



NHB
ADMINISTRATORS
 CK Number:2004/102771/23

NATIONAL BURIAL PLAN

THE ESSENTIAL BURIAL PLAN FOR OUR NATION

The NHB **National Burial Plan** combines comprehensive funeral cover and affordable premiums with additional benefits including the repatriation of mortal remains and around-the-clock access to counselling and anti-retroviral therapy in the event of exposure to HIV. The NHB **National Burial Plan** will safeguard your whole family in the event of the loss of a loved one, ensuring that they are laid to rest with dignity and respect.

FUNERAL BENEFIT	ESSENTIAL	ESSENTIAL PLUS
Main Assured	R10 000	R5 000
Spouse	R10 000	R5 000
Children 14 - 21	R7 000	R3 000
Children 7 - 13	R4 000	R3 500
Children 6 and under	R2 000	R2 000
0 - 11 months	R1 250	R 500
MONTHLY PREMIUM	R59.50	R10.00

The Essential Plus Option cannot be offered as a stand alone, it can only be taken as a top-up together with the Essential Plan.

EXTENDED FAMILY OPTION

The NHB **National Burial Plan** gives you the option to cover up to 8 members of your extended family. The following relatives may be covered: parents, parents-in-law, grand-parents, uncles, aunts, additional spouses, children over 21, brothers, sisters, nieces, nephews and cousins.

AGE NEXT BIRTHDAY	OPTION A		OPTION B	
	FUNERAL BENEFIT	MONTHLY PREMIUM	FUNERAL BENEFIT	MONTHLY PREMIUM
Up to age 65	R5 000	R19.90	R7 500	R29.50
Age 66 to 75	R4 000	R36.90	R5 000	R45.90
Age 76 & over	R3 000	R48.90	R4 000	R59.50

Note: All Extended Dependants must be covered by the same option i.e. either option A or option B

Waiting Periods and Conditions

- The waiting period in the event of a natural death (including death due to HIV/AIDS) of the main assured, spouse and child dependants is 6 months.
- The waiting period in the event of a natural death (including death due to HIV/AIDS) of an extended family member is 9 months.
- There is a 2 year waiting period in the event of a suicide.
- No waiting period will apply in the event of an Accidental Death.
- No waiting period will apply to repatriation services.
- No waiting period will apply to the P3 Personal Protection Programme.
- The maximum entry age for the main assured and spouse is 65 years next birthday.



Underwritten by:
 Prosperity Life Limited.

INCLUDED IN YOUR PACKAGE ARE THE FOLLOWING ADDED BENEFITS:

REPATRIATION SERVICES

Martins Funerals will arrange for the collection and transportation of the mortal remains of your loved one from your home, government mortuary or hospital. Your loved one will be transported to the funeral parlour closest to the place of burial. The repatriation services are automatically included in the NHB **National Burial Plan** and are only a telephone call away via a dedicated Call Centre.

P³ PERSONAL PROTECTION PROGRAMME

The P³ Personal Protection Programme is a preventative programme designed to provide all the professional help necessary for someone who has been exposed to HIV through rape, assault, needle stick injuries and motor vehicle accidents. The P³ Personal Protection Programme is automatically included in the NHB **National Burial Plan** (for the immediate family only) and provides access to confidential testing and treatment, including vital access to anti-retroviral treatment as soon as possible after the incident. The Care Centre must be contacted within the 72 hour window period after potential exposure, so that the possibility of becoming HIV positive is greatly reduced. The benefits include the following:

Access to a 24 hour, 365 days per year Care Centre for confidential HIV/AIDS information, advice and counseling • Access to 2 blood tests for rape, trauma, or potential exposure cases - at an appropriate provider recommended by the Care Centre • Access to anti-retroviral or prophylactic therapy • the "Morning-after Pill" • Access to STD preventative medication.

In the event of HIV exposure: contact the Care Centre immediately • You will be directed to the nearest doctor, clinic or hospital with appropriate treatment facilities, for treatment within 72 hours • All results will be kept completely confidential.

TELEPHONIC LEGAL ASSISTANCE

A Legal Helpline is automatically included in the NHB **National Burial Plan** and offers telephonic advice by an experienced attorney to help you with any legal matters. The Legal Helpline service is available 24 hours a day, all year round. If needed, a free 30 minute consultation can be provided with an experienced attorney. The attorney will also gladly assist you in drafting one letter and a telephone call to a third party. Other added benefits are included, such as these standard legal documents:

- Small Claims Court Kit
- Child Maintenance Kit
- Domestic Employment Agreement
- Lease Agreement
- Purchase Agreement
- Will and Testament

IMPORTANT TELEPHONE NUMBERS!

