

EDGARS MI-LIFE APPLICATION FORM

APPLICANT'S DETAILS

EDGARS ACCOUNT NUMBER

Mr Mrs Ms Miss Full Name
 ID number Date of birth Mobile number
 Date of commencement Email address
 Marital status

CLAIMANT'S DETAILS

1. Title (Mr, Mrs, Ms, Miss) Full Name
 Date of birth Marital Status ID Number
 Contact number Email address
 Postal or Physical address

2. Title (Mr, Mrs, Ms, Miss) Full Name
 Date of birth Marital status ID number
 Contact number Email address
 Postal or Physical address

3. Title (Mr, Mrs, Ms, Miss) Full Name
 Date of birth Marital status ID Number
 Contact number Email address
 Postal or Physical address

CHOOSE LEVEL OF COVER (see overleaf for type of covers and rates)

IMMEDIATE FAMILY (Applicant, spouse and biological children below 21years)

Name & Surname	Date of birth DD/MM/YYYY	National Id Number	Relationship	Sex F/M	Specify type and level of Cover e.g. Funeral plus tombstone \$500	For office use(Monthly premium)

EXTENDED FAMILY DETAILS/OTHER DEPENDANTS

Name & Surname	Date of birth DD/MM/YYYY	National Id Number	Relationship	Sex F/M	Specify type and level of Cover e.g. Funeral plus tombstone \$500	For office use(Monthly premium

Total premium is \$.....

EDGARS MI LIFE COVERS AND PREMIUMS

1. Main Funeral Cover

Main Funeral cash	\$300	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
FREE Personal Accident Cover	\$600	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
Total cover	\$900	\$1,500	\$3,000	\$4,500	\$6,000	\$7,500	\$9,000	\$10,500	\$12,000	\$13,500	\$15,000
Premium for immediate family	\$0.50	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
Premium for extended family	\$1.00	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00

**Accident injuries- Per Accident, a maximum of 20% of Personal Accident Cash is payable to medical service provider i.e if medical aid's limit is exhausted*

2. Additional Tombstone Cash Benefit

Tombstone Cash Benefits	\$300	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
Premium for immediate family	\$0.50	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
Premium for extended family	\$1.00	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00

3. Additional Breadwinner's Grocery Cash Benefit

Annual Grocery Cash Benefits	\$300	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
Premium for Member	\$0.50	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
Premium for Spouse	\$1.00	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00

4. Additional School Fees Cash Benefit

School Fees Cash Benefits	\$300	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
Premium for Member	\$0.50	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
Premium for Spouse	\$1.00	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00

IMPORTANT NOTES

- The cover for all dependants should always be equal or less than that of the principal member.
- There is 4 calendar months waiting period from the date of first payment/billing for immediate family members and 6 months for extended family members including children above the age of 21 years.
- The maximum ages as at date of joining is 75 years and below. The amount of funeral cover and additional cash benefits for people aged between 65-75 years at inception is restricted to a maximum of \$2,000.00
- Premiums are paid for 20 years, there after the policy becomes paid up.
- Cover for children should be renewed once they attain 21 years whereupon they are charged adults rates for a fresh 20 years.
- FREE Airtime for Funeral Communication worth 1% of the MAIN FUNERAL CASH BENEFIT (ranging from \$3 to \$50) and a FREE Branded portrait of the covered deceased member.
- Edgars will not be liable to pay a benefit for any claim arising from; act of terrorism; labour disturbance; riot; strike; unlawful acts; handing of nuclear; biological chemical or explosive weapons or any radioactive contamination and suicide or attempt suicide or willfull self-inflicted injury

DECLARATION

I certify that the information supplied above is to the best of my knowledge correct. I do hereby accept to pay Edgars Stores Limited my monthly premiums on time failure to which my policy will lapse. No refunds of premiums will be paid if my policy lapses.

Signature (Applicant).....

Date.....

underwritten by CBZ Life Limited

