



National Fund for Municipal Workers
Change of Risk Cover Option – Category C
(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 <small>ATTACH COPY OF ID DOCUMENT</small>	
Telephone number – Mobile	
Telephone number – Office	
Telephone number – Home	
Home postal address	
Postal code	
Home physical address	
Postal code	
Employer <small>(MUNICIPALITY)</small>	
Employee number <small>(PAYSLIP NUMBER)</small>	

CATEGORY		SELECTION	
C1	DEATH	1 x Annual Salary	
	DISABILITY	1 x Annual Salary	
C3	DEATH	3 x Annual Salary	
	DISABILITY	3 x Annual Salary	
C5	DEATH	5 x Annual Salary	
	DISABILITY	3 x Annual Salary	
C0	DEATH	No Cover	
	DISABILITY	No Cover	

RISK COVER DECREASES.

1. 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. This instruction will be deemed null and void if such proof of receipt/processing cannot be submitted by the member/beneficiaries.

RISK COVER INCREASES

- Applications for an INCREASE in risk cover will only be considered if:
 - It is received by the fund within 2 months after a 'life event', i.e. marriage or the birth of a child and sufficient proof is submitted.
 - Proof of good health accompanies this form. Any cost related to obtaining such proof will be for the member's account.
 - In all events, no increase will be allowed once the member reaches the age of 55 years.
- Applications will be received and processed throughout the year. The member will receive confirmation when his/her application has been received and again when the request was successfully processed. This instruction will be deemed null and void if such proof of receipt/processing cannot be submitted by the member/beneficiaries.

<u>MEMBER</u>	<u>NFMW OFFICIAL</u>
_____ Signature	_____ Signature
DDMMYYYY Date	DDMMYYYY Date