



Group Life Member Booklet:

Internal Guide

FOR THE PERIOD: 2024/2025

Disclaimer and important note

This booklet provides a general summary of the products underwritten by the **Service Provider**. If there is a discrepancy between the information contained herein and the provisions of the Policy with the Service Provider, the Policy with the Service Provider will prevail.

1. SUMMARY OF BENEFITS

All SARS employees and trainees qualify for risk benefits provided by the employer, designed to insure you and protect your family in the event of unfortunate death or long-term illness, while in service.

There are two (2) types of benefits offered by SARS:

- **Core Benefits**, paid by the employer on your behalf
- **Voluntary Benefits**, paid by you through payroll if you choose the benefit

Core Benefits	Voluntary Benefits
All SARS employees and trainees automatically become members of the Core Benefits portfolio on employment at SARS. These benefits provide employees with cover in the event of either their death or disablement whilst in the employment of SARS. Core benefits include:	In addition to the above, SARS also provides Voluntary Benefits to its employees who wish to exercise this option. Voluntary benefits include the following choices:
<i>Death in Service</i>	<i>Death in Service</i>
<ul style="list-style-type: none">• Group Life cover: A lump sum death benefit, based on a multiple of the employee's annual Guaranteed Total Package (GTP), becomes payable to the employee's nominated beneficiary(ies) in the event of the employee's death.• Education Benefit: An annual benefit that indemnifies the class fees that would have been paid by the employee had the employee not passed away.• Family Funeral cover: A lump sum funeral benefit payable, should the employee or a member of the employee's immediate family pass away, to assist the employee and the employee's family with the funeral costs.• Accidental Death cover: in the event of the employee's death, as a result of an accident an additional lump sum benefit becomes payable to the employee's nominated beneficiary(ies), over and above the group life cover.	<ul style="list-style-type: none">• Group Life cover: Employees may choose to add additional multiple/s of annual Guaranteed Total Package (GTP), that will be payable together with the lump sum death benefit (i.e. Core), to the employee's nominated beneficiary(ies) in the event of the employee's death.• Spouse's Life cover:<ul style="list-style-type: none">– Employees may choose to add a multiple/s of annual Guaranteed Total Package (GTP) that will become payable in the event of the passing away of the employee's spouse.– Changes for spouses older than 65 is not allowed.• Extended Family Funeral cover: Employees may choose to cover extended family members for funeral cover, to assist the employee and the employee's family with the funeral costs.

<i>Becoming disabled while in Service</i>	<i>Becoming disabled while in Service</i>
<ul style="list-style-type: none"> • Lump Sum Disability cover: A lump sum payable on an approved disability claim. • Dismemberment cover: A lump sum payable in the event of the loss of use of one (1) or more limbs as a result of an accident. • Lifestyle cover: A lump sum to help with the cost of changing the way one lives with a major (critical) illness or injury as defined. 	None

Explanations of these benefits are provided in this document, as well as examples to aid employees in understanding exactly how these benefits work.

Employees may also contact the Employee Shared Services Contact Centre, Or log a request via , [Remedy Self Service – Requester Console](#) should employees require any further information or assistance regarding these benefits.

How do I/my family claim for a benefit?

Claims have to be submitted *within 12 months from date of event* (e.g. death, disability). Either you or your immediate family member must contact the Human Resources Representative to start the claims process:

- Collect the necessary documentation from the Human Resources Representative.
- Complete the relevant sections correctly, attach all required documentation (including beneficiary nomination forms where applicable) and return it to the Human Resources Representative for submission to _____.

What documentation needs to accompany my claim?

- Required documentation is indicated on the relevant claim form.

IMPORTANT NOTE: As per policy provisions of the Group Life Service provider(s), a claim for any benefit **WILL NOT** be paid in the event of any crime related offence(s).

2. CORE BENEFITS

All SARS employees and trainees automatically become members of the **Core Benefits portfolio** on employment at SARS.

All SARS employees will enjoy these benefits until age 65.

- The maximum compulsory retirement age for all SARS employees is 65 years; cover can however continue (deferred retirement) until the age of 70 years if still employed after 65.
- Disability benefits are not available after the age of 65 years

Death in service

2.1. Group Life cover

Definition: A benefit payable to employee's nominated beneficiary(ies) in the event of the employee's death.

What happens if I die while employed?

All SARS employees are covered for a death benefit of 2.2 times their Annual Guaranteed Total Package (GTP) in terms of the Core Benefit.

Example 1:

Joe Block is an employee of the South African Revenue Service who earns R10 000.00 per month. Joe therefore earns a guaranteed total package of R120 000.00 per annum. Joe elects his wife as his sole beneficiary and would like to know how much core benefit cover his wife is entitled to in the event of his death.

- Core Group Life cover: 2.2 X Annual guaranteed total package
- Annual guaranteed total package: R120 000.00

Core benefit: $2.2 \times R120\,000.00 = R264\,000.00$

Therefore, Joe's wife is entitled to a R264 000.00 Core Benefit in the event of Joe's death.

A Free Cover Limit of R18 000 000 applies (combined for Core benefit and Flex Cover benefit). This means that you will automatically be covered up to this amount, without having to submit medical evidence of good health. Should your combined/total death cover (Core benefit plus Flex Cover benefit) be in excess of the Free Cover Limit, _____ will require you to provide medical evidence of good health for the amount in excess of R18 000 000.

How much does the cover cost me?

- The premium for this benefit is paid by SARS on your behalf.
- The premium is regarded as a fringe benefit to you and is therefore taxed accordingly. Your beneficiaries will thus receive the benefit without tax being deducted.

Up till what age will I be covered?

You will be covered up to the normal retirement age (NRA) of 65 years.

Please note, however, that the death benefits are kept in force after the NRA if you are still in the active service of the employer, until you actually retire or until the age of 70 years (whichever occurs first).

Other Important Information regarding the Group Life Cover benefit:

The policy allows for early payment of **Group Life Cover** benefit on the diagnoses of a terminal illness (subject to assessment of medical evidence).

- This provision aims to financially assist with the expenses associated with a terminal illness. In the event of medical evidence being presented that a member (active or existing disability claimant) is terminally ill and has less than 6 months to live, this benefit allows for the early payment of the death benefit.
- No further payment of premiums is required beyond the date of payment of the benefit, and benefit payment will include Flex Cover Benefit (if applicable).

What happens to my cover when I resign from SARS?

All cover and benefits will discontinue. However, a continuation option is included on this policy and allows for the transfer of cover to an individual policy on service exit from SARS (please refer point 5 of this document).

To whom is the benefit paid?

- In the event of your death, the benefit will be paid to your nominated beneficiary(ies) as per your latest updated beneficiary nomination form. If no beneficiary form is found, the information on the HR Admin & Payroll system will be used.

If you did not submit a completed nomination of beneficiary-form to your Human Capital & Development Representative to be put on your employee file and no information is available on the HR Admin & Payroll system, the benefit will be sent to your late estate for the executor to deal with the benefits.

- In the event that one of the nominated beneficiaries is deceased, the benefit of the deceased beneficiary will be distributed equally between the other beneficiaries. If there is no other beneficiary, the benefit will be sent to your late estate for the executor to deal with the benefits.

2.2. Education benefit

Definition: In the event of your death, the benefits must be claimed annually in respect of each eligible child, to cover the education expenses for their:

- school education, or
- tertiary education for a first undergraduate degree, or NQF recognised tertiary level first diploma or certificate.

What happens to my child/ren's annual school fees if I pass away?

In addition to the lump sum death benefit, the _____ will pay the cost of the children's education as per the policy conditions. There is no maximum to the number of children that can qualify for the benefit.

How much does the cover cost me?

The premium for this benefit is paid by SARS on your behalf.

Who qualifies as my eligible child/ren?

