

MULTI-BENEFIT PROTECTION PLAN

PERSONAL DETAILS

Full Name _____
 Address _____ Code _____
 Telephone numbers (work) _____ (cellular) _____
 ID Number _____ Occupation _____

BANK DETAILS

Bank Name	Premium (select cover required overleaf)	R	
Account Type	Compulsory benefit	R	50.00
Account Number	Broker policy fee	R	15.00
Bank Clearing Code	Other benefits (overleaf)	R	
	Total	R	

The Policy Wording contains full details of the cover.

I authorise The Hollard Insurance Company Limited (or their designated company) to debit my account with the monthly premium due. I understand that this will apply to every month unless cancelled by me in writing with one month's notice.

Signature

Date

SUMMARY OF MAIN POLICY EXCLUSIONS – Please refer to the Policy Wording for full details

Exclusions:

1. War, active military or police service.
2. Participation in riot, civil commotion, strike or criminal offence.
3. Wilful exposure to danger, suicide or attempted suicide and self-inflicted injury.
4. Aerial activities other than as a passenger.
5. Nuclear weapons, radiation or contamination by radioactivity from nuclear fuel/waste.
6. Pre-existing conditions.
7. Whilst participating in racing or speed or duration tests or whilst on a motorcycle.
8. Under the influence of alcohol, drugs or narcotics and/or driving a vehicle with more than the legal limit of alcohol in the blood.
9. Mining and/or working with explosive devices.
10. AIDS and venereal disease.
11. Under 18 or over 65 years of age.
12. Participation in sport as a professional player, hang-gliding or microlighting.

COVER SELECTION

Compulsory Benefit			
<ul style="list-style-type: none"> R250 000 Accidental Death R500 000 Accidental Permanent Disability Disability % as per scale Permanent Disfigurement 95% Mobility Benefit up to R100 000 Additional Accidental Death Benefit up to R15 000 	R50.00 per month		
Extensions	Amount Per Week	Monthly Premium	Yes
* Weekly Cashflow Protector (Weekly Benefit) Under 40 years Thirty day waiting period (excess) for sickness Seven day waiting period (excess) for accident Up to maximum 104 weeks including waiting period	R 1 000	R 34.30	
	R 2 000	R 68.60	
	R 3 000	R 102.90	
	R 4 000	R 137.18	
	R 5 000	R 171.48	
	R 6 000	R 205.78	
* Weekly Cashflow Protector (Weekly Benefit) Over 40 years Thirty day waiting period (excess) for sickness Seven day waiting period (excess) for accident Up to maximum 104 weeks excluding waiting period	R 1 000	R 68.60	
	R 2 000	R 82.31	
	R 3 000	R 123.58	
	R 4 000	R 164.62	
	R 5 000	R 205.78	
	R 6 000	R 246.92	
	Amount Per Month		
* Bond/Rent Protector (Monthly Benefit) Thirty day waiting period (excess) for sickness Seven day waiting period (excess) for accident Up to maximum 24 months excluding waiting period	R 1 000	R 7.92	
	R 2 000	R 15.84	
	R 3 000	R 23.76	
	R 4 000	R 31.68	
	R 5 000	R 39.60	
	R 6 000	R 47.52	
* Vehicle Lease Protector (Monthly Benefit) Thirty day waiting period (excess) for sickness Seven day waiting period (excess) for accident Up to maximum 24 months excluding waiting period	R 1 000	R 7.92	
	R 2 000	R 15.84	
	R 3 000	R 23.76	
	R 4 000	R 31.68	
	R 5 000	R 39.60	
	R 6 000	R 47.52	
Overhead Expenses Protector (Monthly Benefit) (Minimum R5 000 to be purchased) Thirty day waiting period (excess) for sickness Seven day waiting period (excess) for accident Up to maximum 24 months excluding waiting period Note: This is for self-employed persons to cover business overheads and excluding the Insured Person's earnings which must be insured under the Weekly Cashflow Protector benefit.	R 5 000	R 29.70	
	R 6 000	R 35.64	
	R 7 000	R 38.12	
	R 8 000	R 47.52	
	R 9 000	R 53.46	
	R 10 000	R 59.40	
	R 11 000	R 65.34	
	R 12 000	R 71.28	
	R 13 000	R 77.22	
	R 14 000	R 83.16	
	R 15 000	R 89.10	
	R 16 000	R 94.50	
	R 17 000	R 100.98	
	R 18 000	R 106.92	
R 19 000	R 112.86		
R 20 000	R 158.40		
Cancer Benefit (All Cancers except skin cancer) Fixed benefit on diagnosis	R 50 000	R 37.50	
Maternity Benefit Fixed benefit on birth of a child after 12 consecutive months on the policy	R 1 000	R 3.95	
* The maximum payable under one or more of these extensions shall not exceed in total the Gross average Weekly or Monthly earnings of the Insured Person as defined in the Policy Wording. This does not apply to the Overhead Expenses Protector which is payable in addition.			
Total Selected Benefits Monthly Premium		14% VAT INCLUDED IN ALL AMOUNTS QUOTED	R