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| HR156 | **OPTIONAL DEATH COVER  (for existing UCTRF members who wish to increase cover due to a life event)** |  |

**NOTES**

* Forms must be downloaded from the UCT website: <https://forms.uct.ac.za/forms.htm>.
* As a member of UCTRF you enjoy cover under the UCTRF owned policy (UCTRF death cover)) as well as a UCT owned policy (Separate Death Cover). Under both of these policies, you have an option to choose the level of cover based on your specific needs.
* You must complete this form if you are a member of the UCTRF and want to *increase* your UCTRF Death Cover ([Section 1](#_SECTION_1:_UCTRF)) and/or your Separate Death Cover ([Section 2](#_SECTION_2._DEATH)) due to one of the following life events:
* getting married;
* becoming a parent;
* death of a spouse;
* purchase of a property.
* The completed form must be sent to the UCTRF Office, Room 134, Bremner Building, Rondebosch or emailed to[yumna.gamildien@uct.ac.za](mailto:yumna.gamildien@uct.ac.za) within 13 weeks of the life event together with supporting documents for the life event that has taken place.
* To understand the impact that changing your death cover will have on your retirement saving, use the Retirement Calculator: <https://uctrf.co.za/uctrf/retirement-provision-calculator-2021>.
* To understand the impact that changing your Separate Death Cover will have on your take home pay, use the CoE Calculator <https://www.hruct.co.za/>.
* The option to increase your death cover will not apply if you:
* are above normal retirement age, or
* are in receipt of an Income Disability Income benefit, or
* are not Actively at Work, or
* will not be Actively at Work on the date from which the increase applies.



You may *decrease* your UCTRF Death Cover and/or your Separate Death Cover at any time by completing [HR216](https://forms.uct.ac.za/hr216.docx).

## YOUR PERSONAL DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | | First Name/s |  |
| Staff Number |  | | Date of Birth |  |
| Identity Number |  | | | |
| Phone number (cell or landline) | |  | | |
| Email |  | | | |

## SECTION 1: UCTRF DEATH COVER

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The premiums for your UCTRF Death Cover multiple you elect will be deducted from the contributions you make to the UCTRF. Therefore, higher death cover will decrease your net contributions towards your retirement savings. | | | | | | | | | |
| I wish to increase my **UCTRF Death Cover** to the following multiple: | | | | | | | | | |
| N/A |  | 2 x annual CoE |  | 3 x annual CoE |  | 4 x annual CoE |  | 5 x annual CoE |  |
| You may increase your UCTRF Death Cover by up to 3 times your annual CoE without needing to provide evidence of health unless your overall total cover increases above the Free Cover Limit\*, in which case you will be required to provide evidence of health.  There is a suicide exclusion in the first 12 months of electing a higher level of cover for the increased level of cover. | | | | | | | | | |
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## SECTION 2: DEATH COVER UNDER THE SEPARATE EMPLOYER POLICY

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The premiums for this additional cover are paid from your Cost of Employment (CoE) and will therefore reduce your take-home pay. These premiums are taxed as fringe benefits. | | | | | | | | | | | | |
| I wish to increase my **Separate Death Cover** to the following multiple: | | | | | | | | | | | | |
| N/A |  | | 2 x annual CoE |  | 3 x annual CoE |  | 4 x annual CoE | |  | | 5 x annual CoE |  |
| **\* Free Cover Limit**  The Free Cover limit is the maximum rand amount of cover that is offered to employees by the insurer without the need for individual health assessments or medical evidence. If your cover exceeds this limit you may be required to provide evidence of your good health.  **Protection of Personal Information Act (POPIA) Notice**   * *The information requested in this document may constitute personal information in terms of POPIA.* * *The Employer may share the member’s personal information with other service providers, such as the insurer of the death benefits, but only to the extent necessary to fulfil its obligations in terms of the Long-term Insurance Act.* * *The information will be kept confidential and processed in accordance with POPIA and will be held for a period as set out in the UCTRF’s Retention of Records Guide.* | | | | | | | | | | | | |
| Signature | |  | | | | | | Date | |  | | |

# COMPLETING A VOLUNTARY DEATH COVER FORM (for existing UCTRF members who wish to change their cover due to a life event)

HR156

## When do I complete this form?

This form must be completed by employees who are existing members of the UCTRF and who want to increase their death cover on a life event. This form and the supporting documents for the life event that has taken place must be submitted to the underwriters within 13 weeks of the life event.



Any changes are subject to the underwriters’ policy conditions, which will override any information contained in this form.

## Where do I send this form?

The form should be sent to the UCTRF Office, Room 134, Bremner Building, Rondebosch or emailed to[yumna.gamildien@uct.ac.za](mailto:yumna.gamildien@uct.ac.za).

## What other forms do I need to complete?

[UCTRF Nomination of Beneficiaries form (HR151)](https://forms.uct.ac.za/hr151.docx) if you also want to update your beneficiaries.