Eligible children include:

- a biological child of the employee, including a posthumous child (i.e. born after the date of the employee's death); or
- a legally adopted child of the employee. The adoption, or date of application for adoption, must be before the date of death of the employee; or
- a step child of the member (validated by legal marriage, and therefore excludes a life partner's children).

However, only unmarried eligible children that are younger than age 24, at the death of an employee, will be able to receive benefit payments under this benefit, provided that a child who is 18 years or older (but not yet 24 years) was enrolled, or attending an education institution at the date of the employee's death.

A special needs child is defined as a child attending an education institution catering for children who are mentally or physically disabled.

How will eligible children that are not of school going age at the time of the employee's death be treated?

For children who are too young for schooling at the time of death:

- The child's education will be deemed to commence at the academic year preceding Grade 1 (i.e. Grade 0/R).
- The type of school education (e.g. public/private, urban/rural, or fee-paying/no-fees/fee-exempt) will be considered based on:
 - the deceased employee's intention when he/she was still alive, based on proof of application or enrolment; or
 - any sibling already enrolled at, or attending, a specific type of school.
- Should the surviving parent or legal guardian apply their own discretion to change the type of school, the benefit payments may be limited to those applicable at the previous school.
- For a child that has not yet attended school at the time of the employee's death, a claim to attend a private institution will only be considered if:
 - at the time of death, the child was already enrolled at a private school; or
 - the child has a sibling that attended, or is attending a private school.

Up till what age will my child/ren be covered (i.e. term of education)?

The term of education is limited to the earlier of the attainment of a first undergraduate degree or NQF recognized tertiary level diploma or certificate, or the end of the year in which the child turns 23 years.

Eligible children attending special needs schools for the mentally or physically disabled will be allowed to claim up to the end of the year in which they turn 23.

Which educational institutions are included?

All **recognised and registered South African schools** (in terms of the applicable legislation):

<ul style="list-style-type: none"> • <i>Public or Private schools</i> Specific terms and conditions apply to changing education institutions • <i>Special Needs schools</i> 	<ul style="list-style-type: none"> • <i>Online Home-schooling platforms</i> Online home-schooling platforms include: <ul style="list-style-type: none"> – Institutions registered with the South African Comprehensive Assessment Institute (Sakai). – Institutions that provide the CAPS (public schooling) or IEB (private schooling) curriculums, or an international qualification (GED – Grade 12 certificate equivalent).
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All **recognized and registered South African universities or universities of technology (technikons) or any institutions of higher learning** in respect of any National Qualification Framework (NQF) recognised tertiary level Certificate or Diploma, as well as certain foreign universities.

Only certain approved foreign universities are included. If a child intends to study at an international university, please contact _____ to confirm whether the particular university is on their approved list of foreign universities list.

Which education fees will be paid?

The UEP benefit is not intended as a bursary; the fee(s) that can be claimed per year includes the following:

<p><u>Tuition fees:</u> Each year an eligible child qualifies for tuition fee payments for actual costs incurred up to the latest benefit maximums applicable at that time, paid directly to the education institution and according to the policy terms and conditions.</p>
<p>Over and above the tuition fees, the following allowances may also be claimed annually for Tertiary Education:</p>
<p><u>Book allowance</u> – the actual fees incurred for prescribed books up to a maximum of 10% of the tuition fees payable (after applying the maximums below); and</p> <p>Please note: The book allowance expenses claimed is reduced by the minimum allowance benefit paid.</p>
<p><u>University or technikon residence allowance</u> – the actual fees for university or technikon residence up to a maximum allowance of 30% of the tuition fees payable (after applying the maximums below).</p> <p>Please note: The allowance is only payable for children boarding at official university or technikon residences and does not include other boarding houses, schools, colleges and private accommodation, or boarding for NQF recognized tertiary level diplomas/certificates.</p>

The tuition fees payable per annum are subject to the following maximums:

Benefit Maximums for Education Fees <i>(Please note: Book and residence allowances are not included)</i>		
	Maximum amount per child	Maximum period
Pre-school (Grade 0 or Grade R)	R 47 000 per annum *	1 year
Primary school (Grades 1 to 7)	R 91 000 per annum *	7 years
Secondary school (Grades 8 to 12)	R105 000 per annum *	5 years
Tertiary education	Local: R69 000 per annum International: \$67 000 per annum	Duration of an undergraduate degree or NQF recognised diploma or certificate

Please note:

- The maximums apply to the tuition fees only and amounts are reviewed annually on 1 January.
- A reduced maximum tuition fee of R11 500 per annum * applies when a child changes from a no-fees or fee-exempt school to a fee-paying school (see *Changing education institutions* below).
- Tuition fees for special needs children's school education will not be limited to the standard maximum benefit periods specified above.
- The **UEP benefit** does not cater for fees other than the minimum allowance benefit, standard tuition fees, prescribed book allowance, and university residence allowance.
In other words, the following fees are not separately covered by the UEP:
 - any registration fees or administration fees not included in the standard tuition fees;
 - any fees for extra classes, or fees for studies that do not form part of the standard curriculum;
 - excursion fees or the cost of extracurricular activities, e.g. sports, music or gym clubs;
 - any clothing or electronic devices; or
 - any boarding fees for attending boarding schools or after care fees.

What happens if a child changes education institution?

Fees in respect of tuition will be paid in accordance with the school fees paid whilst the employee was alive. Therefore, only fees in line with that of the education institution at the time of death will be considered (i.e. fees that would have been payable had the child remained at the previous education institution). Children attending a private school at the time of the employees' unfortunate death, may continue their schooling at the same institution.

If an eligible child changes / moves between different education institution (following the employee's death), a reduced amount may be payable in respect of tuition fees towards the new institution and the balance will be for the surviving parent's or guardian's own expense:

- If a child moves *from a rural to an urban school or a public to a private school*, then the fees in respect of an urban/ private school will only be covered in line with the fees of the rural/public school the child attended whilst the employee was alive;
- The tuition fees payable are limited to R11 500 per annum if the eligible child *changes from a no-fees or fee-exempt school to a fee-paying public school*, in the following situations:
 - within 12 months of the employee's death;
 - when progressing from Pre-primary school (Grade 0/R) to Primary school (Grade 1); or
 - when progressing from Primary school (Grade 7) to High school (Grade 8).
- If a child progresses *from primary school to high/secondary school*, the tuition fees in respect of all years of their high school education will be limited to a 50% increase on the fees for the last year of primary school (i.e. Gr. 7).

- If a child was attending a public / mainstream school at the time of the employee's death, fees in respect of a new school (e.g. in the case of a child being transferred to a private school) will be considered in line with the public / mainstream school, i.e. the fees equivalent to what was being paid at the rural or public school will be paid.

Tuition fees in respect of a private school will not be considered, unless:

- The child was enrolled at, or placed on a waiting list for a private school whilst the employee was still alive; or
- It's in line with the fees of the school the child attended whilst the employee was alive.

Will repeat years be accommodated?

<i>School education</i>	<i>Tertiary studies</i>
<p>Tuition fees and allowances in respect of a particular grade of school education will remain payable irrespective of whether the eligible child failed or passed the previous academic year of school education.</p> <p>Benefits can therefore be claimed to repeat a school year (excluding tertiary studies), but the benefit payments will be limited to the maximum benefit period for the applicable level of education (e.g. maximum of 5 years to complete high school). This means that, in the event that the maximum number of years for the level of school education has been reached, no further benefits will be paid until the child progresses to the next level of school education (i.e. Pre-primary to Primary school, or Primary to High/Secondary school).</p> <p>This rule does however not apply to special needs children who may claim for repeat years until the end of the year in which they turn 23.</p>	<p>No benefits will be paid in respect of an eligible child to repeat a year of tertiary education. Benefit payments will resume once the child passes the relevant year of tertiary education.</p> <p>A child will be deemed to have failed a year of tertiary education, if two-thirds (2/3) or more of their subjects were failed, or if the child failed the year according to the policies of the tertiary education institution.</p> <p>Benefits will remain payable in respect of subjects that have to be repeated or subjects taken in the place of subjects which have been failed, provided the child passed the preceding year of tertiary education.</p>

FAQ's regarding tertiary studies:

Is a gap year allowed?

