.00 pm	E127.50	E170.00 pm

D. SELECTED MEMBER (\$)

FULL NAME	DATE OF BIRTH	RELATIONSHIP	PREMIUM
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

CIRCLE YOUR PREFERRED ADDITIONAL BENEFIT - A,B,C,D,E,F,G,H,I OR J

ADDITIONAL BENEFIT	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G	PLAN H	PLAN I	PLAN J
FAMILY SUPPORT (MEMBERS ONLY @E10000)	E0.00	E22.00	E22.00	E22.00	E22.00	E22.00	E22.00	E22.00	E22.00	E22.00
FAMILY SUPPORT (MEMBERS ONLY @E12000)	E0.00	E26.00	E26.00	E26.00	E26.00	E26.00	E26.00	E26.00	E26.00	E26.00
TOMBSTONE PREMIUM	E7.65	E15.30	E23.00	E30.65	E38.45	E46.00	E54.00	E61.40	E69.00	E76.70
ADDITIONAL CHILD	E1.00	E2.00	E3.00	E4.00	E5.00	E6.00	E7.00	E8.00	E9.00	E10.00
ADDITIONAL SPOUSE	E2.15	E4.15	E6.35	E8.55	E10.75	E12.75	E14.75	E16.75	E18.75	E20.75
Total Premium: E.....										

F. AUTHORIZE YOUR MONTHLY PREMIUM PAYMENT (PLEASE TICK)
☐ **APPROVED METHOD - STOP ORDER (MANDATORY)**
S/O TYPE:
☐ **SIN - STOP ORDER FOR FUNERAL INSURANCE**
STOP ORDER NO:.....
PREMIUM & ACCOUNT TO BE DEBITED
AMOUNT: E.....
TS/OS/SS/GS:.....
OTHER (SPECIFY):.....
ACCOUNT NO:.....
PAYEE ACC DETAILS: ESRIC COLLECTION A/C NO: 51001412799
STOP ORDER TO COMMENCE ON **AND MONTHLY THEREAFTER ON**
OF EACH MONTH UNTIL CANCELLED IN WRITING.
G. TERMS & CONDITIONS

- All information supplied or to be supplied in connection with this application , whether in my/our handwriting or not, is true and complete and will form the basis of the contract with the Society.
- If any material information has been withheld or any material supplied proves to be incorrect, the contract will be invalid and all premiums/ contributions paid will be forfeited.
- Authorization by account holder, the Society may draw against the account all amount due to it in terms of this application . The authority is to remain in force until terminated by myself or the Society and I agree to advise the Society of any change in the account details.
- I also authorize the Society to deduct the premium from my account and pay over to ESRIC, and warrant that I shall accept all charges effected by SRIC in respect of premiums. Furthermore, I hereby declare that I hold the Society indemnified against claims whatsoever.

SIGNATURE(S) PROPOSER: **DATE:**
NAME OF BRANCH