For any claims and membership enquiries please call:

NHB ADMINISTRATORS on **0861 001 788** Fax No: **011 887 0320**

MARTINS REPATRIATION SERVICES: **0861 001 788**

P3 PERSONAL PROTECTION PROGRAMME: **0860 10 29 93**

EUROP LEGAL ASSISTANCE: **0861 776 773**



Underwritten by:
Prosperity Life Limited.

If the application for assurance is accepted by Prosperity Life Limited in writing by way of a membership certificate, the following terms and conditions as well as those set out in the application form of which form the basis for this assurance policy, shall apply:

GENERAL INFORMATION

1. The policy takes effect on the first day of the month, after receipt of the application, acceptance of the risk and of the premium.
2. The premium is payable monthly in advance to Prosperity Life Limited as specified in the attached application.
3. In the event of non payment of the premium for whatever the reason, cover will cease/terminate immediately. If payment is however received within 15 days of the deduction date, cover will continue. If payment is not received within the aforesaid 15 days, all cover will be withdrawn and all monies previously paid by the member will be forfeited. If the deduction is reinstated, the waiting period will begin all over again. No responsibility rests on the scheme to notify the member of termination.
4. The premium, conditions and benefits are guaranteed for 1 (one) month from the inception date, and can be revised and adjusted by Prosperity Life Limited in order to keep the scheme actuarially sound.
5. The cover application is a whole life policy, the member will enjoy cover as long as the premiums are paid.
6. Cover ceases at the death of the Main Assured, if the premium is not within the respite period and a dependant child reaches the age of 21 (twenty-one) years, or 25 (twenty-five) years in the case of a full time registered student.
7. Maimum entry age (next birthday) for Main assured and Spouse is 65 (sixty-five) years.
8. A maximum of one spouse maybe covered, where applicable.
9. Extended family cover may not be taken independently. Only one Option may be selected for all Extended dependants
10. If the premium has been paid as prescribed, cover is immediately effective on death due to unnatural causes Accidental death
11. Accidental death cover has to be claimed within 90 (ninety) days of the accident. Proof of the accident must be submitted.
12. Commission Disclosure:
Essential: NHB Admin fee R5.95 • Broker Commission R25.00 • Insurers Risk premium R19.00 Essential Plus: NHB Admin fee R6.95 • Broker Commission R25.00 • Insurers Risk premium R28.50. Extended Dependants Option A: NHB Admin fee • 0>65 R1.99 • 66>75 R3.69 • 76> R4.89 Option B: • 0>65 R2.95 • 66>75 R4.59 • 76> R5.95 Insurers Risk Premium • 0>65 R13.75 • 66>75 R25.80 • 76> R33.75 Option B: • 0>65 R20.63 • 66>75 R32.25 • 76> R45.00

WAITING PERIOD & EXCLUSIONS

1. A 6 (six) month waiting period applies in the event of death due to natural causes for Immediate Family.
2. A 9 (nine) month waiting period applies in the event of death due to natural causes for Extended Family
3. No death benefit is payable in the case of suicide within the first (two) years from the inception date.
4. If benefits in terms of the scheme are increased at any stage, the waiting period shall again apply with respect the increased benefits from the date of the increased premium.

CLAIMS PROCEDURES

1. The specified benefits will be paid to the beneficiary, the estate of the member, or on request of the beneficiaries to NHB Administrators at the death of the assured, who in shall pay the benefits to the person/s legally entitled thereto.
2. Claims must be reported to Prosperity Life Limited within 6 (six) months of the death assured.
3. Prosperity Life Limited reserves the right to cancel the policy and to declare all premiums paid by the policyholder in terms of the policy forfeited if there is any evidence of or attempted submission of a fictional claim, or fraud or misrepresentation.
4. Claims must be accompanied by the following:
 - An official or certified copy of the original death certificate.
 - Affidavit by the claimant confirming dependency of deceased
 - Certified copy of the deceased's and beneficiary's ID documents.
 - Policyholder Membership certificate.
 - Police statement, in case of death due to unnatural causes.
 - Bank details and permission of the beneficiary for deposit of benefit.
 - Prosperity Life Limited may request additional documentation from time to time.

