

# LIFE EVENTS THAT REQUIRE A CHANGE IN INSURED DEATH BENEFITS OPTION FORM FOR PRE-AUGUST 2017 MEMEBERS

The purpose of this form is for you, the member, to inform the Fund and its Administrator of your wish to change your death benefit option as a result of a life event.

## MEMBER'S PERSONAL DETAILS

Title Dr  Mr  Mrs  Ms  Prof

Fund membership number

Surname  First names

Date of birth  Identity number

Residential address

Postal code

Postal address

Postal code

Home telephone number  Work telephone number

Cellphone number  Facsimile number

Email address

## CHANGE OF OPTION

**This request must be presented within 3 months of the life event and a supporting document confirming the life event must be provided.**

**The life event based switch takes effect from 1st of the month following receipt and approval of the application.**

\* Life events that permit a change in option at any time

- A single member gets married
- A married member gets divorced or their spouse dies
- A member increases his/her dependants through the birth of a child or the like
- A member whose contract of employment changes from permanent and in full-time service of the employer to an employee employed on a fixed-term contract or vice versa may change his/her risk option on the date of the employment contract change
- A member is promoted

## DEATH BENEFIT FOR OLD RISK OPTION A OR B

Current age	Current age "X"	Confirm your selection by circling the multiple of cover for your current age.						
		Multiples of annual pensionable salary available per age band.						
Younger than 30		0	1	2	3	4	5	
Age 30 to 39		0	1	2	3	4	5	
Age 40 to 49		0	1	2	3	4	5	6
Age 50 to 54		0	1	2	3	4	5	
Age 55 to 75		0	1	2	3	4		

## DEATH BENEFIT FOR OLD RISK OPTION C

Current age	Current age "X"	Confirm your selection by circling the multiple of cover for your current age. Multiples of annual pensionable salary available per age band.						
Younger than 30		0	1	2	3	4	5	
Age 30 to 39		0	1	2	3	4	5	
Age 40 to 49		0	1	2	3	4	5	6
Age 50 to 54		0	1	2	3	4	5	
Age 55 to 75		0	1	2	3			

## DEATH BENEFIT FOR OLD RISK OPTION D OR E

Current age	Current age "X"	Confirm your selection by circling the multiple of cover for your current age. Multiples of annual pensionable salary available per age band.						
Younger than 30		0	1	2	3	4	5	
Age 30 to 39		0	1	2	3	4	5	
Age 40 to 49		0	1	2	3	4	5	6
Age 50 to 54		0	1	2	3	4	5	
Age 55 to 75		0	1	2				

### Declaration and confirmation of death benefit option changes:

Please state the reason for the request (i.e. the life event)

Date of the event

Signed at  on this  day of  (month)  (year)

Surname  First names

Signature

#### Important Notes:

You, the member, must inform the Fund's Administrator in writing of any change in option within three (3) months of the event occurring (i.e. the reason for the request).

- Certified copies of relevant documents must be attached to this form i.e.
- Marriage – copy of marriage certificate
- Divorce or death of spouse or death of a child – copy of divorce order or death certificate
- Birth or adoption of a child – copy of birth certificate and confirmation of adoption
- Change in employment conditions or promotion – letter from your Employer
- The premium for the above insurance cover is funded from the employer contribution towards the Fund