An eligible child will be allowed to take one (1) gap year between the completion of their high school education (Grade 12) and the start of their tertiary education. No benefits will be payable during the gap year.

Are Bridging Courses covered?

No, the UEP benefit does not make provision for a child to do a bridging course.

Can a claim for studies through UNISA be accommodated?

Yes, all registered South African universities or universities of technology (technikons) or any institutions of higher learning in respect of any National Qualification Framework (NQF) recognised tertiary level Certificate or Diploma, are covered.

If a child changes their course of tertiary education, will the new course fees be covered?

Yes, eligible children will be allowed to change their course of study for a first undergraduate degree, or NQF recognized tertiary level first diploma or certificate, provided that:

- The tuition fees paid will be limited to the fees that would have become payable for the remaining duration of the original degree, diploma or certificate; and
- The benefit period will be limited to the remaining term of the original degree, diploma, or certificate.

If the child is younger than 23 years of age, is a post-graduate degree covered?

No, the benefit ceases at the child's successful completion of a first undergraduate degree, or NQF recognised tertiary level first diploma or certificate, granted by an education institution.

Other Important Information regarding the _____ :

- Benefits may only be claimed after the death claim has been admitted by _____.
- No benefit is paid if an eligible child does not attend a registered education institution facility for any reason whatsoever. It is a requirement that the years of education must run consecutively without interruption, which means that if there is a break in education, the insurance ceases completely and no further benefit will be payable, even if the child returns to attend an education institution after the break.
- Limits are reviewed annually.
- The benefit is only payable in respect of an eligible child where:
 - the principal member is directly paying for the school fees; or
 - indirectly paying for the school fees through shared household expenses.
- No benefits are payable in the event of the employee becoming disabled.
- **No benefits become payable on the death of the employee's spouse. If both parents belong to group policies insured by _____ and both die, no additional (double) payments will be made in excess of the actual cost of the child's education.**
- **If tuition fees levied by an education institution have already been paid, benefits will be paid only in respect of any outstanding tuition fees that have become payable after the date of death of the employee, for the relevant academic year. Overdue fees will also not be paid.**

To whom is the benefit paid?

- In the event of your death, the tuition fees for each child will be paid directly to the learning institution.
- A _____ claim form must be submitted for each qualifying child, including child/ren that is/are not yet of school-going age.

2.3. Family Funeral cover

Definition: A **lump sum** benefit payable in the event of the death of the principal member (**employee**) or one of his/her immediate family members, **to cover the cost associated with a funeral**.

What happens if I die while employed?

The Funeral benefit provides for a lump sum benefit, in the event of your or a family member's unfortunate passing away before the Normal Retirement Age (NRA), **to cover the cost associated with a funeral**:

Person covered:	Benefit
• You, as the principal member (SARS employee)	R50 000
• Your qualifying spouse (<i>maximum 1</i>)	R50 000
• Your qualifying child, aged 14 and older (<i>but younger than 21 years</i>)	R50 000
• Your qualifying eligible child, aged 6 and over (<i>but younger than 14 years</i>)	R20 000
• Your qualifying eligible child, aged 1 and older (<i>but younger than 6 years</i>)	R10 000
• Your qualifying eligible child younger than 1 years old, including a still-born child	R10 000

How much does the cover cost me?

The premium for this benefit is paid by SARS on your behalf.

Who qualifies as my spouse?

The benefit pays for one (1) spouse claim per review period. The qualifying spouse to be insured therefore needs to be nominated as *only one (1) spouse are covered per review period*, i.e. a person to whom the principal member is legally married, and shall include the following:

- A party to a customary union according to tribal customs or South African customary law; or
- A union recognised as a marriage under the tenets of any Asiatic religion; or
- A person of the same or opposite gender living with the member in the manner of a spouse, provided that such cohabitation has been in existence for a period of at least 6 months.

Please Note: Co-habiting spouses must be registered before cover can commence.

Who qualifies as my eligible child/ren?

Eligible children include:

- a biological child of the employee, including a posthumous child (i.e. born after the date of the employee's death); or
- a legally adopted child of the employee. The adoption, or date of application for adoption, must be before the date of death of the employee; or
- a step child of the member (validated by legal marriage, and therefore excludes a life partner's children).

Age will refer to the child's exact age.

Eligible children under 21 years	Eligible children over 21 years
<ul style="list-style-type: none">• If married, the child will not be covered;• The child will be covered while studying full-time, up to and including age 26. (i.e. up until the end of the year in which they turn 26.)	<ul style="list-style-type: none">• If not studying, the child can be covered under the Extended Family Funeral Benefit.• If a child is dependent on the principal member for his/her entire life, the funeral cover will be extended indefinitely if the Principal Member's child is or becomes wholly, and continuously, dependent on the principal member as a result of mental or physical infirmity that prevents him from maintaining himself.

A child who is stillborn shall be considered to be an Eligible Child if the still-birth occurred after the 26th week of pregnancy.

Up till what age will I be covered?

- You will be covered up to the normal retirement age (NRA) of 65 years.
- Please note, however, that the benefits are kept in force after the NRA if you are still in the active service of the employer, until you actually retire or until the age of 70 years (whichever occurs first).

Paid-up Insurance on retirement of the employee

- If the principal member (i.e. SARS employee) *retires* (i.e. normal age 60 or compulsory age of 65 years), or *as a result of ill-health* (i.e. total & permanent occupational disability), the principal member, his / her qualifying spouse and qualifying children will remain insured; but no further premiums will be payable in respect of them until he / she (principal member) passes away;
- This benefit will remain in-force until the retired employee (principal member) passes away; if the principal member's spouse passes away, the principle member and his / her qualifying children will still be covered;
- If the principal member's service with the employer is terminated for *any other reason*, including resignation, termination due to misconduct, death, etc., his / her benefit, as well as the benefits in respect of his / her qualifying spouse and qualifying children, will cease.

Other Important Information regarding the Family Funeral cover:

- The benefit payment/s will cease when one of the following events occurs:
 - the death of the principal member (SARS employee); or
 - the principal member ceases to be an employee; or
 - a premium not paid continuously; or
 - if the scheme is dissolved.
- Cover is granted without medical proof of insurability required.

What happens to my cover when I resign from SARS?

All cover and benefits will discontinue.

To whom is the benefit paid?

- Your (the employee's) funeral benefit will be paid as per specific beneficiary nomination form (legislative requirement).

If you did not submit a completed nomination of beneficiary-form to your Human Resources Representative to be put on your employee file and no information is available on the HR Admin & Payroll system, the benefit will be sent to your late estate for the executor to deal with the benefit.

- The benefit of the immediate family member will be paid to the employee.

2.4. Accidental Death cover

Definition: A benefit payable to your nominated beneficiary(ies) in the event of your death as a result of an accident.

What happens if I die, as a result of an accident, while employed?

All SARS employees are covered for an additional accidental death benefit of 1 times annual guaranteed total remuneration package (GTP). The benefit is payable in addition to the lump sum death benefit and will be paid as per beneficiary nomination form.

Example 2:

Joe Block is an employee of the South African Revenue Service who earns R10 000.00 per month. Joe therefore earns a guaranteed total package of R120 000.00 per annum. Joe would like to know how much core benefit cover his wife is entitled to in the event of his accidental death.

- Accidental Death cover: 1 X Annual guaranteed total package
- Annual guaranteed total package: R120 000.00

Accidental Death benefit: $1 \times R120\,000.00 = R120\,000.00$

Therefore, Joe's wife is entitled to a R120 000.00 Accidental Death Benefit in the event of Joe's accidental death.

