



National Fund for Municipal Workers
Change of Risk Cover Option – Category A
(For use by new and existing members)

SEND COMPLETED FORM TO E-MAIL: A011@nationalfund.co.za

The fund will not accept any *Change of Risk Cover Option* form, sent to an e-mail address other than the above.

APPLICANT INFORMATION

Membership number	
Surname	
Full names	
e-Mail address	
ID number ATTACH COPY OF ID DOCUMENT	
Telephone number – Mobile	
Telephone number – Office	
Telephone number – Home	
Home postal address	
Postal code	
Employer (MUNICIPALITY)	
Employee number (PAYSLIP NUMBER)	

RISK OPTION SELECTION

		NEW MEMBER	EXISTING MEMBER			
			CURRENT CATEGORY			
			A0	A1	A2	A3
CATEGORY		OPTIONS	OPTIONS			
A0	DEATH DISABILITY FUNERAL	No Cover No Cover YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A1	DEATH DISABILITY FUNERAL	1 x Annual Salary 1 x Annual Salary YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2	DEATH DISABILITY FUNERAL	2 x Annual Salary 2 x Annual Salary YES				<input type="checkbox"/>
A3	DEATH DISABILITY FUNERAL	3 x Annual Salary 3 x Annual Salary YES				<input type="checkbox"/>

RISK COVER DECREASES

- Applications for a DECREASE in risk cover will only be processed and effective on 1 January and 1 July, with cut-off dates being 31 December and 30 June respectively. Applications received between these dates will be accumulated. The member will receive confirmation when his/her application has been received, and again when the request was successfully processed. The member will have no right to a claim if he/she cannot provide such acknowledgement of receipt/process from the fund.

RISK COVER INCREASES

- Only members in Category A0 are allowed to increase their risk cover to category A1, provided they provide proof of good health (at own cost).

MEMBER

NFMW OFFICIAL

Signature _____ Date

Signature _____ Date

National Fund for Municipal Workers CONTACT DETAILS

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