Our complaints resolution policy can be obtained by contacting the complaints officer as detailed on the disclosure document. Complaints which are not resolved to your satisfaction, may be referred to:

Particulars of Long-term Insurance Ombud at:

Private Bag X45, Claremont, 7735: TEL (021) 657 5000, FAX (021) 674 0951

Registrar of Long-term Insurance at:

P O Box 35655, Menlopark ; Tel (012) 428 8000

Particulars of FAIS Ombud at:

Mr Charles Pillai, P O Box 74571, Lynnwood Ridge, 0040: TEL: (012) 470 9080/99, FAX: (012) 348 3447

RIGHT TO CANCEL

After Prosperity Life Limited has accepted your application for assurance, you may, if you decide, instruct NHB Administrators to notify Prosperity Life Limited on your behalf to cancel your policy and refund your premiums. You must submit this instruction in writing to NHB Administrators within 30 (thirty) days after receipt of your membership certificate. Prosperity Life Limited will only accept cancellation from NHB Administrators on your behalf if no benefits have yet been paid or claimed or an event insured against has not yet occurred. Prosperity Life Limited may deduct the cost of the risk cover you enjoy under the policy before it was cancelled.

DISCLOSURE DOCUMENT

As a long-term insurance policyholder, you have the right to the following information:

Product Supplier (Insurer) with whom your policy is placed

Company Name: Prosperity Life Limited
Physical Address: Unit 5, Cambridge Park, 5 Bauhinia Street,
Highveld Technopark, Centurion
Postal Address: PO Box 68871 Highveld Park 0169
Telephone No.: (012) 685-5000
Facsimile: (012) 685-5199
Compliance officer: Mr Esrom Kgaphola
Telephone No: (012) 366-3700
Facsimile: (012) 685-5195

Administrator acting on your behalf

Company Name: NHB Administrators c.c.
Physical Address: 71, 4th Road, Kew, Johannesburg
Postal Address: PO Box 891176, Lyndhurst, 2106
Telephone No: (011) 887 9582
Call Centre: 0861 001 788
Facsimile: (011) 887 0320
F.S.P Number: 11314
Registration Number: 2004/102771/23
Professional Indemnity and Fidelity Insurance: Underwritten by Santam Insurance Co. Ltd.
Insurers of this Plan: Prosperity Life Limited
Does this product provide us with more than 30% of our income: No
Percentage shareholding in an Insurer: Nil
The company is licenced as a Financial Services Provider, entitled to provide intermediary services on your behalf in respect of the policy underwritten by Prosperity Life Limited as a product supplier.

Please submit all complaints in writing to the following address. Our complaints resolution policy can be obtained by contacting the complaints officer.

Complaints Officer:

Mr. Shaun Pesskin
Postal Address: P.O. Box 891176, Lyndhurst, 2106
Physical Address: 71 4th RD, Kew, Johannesburg, 2090.
Fax: (011) 887 0320 Tel: (011) 887 9582
E-mail address: info@nhb.co.za

Compliance Officer

Deidré Briesch: Moonstone Compliance (Pty) Ltd
Postal Address: P.O. Box 1221, Die Boord, Stellenbosch, 7613
Physical Address: 1st Floor, Valerida Centre, Dirkie Uys Street,
Stellenbosch, 7600. Fax: (021) 880 0688 Tel: (021) 880 0699
E-mail address dbriesch@moonstonecompliance.co.za
Website: www.moonstoneinfo.co.za

I would like to confirm that:

- 1) That I understand the consequences and importance of accurate disclosures of all material facts.
- 2) That all documents were fully completed in ink by me/by _____ before I signed them.
- 3) That I have been made aware of the contents of all documents used in the purchase of this policy.
- 4) That this policy does/does not replace an existing life (funeral) policy. And if it does, I have completed the required additional paperwork and that the consequences of policy replacement have been explained and understood.
- 5) That I am fully aware of the waiting period provisions of this policy.
- 6) That I am fully aware of the premium payment provisions and consequences of non-payment of this policy. A debit order/salary deduction form has been completed and signed by me.

ALL APPLICANTS MUST SIGN BELOW

SIGNED _____ NAME & SURNAME _____ DATE _____



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Policy Number (1)

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Policy Number (2)

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Details of Policyholder (Main Assured)

Title Surname First Names

ID Number Gender M F Marital Status M S D W T

Tel (h) () () (w) () () Cell Fax

Postal Address Residential Address

Code Code

Details of Spouse

Title Surname First Names

ID Number Gender M F Marital Status M S D W T

Tel (h) () () (w) () () Cell Fax

Details of Premium Payer (if not the main assured)