Note – If Joe's death is as a result of an accident, both the core benefit and the accidental death benefit are payable. So, in this example Joe's wife would be entitled to a total pay-out of R264 000.00 (core benefit) + R120 000.00 (accidental death benefit) = R384 000.00 (total).

How much does the cover cost me?

The premium for this benefit is paid by SARS on your behalf.

The premium is regarded as a fringe benefit to you and is therefore taxed accordingly. Your beneficiaries will thus receive the benefit without tax being deducted.

What is defined as an accident?

An accident is defined as a sudden, unexpected, unusual, specific event which is not sought out by the principal member which is occasioned by visible, violent or external means, which occurs at an identifiable time and place, which results in *Bodily Injury* as defined.

Up till what age will I be covered?

You will be covered up to the normal retirement age (NRA) of 65 years.

Please note, however, that the death benefits are kept in force after the NRA if you are still in the active service of the employer, until you actually retire or until the age of 70 years (whichever occurs first).

Other Important Information regarding the Accidental Death cover:

- The Accidental Death cover is granted without medical proof of insurability required.
- Death must occur within 12 months of the accident date in order for the Accidental Death cover benefit to pay out.
- "*Bodily Injury*" shall mean physical bodily injury or an injury which gives rise to the deterioration of the mental state and mental capacity of a Member which is caused exclusively and independently of any other cause by visible, violent, external or accidental means and occurs at an identifiable time and place.

What happens to my cover when I resign from SARS?

All cover and benefits will discontinue.

To whom is the benefit paid?

- In the event of your death, the benefit will be paid out to your nominated beneficiary(ies) as per your latest updated nomination of beneficiary form (as required for your group life cover).
- If no beneficiary form is found, the information on the HR Admin & Payroll system will be used. If this is also incomplete, the benefit will be sent to your late estate for the executor to deal with the benefit.

2.5. Dismemberment cover

Definition: A lump sum payable in the event of the total loss of use of one (1) or more limbs as a result of an accident as specified in the table below table.

What happened if I do not pass away, but experience bodily loss as a result of an accident, while employed?

The benefit payable is calculated in line with the **severity** of the disablement; a 100% pay out on this benefit is equal to 2.2 X annual guaranteed total package to a maximum of R4 500 000.00.

Nature of Dismemberment or Paralysis:	Percentage of benefit
• At or above the wrist or ankle of one (1) or more limbs	100%
• Four (4) fingers	80%
• Thumb <ul style="list-style-type: none"> – Both (2) phalanges – One (1) phalanx 	50% 25%
• Index finger <ul style="list-style-type: none"> – Three (3) phalanges (i.e. whole finger) – Two (2) phalanges – One (1) phalanx 	10% 8% 5%
• Middle finger <ul style="list-style-type: none"> – Three (3) phalanges (i.e. whole finger) – Two (2) phalanges – One (1) phalanx 	8% 6% 4%
• Ring finger <ul style="list-style-type: none"> – Three (3) phalanges (i.e. whole finger) – Two (2) phalanges – One (1) phalanx 	6% 5% 3%
• Little finger <ul style="list-style-type: none"> – Three (3) phalanges (i.e. whole finger) – Two (2) phalanges – One (1) phalanx 	4% 3% 2%
• Metacarpals (in additional to fingers lost) <ul style="list-style-type: none"> – First or second – per metacarpal – Third, fourth or fifth – per metacarpal 	3% 2%
• Toes <ul style="list-style-type: none"> – All on one (1) foot – Great toe, both (2) phalanges – Great toe, one (1) phalanx – One (1) toe (except great toe) - each 	30% 7% 3% 2%
• Metatarsals (in additional to toes lost) <ul style="list-style-type: none"> – First or second – per metacarpal – Third, fourth or fifth – per metacarpal 	3% 2%
• Nature of Loss of Faculties <ul style="list-style-type: none"> – Loss of sight / hearing – both eyes / ears – Loss of sight / hearing – one (1) eye / ear 	100% 30%
• Total incapacitation	100%

How much does the cover cost me?

The premium for this benefit is paid by SARS on your behalf. This benefit is payable in addition to any other benefit.

Example 3:

Joe Block is an employee of the South African Revenue Service who earns R10 000.00 per month. Joe therefore earns a guaranteed total package of R120 000.00 per annum. Joe would like to know how much core benefit cover he is entitled to in the event of experiencing bodily loss as a result of an accident.

- Dismemberment cover: 2.2 X Annual guaranteed total package
- Annual guaranteed total package: R120 000.00

Dismemberment cover: $2.2 \times R120\,000.00 = R264\,000.00$

Therefore, for total incapacitation, Joe is entitled to a R264 000.00 Dismemberment Cover in the event of him experiencing bodily loss as a result of an accident.

Note – If Joe only loses all the toes of his left foot (as a result of the accident), Joe will only be entitled to $R264\,000.00 \times 30\%$ (based on the scale above) = R79 200.00 Dismemberment Cover.

What is defined as an accident?

An accident is defined as a sudden, unexpected, unusual, specific event which is not sought out by the principal member which is occasioned by visible, violent or external means, which occurs at an identifiable time and place, which results in *Bodily Injury* within 12 months of the accident.

Up till what age will I be covered?

You will be covered up to the normal retirement age (NRA) of 65 years.

Other Important Information regarding the Dismemberment cover:

- The Dismemberment cover is granted without medical proof of insurability required.
- Claims need to be lodged no later than 12 months after the date of accident or after the date of disablement in the event of the loss of limbs (if not submitted in time, _____/SARS will not be liable for payment of the claim).
- “*Bodily Injury*” shall mean physical bodily injury or an injury which gives rise to the deterioration of the mental state and mental capacity of a Member which is caused exclusively and independently of any other cause by visible, violent, external or accidental means and occurs at an identifiable time and place.

What happens to my cover when I resign from SARS?

All cover and benefits will discontinue.

To whom is the benefit paid?

The benefit will be paid into your (the employee's) bank account.

2.6. Lump Sum Disability cover

Definition: A lump sum benefit payable in the event that you are totally and permanently incapable of performing your own and any alternative occupation with any employer as a result of a condition that arose from an injury or illness.

What happens if I become disabled while employed?

The benefit is paid as a lump sum and is calculated as a multiple of your annual guaranteed total remuneration package (GTP) (see example 1).

- The current structure is 2.2 X annual guaranteed total package to a maximum of R10 500 000.00.
- The premium for this benefit is paid by SARS on your behalf.

How much does the cover cost me?

The premium for this benefit is paid by SARS on your behalf. This benefit is payable in addition to any other benefit.

Example 4:

Joe Block has suffered a major stroke at age 35 and is no longer able to perform his occupation or a reasonable alternative. He applies for disability and his claim is approved and paid out. He currently earns R120 000.00 per annum, he therefore receives a benefit of.

- Lump Sum Disability cover: 2.2 X Annual guaranteed total package
 - Annual guaranteed total package: R120 000.00
- Lump Sum Disability cover: $2.2 \times R120\,000.00 = R264\,000.00$.

Up till what age will I be covered?

The benefit is only payable whilst you are still a SARS employee, under the age of 65 years, with a reduction of benefits from the age of 60.

Example 5:

Joe Block has suffered a major stroke at age 63, with 1,5 years (18 months) to retirement and is no longer able to perform occupation or a reasonable alternative. He applies for disability and his claim is approved and paid out. He currently earns R10 000.00 per month. His annual earnings is R120 000. His benefit is therefore limited to:

Lump Sum Disability benefit: $(2.2 \times R120\,000.00) \times 18 \div 60 = R79\,200.00$

Is payment of the disability benefit guaranteed?

- The payment of the claim is subject to assessment of medical evidence to determine whether the illness/injury resulted in total and permanent occupational disablement.

