



University of Fort Hare
Together in Excellence

UFH GROUP LIFE ASSURANCE SCHEME
Underwritten by the
South African Mutual Life Assurance Society (Old Mutual)
For Employees of the University of Fort Hare

APPLICATION FORM *(To be completed in duplicate)*

SURNAME *(in block letters)*

FIRST NAME/S *(in block letters)*

DATE OF BIRTH *(dd-mm-yy)*

MARITAL STATUS *(Date of marriage to be included, where applicable)*

SPOUSES FIRST NAME/S *(in block letters)*

I hereby agree to participate in the Plan. I further agree

1. To contribute to the Plan as from date of my participation and to continue my participation as long as I am in the employ of the University of Fort Hare, and I hereby request the University of Fort Hare to deduct such contributions from my salary;
2. To be bound by the Provisions of the Plan in force from time to time as evidenced by the contract between the Proposer and the Underwriter;
3. That the forgoing statements are strictly true and such statements shall be the basis of my participation in the Plan; in the event of any statement being incorrect the premiums and the benefits in respect of my participation shall be adjusted accordingly, and;
4. That the Proposer shall have the right at any time to amend or discontinue the Plan.

Dated at (place) _____ on this (date) _____

Signature: _____

1. Present Annual Salary	R
2. Amount of Life Assurance Cover (Equal four (4) times annual salary, rounded off to the higher R100 (Hundred Rand)	R
3. Member's contribution	R
4. University's contribution	R
5. Total Monthly Premium	R
6. Date from which Life Assurance Cover becomes effective	R