Title Surname First Names

ID Number Language Afr Eng

Tel (h) () () (w) () () Cell Fax

Postal Address Residential Address

Code Code

Premium Payment

Method of Payment Debit Order PERSAL Company Stop Order

Debit Order Authorisation

Pay Date / Initial Deduction

Bank Branch Name Branch Code

Account Type Savings Cheque Transmission Account no

I hereby authorise Prosperity Life Limited or alternatively NHB Administrators Closed Corporation (acting on my behalf), to draw against my account with the above mentioned bank (or any other bank or branch to which I transfer my account) the premium due in respect of the above mentioned insurance on _____ day of each and every month commencing on _____ and continuing (as the case may be). All such withdrawals for my bank account by you shall be treated as though they had been signed by me personally. I understand that the withdrawals hereby authorised will be processed by computer through a system known as the ACB Magnetic Tape Service and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I agree to pay any bank charges relating to this debit orders instruction. This authority may be cancelled by me by giving you thirty days notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is, or will be).

Persal Authorisation

Pay Date / Initial Deduction _____ Persal no

I the undersigned, hereby authorise the Accountant of the Department of to deduct the premium of R for the month of 20 and monthly thereafter from my salary and to remit it to Prosperity Life Limited, from whom I have obtained a life assurance policy until such time as I cancel this authority in writing, or until I replace it with a new authorisation.

Company Stop Order Authorisation

PVT No. Company name:

Company Tel: Company Fax:

Contact Person:

I the undersigned, hereby authorise the Accountant / Payroll Officer of to deduct the premium of R for the month of 20 and monthly thereafter from my salary and to remit it to Prosperity Life Limited or its authorised agent from whom I have obtained a life assurance policy until such time as I cancel this authority in writing, or until I replace it with a new authorisation.

ALL APPLICANTS MUST SIGN BELOW

Signed at on this day of 20

Signature of Premium Payer Signature of Legal Guardian* Date

Plan Selection (Immediate Family)

(please mark with an "X" where applicable)

Total Monthly Premium

<input type="checkbox"/>	Essential	or additional R5 000.00 cover	<input type="checkbox"/>	Essential Plus
	R59.50			R69.50

Dependant Children

Assured	Surname	Full First Names	ID Number / Date of Birth	M/F	Age next birthday
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					

Extended Family Option (Please mark with an "X" where applicable)

Option A

Option B

	Surname	Full First Names	Relationship	ID Number / Date of Birth	M/F	Age next birthday	Premium
1							R
2							R
3							R
4							R
5							R
6							R
7							R
8							R

Essential **R59.50** Tick box

or

Essential Plus **R 69.50** Tick box

Extended Family Option **R**

TOTAL PREMIUM **R**

Details of Beneficiary (to whom the benefits are to be paid in the event of the death of the Main Assured)

First Names & Surname Date of Birth

Address Relationship

Declaration by Policyholder

I UNDERSTAND THAT THE POLICY WILL ONLY COME INTO EFFECT AFTER I HAVE BEEN NOTIFIED IN WRITING THAT Prosperity Life Limited HAVE UNCONDITIONALLY ACCEPTED THE RISK UNDER THE POLICY AND HAVE RECEIVED THE FIRST PREMIUM PAYABLE.

I hereby warrant that the answers and statements provided in the application form are true and correct in every particular and I have withheld no information whatsoever, which is material to or is likely to affect the assessment of the risk under the proposed insurance. I understand that any inaccurate or untrue statements may render my policy null and void and all premiums paid forfeited to Prosperity Life Limited. I acknowledge that no representation made by me, by any agent or employee of the company shall in any way bind Prosperity Life Limited unless it is thereafter confirmed in writing by Prosperity Life Limited.

I hereby irrevocably authorise a) Prosperity Life Limited to obtain from any person, any information Prosperity Life Limited needs to which this application relates; b) the person concerned to give Prosperity Life Limited the information it requests under the authorisation in (a); c) Prosperity Life Limited to share with other insurers and the LOA any information to assess risks or claims. Any information may, under this authorisation, be obtained or given at anytime, even after my death.

IMPORTANT: Replacement of any insurance is generally to the disadvantage of the Policyholder because it involves duplication of initial costs charged to the policy. Replacement: Is this application to replace the whole or any part of the Policyholder's existing insurance with any assurer, whether replacement is to occur immediately or to replace an insurance discontinued within the past or next six months?. **Yes** **No**

(if Yes, the intermediary must complete the Replacement Policy Advice Record and attach it to this application form).

ALL APPLICANTS MUST SIGN BELOW

Signature of Policyholder

Date

Must be completed by the Intermediary

Name of Brokerage / NHB Branch

Brokerage Code

Signature of Broker.....

Marketer's Name

Marketer's Code

Signature of Marketer.....

Broker Details