_____ can defer for additional information if needed. Once evaluated, _____ will determine whether your claim meets the requirements for total and permanent occupational disablement. **Payment will be made following the date of service termination.**
- If you submit a claim for disability in the first year of joining SARS as an employee, and your claim is based on a condition that existed in the 6 months prior to joining SARS, your claim may be rejected on the grounds of a pre-existing condition.

A claim is declined if

- the claim event occurs within 12 months after the cover began (e.g. with the previous insurer or new entrant); and
 - the claim event is directly or indirectly attributable to any injury or illness in respect of which the principal member sought medical advice, or about which he knew or could reasonably be expected to have known, during the 6-month period preceding the commencement of cover.
- Claims need to be lodged no later than 12 months after the date of event, or after the date of disablement in the event of the loss of limbs. If not submitted in time, _____/SARS

will not be liable for payment of the claim.

Other Important Information regarding the Dismemberment cover:

- The benefit is an accelerated payment of your (Core) lump sum death benefit. There is therefore no medical evidence of good health required. If your claim is approved (100% total and permanent disabled) and paid out and you die shortly thereafter, no death benefit will be payable.
- *Date of event* is the date on which the Insured Person is unable to perform the material duties of his job due to injury or illness and where after he is unable to perform the inherent requirements of his job (i.e. date of service termination).
- The *Reduction in Benefits* is calculated as follows – the Lump Sum Disability cover shall be reduced for a principal member who is within five (5) years of the NRA of 65. For each complete month that the principal members exceed the age which is five (5) years before the NRA of 65, the Lump Sum Disability cover shall be reduced by $(1 \div 60)$.
- In the case of an Insured Person, whose total and permanent disability *is caused by a mental disorder* and the employee is officially certified as incapable by a court to manage his/her own affairs, the Lump Sum Disability cover is paid in accordance with the instruction from the court to be applied in the best interest of the Insured Person.
- Intentional self-inflicted injuries are not covered.

What happens to my cover when I resign from SARS?

All cover and benefits will discontinue.

To whom is the benefit paid?

The benefit will be paid into your (the employee's) bank account.

2.7. Lifestyle Cover

Definition: A lump sum pay-out to help with the cost of changing the way one lives after a major illness or injury and protects against the expenses that can arise during this time.

What happens if I suffer a critical illness / condition while employed?

A benefit, **equal** to a % of the benefit amount of R100 000, is paid if the member's condition meets the relevant contractual definition for the insured conditions covered.

How much does the cover cost me?

The premium for this benefit is paid by SARS on your behalf. This benefit is payable in addition to any other benefit.

Example 6:

Joe Block is an employee of the South African Revenue Service who earns R10 000.00 per month. Joe therefore earns a guaranteed total package of R120 000.00 per annum. Joe would like to know how much core benefit cover he is entitled to in the event of experiencing bodily loss as a result of an accident.

○ Lifestyle Cover: R100 000

Note – If Joe's condition, for example angioplasty, results in a lower % payable than 100% (please refer Benefit percentage payable per event), Joe will only be entitled to R100 000.00 x 50% = R50 000.00 Lifestyle Cover.

Which conditions are covered under this policy?

Benefit percentage (%) payable per Lifestyle Cover event – please see policy document for more detailed definitions and severities):

Lifestyle Cover event	Severity Level	% of Benefit Amount
Accidental HIV infection		100%
Advanced Dementia	Suffering from advanced dementia (including Alzheimer's disease)	100%
Aplastic Anaemia	The concentration of granulocytes in serum must be less than 500 per mm ³ and of thrombocytes less than 20 000 per mm ³ . An anaemia and reticulocytopenia must be proven.	100%
Arrhythmia		25%
Benign Brain Tumour	Tumour causing severe impairment – inability to perform 3 or more Basic Activities of Daily Living	100%
Cancer	<ul style="list-style-type: none"> • Malignant Tumour – Stage 3 or Stage • Malignant Tumour – Stage 2 • Malignant Tumour – Stage 1 	100% 50% 25%
Cardiomyopathy	A class III New York Heart Association classification of heart failure or a permanent left ventricular ejection fraction of less than 40%	100%
Chronic liver failure		100%
Coma (resulting in permanent neurological complications)	<ul style="list-style-type: none"> • If, after 3 months, there is evidence of permanent incapacitating neurological deficit. Permanent neurological deficit must include at least one (1) of the following ailments: (blindness; deafness; speech disorders; or motor paralysis involving one or more limbs) • If the state has persisted continuously with the use of a life support system for a period of at least 96 hours 	100% 50%

Coronary Artery Bypass surgery (with surgery to divide breast bone)	• Repair to three (3) or more coronary arteries	100%
	• Heart valve surgery / Aortic artery surgery	100%
	• Aorta graft surgery	100%
	• Repair to less than three (3) coronary arteries	50%
	• Angioplasty	10%
Heart Attack (of specified severity)	• Heart attack with severe permanent impairment in function	100%
	• Heart attack with mild permanent impairment in function	75%
	• Mild or Moderate heart attack	50%
Loss of Hearing	Total deafness	100%
Loss or loss of use of Limbs	• Both arms, or both legs or one (1) arm and one (1) leg	100%
	• One (1) arm or leg	50%
Loss of Sight	• Complete and irreversible loss of sight in both eyes	100%
	• Complete and irreversible loss of sight in one (1) eye	50%
Loss of Speech	Total, permanent and irreversible loss of the ability to speak	100%
Major Head Trauma	• The inability to perform 3 or more Basic Activities of Daily Living.	100%
	• The inability to perform 6 or more Advanced Activities of Daily Living.	50%
Major Organ Transplant	• After the transplant operation - human to human	100%
	• Before the transplant operation if proof is submitted that a transplant is needed and the member is on a valid organ transplant waiting	50%
Motor Neurone Disease (resulting in permanent Symptoms)	Confirmed by a neurologist as progressive and resulting in irreversible damage to the nervous system with the inability to perform 3 or more Basic Activities of Daily Living (including Muscular dystrophy)	100%
Multiple Sclerosis (with persisting symptoms)	The irreversible neurological deficiencies must include at least one (1) of the following conditions: (paralysis in limbs; walking impairment that can be neurologically verified; the member has to use a wheelchair)	100%
Paralysis	Permanent and total loss of function of two (2) or more limbs as a result of injury or disease (including Paraplegia)	100%
Parkinson's	• Activities of Daily Living assessment confirms the inability of the member to perform, without assistance, 3 or more Basic Activities of Daily Living. The disease cannot be controlled with medication and the disease shows signs of progressive impairment	100%
	• Activities of Daily Living assessment confirms the inability of the member to perform, without assistance, 6 or more Advanced Activities of Daily Living. The disease cannot be controlled with medication and the disease shows signs of progressive impairment	50%
Pulmonary embolism		30%
Renal Failure (Requiring Dialysis)	End stage renal failure of both kidneys with permanent dialysis needed	100%

Sero-positive rheumatoid arthritis		100%
Severe Burns	<ul style="list-style-type: none"> • If the burns cover more than 30% of the body surface • If the burns cover between 15% and 30% of the body surface 	100% 50%
Severe Crohn's Disease	<ul style="list-style-type: none"> • Presence of two (2) or more clinical complications of fistula formation, malabsorption, intestinal obstruction, intestinal perforation or secondary amyloidosis. Diagnosis must be confirmed by the characteristic histopathological features. • If diagnosis is based on endoscopic examinations and histopathological features, and all of the following conditions are fulfilled: <ul style="list-style-type: none"> - The acute period must be proven to have lasted at least three (3) months - The disease must have resulted in at least two (2) stays in hospital in the year preceding the submission of the claim - In the six (6) months preceding the submission of the claim, there must have been a loss of weight of at least 10% and - At the time the claim is submitted, the member must be afflicted by anaemia with the concentration of haemoglobin being less than 10g%. 	100% 50%
Severe Lung Disease	<p>Severe lung disease or end stage lung disease, causing chronic respiratory failure, as evidenced by all four (4) of the following criteria:</p> <ul style="list-style-type: none"> • FEV1 test results consistently less than 1 litre measured on three (3) occasions three (3) months apart. For idiopathic pulmonary hypertension a systolic pulmonary pressure of greater than 50mmHg; and • Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and • Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ < 55mmHg); and • Dyspnea at rest. <p>The diagnosis must be confirmed by a respiratory physician.</p>	100%
Severe Ulcerative Colitis	<p>If diagnosis is based on endoscopic examinations and histopathological features, and a total colectomy is performed for the treatment of ulcerative colitis.</p> <p>If diagnosis is based on endoscopic examinations and histopathological features and three (3) of the following four (4) conditions are fulfilled:</p> <ul style="list-style-type: none"> • The acute period must be proven to have lasted at least three (3) months. • The disease must have resulted in at least two (2) stays in hospital in the year preceding the submission of the claim. • In the six (6) months preceding the submission of the claim, there must have been a loss of weight of at least 10%. • At the time the claim is submitted, the member must be afflicted by anaemia with the concentration of haemoglobin being less than 10g% 	100% 50%

Stroke	• Stroke with severe impairment – inability to perform 3 or more Basic Activities of Daily Living	100%
	• Stroke with moderate impairment – inability to perform 3 or more Advanced Activities of Daily Living	50%
	• Stroke with mild impairment – inability to perform 1 or more Advanced Activities of Daily Living	10%

Up till what age will I be covered?

You will be covered up to the normal retirement age (NRA) of 65 years.

Please note, however, that the benefits are kept in force after the NRA if you are still in the active service of the employer, until you actually retire or until the age of 70 years (whichever occurs first).

Other Important Information regarding the Lifestyle Cover:

- Claims are limited to one (1) claim per twelve (12) month period.
- To qualify for a Lifestyle Cover benefit, the member must survive the insured condition for at least seven (7) days.
- The Lifestyle Cover benefit, in some instances, will depend on the severity of the disease as well as an inability of the Insured Person to perform a certain amount of Activities of Daily Living. Where claims are based on Activities of Daily Living, _____ may call for a functional assessment by an appropriately qualified professional (e.g. occupational therapist, physiotherapist), in addition to requiring reports from treating medical specialists.
- There are 2 aspects with lifestyle claims that _____ considers at claim stage, i.e.:
 1. The exclusion clause – a claim is declined if:
 - the claim event occurs within twelve (12) months after the cover began (e.g. with the previous insurer or new entrant); and
 - the claim event is directly or indirectly attributable to any injury or illness in respect of which the principal member sought medical advice, or about which he knew or could reasonably be expected to have known, during the six (6) month period preceding the commencement of cover.
 2. The timing of contracting the disease – _____ determines the time of contracting a lifestyle event (i.e. critical illness / event) taking into account the medical proof submitted (date of diagnosis),
 - in the case of cancer, the date of contracting the critical illness / event is taken as the date of the first diagnosis thereof; and
 - in the case of surgery and transplant the date of contracting the critical illness / event is taken as the date on which the need for the surgery or transplant was first diagnosed by a medical practitioner.

This does not mean that the benefit is payable for the surgery or transplant before the actual undergoing of the surgery or transplant.
- Multiple claims for *unrelated* conditions are allowed.

What happens to my cover when I resign from SARS?

All cover and benefits will discontinue.

To whom is the benefit paid?

The benefit will be paid into your (the employee's) bank account.

3. VOLUNTARY BENEFITS DEFINITIONS

The **voluntary benefits portfolio** contains a range of benefits to supplement your core portfolio should you wish to have additional cover.

These benefits, unlike the core portfolio, are *at an additional cost to you* and will reflect on your pay slip as a deduction. The voluntary benefits will be paid in addition to your core benefits where applicable.

What options do the voluntary benefits portfolio consist of:

- **Flex Cover Benefit** (*lump sum death benefit*)

Additional voluntary death benefit payable to your nominated beneficiaries in the event of your death. An **overall maximum of six (6) times annual remuneration will apply to options.**

- **Spouse's Life Cover**

Voluntary death benefit payable to you in the event of the death of your spouse. **Two (2) levels of cover are available, and a maximum of two (2) times annual remuneration will apply.**

- **Extended Family Funeral Cover**

Voluntary death benefit payable in the event of the death of an Extended Family member covered on the policy. **A maximum of twelve (12) extended family members can be covered under this policy.**

When can I apply for any of the voluntary benefits?

Voluntary benefits can be applied for:

- Upon joining SARS as an employee;
- Life changing events i.e. marriage, divorce, death etc.; or
- At election time as communicated by SARS.

How do I apply for the voluntary benefits?

If you would like to apply for these benefits you will need to contact the Employee Shared Services Contact Centre, Or log a request via , [Remedy Self Service – Requester Console](#) who will assist you with the relevant documentation.

Important Information:

- You will be allowed to cancel the benefit should you wish to do so – **to request the cancellation, submit in writing within 30 days of event/decision.**
- If you apply for this benefit, please note that cover will only commence from the 1st day of the next month after the receipt of your application form. Cover cannot be backdated.

If there is no deduction for the voluntary benefit then you are NOT covered for this benefit.

Please note: The onus is on you to check your pay slip after applying for cover to ensure that the application was successful and the deduction is reflecting on your pay slip.

3.1 Flex Cover benefit

Definition: A benefit, as elected by you, payable to your nominated beneficiaries in the event of your death.

What happens if I die while employed?

A Flex Cover Benefit, as elected by you, in multiples of your annual guaranteed total remuneration package (GTP) between one (1) and six (6) times is paid out, in addition to your Core Benefit, as per the table below:

Benefit Structure Choice	Core Benefit	Flex Cover Benefit	Total Benefit
Core Benefit	2.2 x	-	2.2 x
Option 1	2.2 x	1 x	3.2 x
Option 2	2.2 x	2 x	4.2 x
Option 3	2.2 x	3 x	5.2 x
Option 4	2.2 x	4 x	6.2 x
Option 5	2.2 x	5 x	7.2 x
Option 6	2.2 x	6 x	8.2 x

How much does the cover cost me?

Level of additional cover	Percentage of Guaranteed Total Package
Additional one times GTP (1 x)	
Additional two (2) times GTP (2 x)	
Additional three (3) times GTP (3 x)	
Additional four (4) times GTP (4 x)	
Additional five (5) times GTP (5 x)	
Additional six (6) times GTP (6 x)	

Example:

Joe Block is an employee of the South African Revenue Service who earns R10 000.00 per month. Joe therefore earns a guaranteed total package of R120 000.00 per annum (R10 000.00 per month), the cost of additional cover for him will be:

Level of Additional cover	Calculation	Cost to the Member
1 x R120 000	R10 000 p.m. x %	R per month
2 x R120 000	R10 000 p.m. x %	R per month
3 x R120 000	R10 000 p.m. x %	R per month
4 x R120 000	R10 000 p.m. x %	R per month
5 x R120 000	R10 000 p.m. x %	R per month
6 x R120 000	R10 000 p.m. x %	R per month

When may I choose Flex Cover benefit (i.e. additional death cover)?

The option to increase the amount of insurance will not apply to a member who

- is not actively at work, or
- will not be actively at work on the date from which the increase applies
- is unable to perform the inherent requirements of his job due to illness or injury.

Insurance may be elected or increased, to the maximum per event indicated below, **within 13 weeks** of any of the events occurring:

Event	Documentation required	Maximum flex cover (i.e. increase limit) applicable per event
On first qualifying for compulsory insurance	Application form	6 times
At election time, i.e. open period (including scheme anniversary date)	Application form	2 times (subject to the overall maximum applicable of 6 times annual remuneration)
Marriage	Application form; and Copy of marriage certificate or certified affidavit attesting to the relationship and signed by both parties.	5 times (subject to the overall maximum applicable of 6 times annual remuneration)
Birth or adoption a child	Application form; and Copy of birth certificate or adoption order. The member must be reflected as the parent of the Child	3 times (subject to the overall maximum applicable of 6 times annual remuneration)
Purchase of a house (i.e. primary residential property)	Application form; and Copy of Registration of bond-form (i.e. approved)	1 times (subject to the overall maximum applicable of 6 times annual remuneration)
Divorce or death of a spouse	Application form; and Copy of divorce order or a certified affidavit attesting to the termination of the relationship and signed by both parties.	1 times (subject to the overall maximum applicable of 6 times annual remuneration)

Example:

Joe Block applied for Flex Cover of five (5) times his annual guaranteed total remuneration package. During the open period following the initial choice, Joe applied for the maximum flex cover of two (2) times annual remuneration.

Because of the overall maximum of 6 times annual remuneration, Joe can only qualify for one (1) times annual his guaranteed total remuneration package.

Do I have to provide medical evidence of good health when I choose/change Flex Cover benefit?

The Free Cover Limit is R18 000 000 (combined for Core benefit and Flex Cover benefit).

At any event (listed above),

- no medical evidence of good health will be required if the combined/total death cover (i.e. Core benefit plus Flex Cover benefit) is below the Free Cover Limit of R18 000 000, i.e. you will automatically be covered up to this amount, without having to submit medical evidence of good health.
- medical evidence of good health will be required if the combined/total death cover (i.e. Core benefit plus Flex Cover benefit) is in excess of the Free Cover Limit.

_____ will require you to provide medical evidence on the amount in excess of R18 000 000.

Up till what age will I be covered?

You will be covered up to the normal retirement age (NRA) of 65 years.

Please note, however, that the death benefits are kept in force after the NRA if you are still in the active service of the employer, until you actually retire or until the age of 70 years (whichever occurs first).

Other Important Information regarding the Flex Cover benefit:

- As this is a voluntary benefit, it is paid for by you as the member and will appear as a deduction on your pay slip.
No deduction = you have no cover for this benefit. It is the responsibility of the employee to ensure that the elected cover reflects on the Group Life benefit statement.
- The Lump Sum Disability benefit is excluded from any additional Flex Cover chosen.
- Claims for death as a result of suicide or self-inflicted injury are excluded for 2 years following election of additional cover.

What happens to my cover when I resign from SARS?

All cover and benefits will cease.

However, a continuation option is included on this policy and allows for the transfer of cover to an individual policy on service exit from SARS (please refer point 5 of this document).

(Please note that your Flex Cover benefit needs to have been in place for at least 2 years before cover can be converted).

To whom is the benefit paid?

- In the event of your death, the benefit will be paid out to your nominated beneficiary(ies) as per your latest updated nomination of beneficiary form.
- If no beneficiary form is found, the information on the HR Admin & Payroll system and reflecting on the beneficiary statement will be used. If this is also incomplete, the benefit will be sent to your late estate for the executor to deal with the benefits.

3.2 Spouse's Life Cover benefit

Definition: A benefit, as elected by you, payable in the event of the death of your insured spouse.

What happens if my spouse dies while I'm employed?

This benefit covers your spouse in the event of his/her death for a lump sum which is payable to the member:

The benefit has **two (2) levels of cover, subject to a maximum of R2 750 000:**

Benefit Structure Choice	
Option 1:	One (1) times your annual guaranteed total remuneration package (GTP).
Option 2	Two (2) times your annual guaranteed total remuneration package (GTP)

How much does the cover cost me?

Level of cover	Cost per R1 000 of cover
Additional one times GTP (1 x)	R per R1 000 cover
Additional two times GTP (2 x)	R per R1 000 cover

Example:

Below are a few examples of different scenarios at various salary levels as well as taking the new maximum cover into account.

If Joe insures his wife for:

Annual salary	R300 000	R300 000	R600 000	R600 000	R1 400 000	R1 400 000
Multiple elected	1 x	2 x	1 x	2 x	1 x	2 x
Total insured amount	R300 000	R600 000	R600 000	R1 200 000	R1 400 000	R2 800 000
Contractual restriction (maximum)	n/a	n/a	n/a	n/a	n/a	R2 750 000
Premium rate per R1000 insured amount	R	R	R	R	R	R
Monthly premium (cover/1000*rate)	R	R	R	R	R	R
Claim payable in event of spouse's death	R300 000	R600 000	R600 000	R1 200 000	R1 400 000	R2 750 000

Who will be defined as my spouse?

A maximum of one spouse's claim will be allowed per employee over the 12-month review period.

Definition of a spouse: A person to whom the principal member is legally married, and shall include the following:

- A party to a customary union according to tribal customs or South African customary law; or
- A union recognised as a marriage under the tenets of any Asiatic religion; or
- A person of the same or opposite gender living with the member in the manner of a spouse, provided that such cohabitation has been in existence for a period of at least six (6) months.

Please Note: Spouses in living together arrangements (i.e. co-habiting spouses) must be **registered** and provide medical evidence of good health in respect of their full cover amount, before their insurance commences.

No premiums must be paid i.r.o. cover for a co-habiting spouses until proof of insurability was assessed and/or insurance confirmed by _____.

Should an employee be married to more than one (1) person, *qualifying spouse will mean only the one (1) spouse*, whom the employee nominated in writing during that person's life. If the employee does not nominate a qualifying spouse, the *person that he/she married first will be the qualifying spouse*.

When may I choose Spouse's Life Cover (i.e. additional cover for your spouse)?

Changes for spouses older than 65 is not allowed.

Insurance may be elected or increased, to the maximum per event indicated below, **within 13 weeks** of any of the events occurring:

Event	Documentation required	Maximum flex cover multiple (i.e. increase limit) applicable per event
On first qualifying for compulsory insurance	Application form	2 times
At election time, i.e. open period (including scheme anniversary date)	Application form	1 times
Marriage	Application form; and Copy of marriage certificate or certified affidavit attesting to the relationship and signed by both parties.	2 times
Birth or adoption a child	Application form; and Copy of birth certificate or adoption order. The member must be reflected as the parent of the Child	1 times

Does the spouse have to provide medical evidence of good health when I choose/change Spouse's Life Cover benefit?

Qualified spouses are not subject to medical examinations if the employee applies for cover on the above listed events. However, the payment of the benefit is subject to a six (6) months waiting period for death due to natural causes. This six (6) month waiting period (for death due to natural causes) is also applicable after any option changes.

Options to elect or increase insurance that are exercised at any time other than on the events listed, is subject to the provision of medical evidence of good health regarding the risk profile of the spouse.
_____ will not be liable for the cost of such evidence.

Up till what age will the spouse be covered?

A spouse will be covered

- up to the normal retirement age (NRA) of the SARS employee. This means that if the employee is still in the active service of the employer (after NRA), cover for the spouse will apply until the employee actually retires or until he / she reaches the age of 70 years, whichever occurs first (even if spouse is still younger than 70 years); or.
- until the spouse turns 70 (even if the SARS employee is still younger than 70 years).

Other Important Information regarding the Spouse's Life Cover benefit:

- As this is a voluntary benefit, it is paid for by you as the member and will appear as a deduction on your pay slip.
No deduction = you have no cover for this benefit. It is the responsibility of the employee to ensure that the elected cover reflects on the Group Life benefit statement.
- Claims for death as a result of suicide or self-inflicted injury are excluded for 2 years following election of additional cover.

What happens to the spouse's cover when I resign from SARS?

All cover and benefits cease.

To whom is the benefit paid?

The benefit will be paid into your (the employee's) bank account.

3.3 Extended Family Funeral Cover benefit

Definition: A benefit, as elected by you, payable on the death of insured extended family members.

What happens if an extended family member dies while I'm employed?

The intention of the Extended Family Funeral Cover benefit is to provide cover for extended family members that are financially dependent on the employee or where it will be required from the employee to assist with the funeral expenses.

There are a number of options available, ranging from a lump sum benefit of R5 000 (option 1) to R30 000 (option 6) – *please refer to table below.*

How much does the cover cost me?

Option applicable per extended family member	Cost of benefit				
	Set premium per month per extended family member according to his/her actual age at entry :				
	- 5* years	6 – 21 years	22 – 45 years	46 – 65 years	66+ years
Option 1: R 5 000	R	R	R	R	R
Option 2: R10 000	R	R	R	R	R
Option 3: R15 000	R	R	R	R	R
Option 4: R20 000	R	R	R	R	R
Option 5: R25 000	<i>Please note by law (Article 55 of the long-term insurance act) children younger than 6 years may not receive a benefit of more than R20 000</i>	R	R	R	R
Option 6: R30 000		R	R	R	R

Example:

Joe would like to cover his parents and parents-in-law on the extended family funeral R5 000 benefit; they are all below 65 years of age.

Joe will pay: 4 parents (all below 65 years) X R per month = R per month.

Who will be defined as an extended family member?

A maximum of 12 claims will be allowed per employee over the 12-month review period.

In those cases where there are already more than 12 family members covered, none of those members can be replaced or changed with other family members.

Definition of an extended family member: An extended family member must be under the age of 75 years when cover first commences, and include any of the following:

- Your parents (natural, step or adoptive);
- Your parents-in-law (natural, step or adoptive);
- Your biological brother or sister; or
- Any relative through blood or marriage (grandparents, grandchildren, brothers-in-law, sisters-in-law, nephews, nieces, aunts, uncles and cousins and children not covered under the normal family cover policy).

When may I choose Extended Family Funeral Cover?

No option changes are allowed for family members older than 75 years.

Changes in benefit levels for the principal member's insured family members are allowed during the open period communicated each year.

Elections (for option (1 – 6) must be done **within 13 weeks of first being able to elect cover.**

If you have not added extended family members onto the policy on commencement of employment with SARS, you will only be allowed to add them at election time (open period) as communicated by SARS.

Do I have to provide medical evidence of good health when I choose/change Spouse's Life Cover benefit?

Extended Family Funeral Cover will not be subject to medical examinations to qualify for this cover.

However, the payment of the benefit is subject to a six (6) months waiting period for death due to natural causes. This six (6) month waiting period (for death due to natural causes) is also applicable after any option changes. If the option changes involve an increase in cover level, the waiting period will only be applicable to the increased cover level portion.

Up till what age will my extended family members be covered?

You extended family members are covered for as long as you are covered, i.e. up to the normal retirement age (NRA) of 65 years.

Please note, however, the extended funeral benefits are kept in force after the NRA if you are still in the active service of the employer, until you actually retire or until the age of 70 years (whichever occurs first).

Other Important Information regarding the Extended Family Funeral Cover benefit:

- As this is a voluntary benefit, it is paid for by you as the member and will appear as a deduction on your pay slip.
No deduction = you have no cover for this benefit. It is the responsibility of the employee to ensure that the elected cover reflects on the Group Life benefit statement.
- Claims for death as a result of suicide or self-inflicted injury are excluded for **12 months** following election of additional cover.

What happens to the extended family members' cover when I resign from SARS?

All cover and benefits cease.

However, you can continue the group funeral cover in your own capacity under a new Exit Cover funeral policy with _____, for yourself, your spouse, children and extended family members under a funeral policy with _____ when you resign from SARS.

Please refer to point 5 of this document.

To whom is the benefit paid?

The benefit (in the event of an extended family member's death) will be paid into your (the employee's) bank account.

4. FAMILY FUNERAL ASSISTANCE BENEFIT, as part of Reality Access for

All members of a group insurance policy underwritten by the Service Provider (i.e. _____) automatically get access to value-adding services and benefits that are provided in terms of _____

Reality Access for _____ benefits table:

④ Family Funeral Assistance benefit (i.e. Burial Repatriation & Funeral Support)

The loss of a loved one will always remain one of the most traumatic events in our lives. While no-one can make it easier to lose a loved one, the Service Provider can help lighten the load by transporting the deceased back home if the death occurred far from his/her home base.

The surviving family's special cultural preferences regarding the transportation of the deceased will be considered and special care will be taken to meet these preferences, where possible.

What does this benefit cover?

- **Repatriation benefit** in the event of the death of a qualifying family member, the service allows for the transportation of the mortal remains of an immediate or extended family member covered by the group policy, from their place of residence within South Africa or Neighboring countries i.e. Namibia, Botswana, Zimbabwe, Mozambique, Lesotho and Swaziland, to a location or funeral home in their home town.
- **Telephonic assistance** with the arrangement of the funeral or cremation, should the event occur away from the normal place of residence.
- **Transferring of ashes** to the normal place of residence after cremation within South Africa.
- **Referral** to reputable and recommended undertakers and providers of other funeral services.
- Where death occurs within South Africa, a relative may **accompany the body** to the funeral home.
- Advice on matters such as obtaining a death certificate and cross-border documentation.
- Referral to a pathologist if an **autopsy** is necessary.

5. CONVERSION vs CONTINUATION (Group Life Cover and Family Funeral Cover)

When a member leaves his/her employer, without claiming for a benefit, all group cover ceases. Members wanting to continue their group cover have the following options available:

Group Life Cover	Family Funeral Cover
<p>The principal member (i.e. SARS employee) will have the option to exercise a conversion option for Group Life Cover (including the Flex Cover benefit) with _____,</p> <ul style="list-style-type: none">• in the event of leaving the service of the employer (including early retirement due to ill-health, but excluding retrenchment),• up to the normal retirement age (NRA) of 65 years.	<p>The principal member (i.e. SARS employee) can continue the group funeral cover under a new Exit Cover funeral policy with _____</p> <ul style="list-style-type: none">• for themselves, their spouse, children and extended family members,• at retirement, resignation or retrenchment from SARS.
<p>Employees do not have to provide medical evidence of good health (i.e. physical medicals, HIV test or cotinine test for non-smokers) if the individual cover amount does not exceed the group cover that was granted under the _____ group scheme, or is less than the total cover the insured member had under</p>	<p>The Exit Cover amount that can be continued is limited to the funeral insurance amount under the group funeral policy.</p> <p>Employees do not have to provide medical evidence of good health, and no waiting period will apply as _____ waives the</p>

<p>the group policy.</p> <p>_____ may however request information to establish the rating factor/premium rates, for example, they may call for a BMI measurement (i.e. Body Mass Index, to be completed by a nurse), as well as information around pursuit of hazardous activities.</p> <p>To be able to apply, the employee had to have been a member for a minimum of twelve (12) months consecutively. Furthermore,</p> <ul style="list-style-type: none"> • The application for the insurance must be submitted to a _____ office <i>within thirty-one (31) days from the date leaving the employer's service.</i> • The option expires should a member leave the employer due to retrenchment or any company restructuring. Further information around the retrenchment, or number of retrenchments, may be required. • The option may only be exercised if the employee is a South African citizen. • Contract workers do not qualify for an option to convert from a group scheme to a similar individual policy. • The converted cover and premiums will be subject to the conditions applicable to _____ policies. 	<p>six (6) month waiting period for the new Exit Cover funeral policy (providing similar benefits), on the following conditions:</p> <ul style="list-style-type: none"> • you have been a member of the group funeral scheme for at least six (6) months before withdrawal (termination of employment), and • your previous group funeral cover was terminated <i>within thirty-one (31) days of entering into the new funeral policy.</i> <p>The insurance will be subject to the terms and conditions applicable to _____.</p>
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Please Note: There is no continuation option made available for by the SARS employer policy on any other benefits, e.g. spouse's cover or dismemberment cover.

How to apply for the conversion of the Group Life and Flexi Cover?

How to apply for the continuation of Group Funeral Cover?

