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| HR154 | **DEATH COVER OPTIONS (new members only)**  | whitebacklogo |

NOTES

* Forms must be downloaded from the UCT website: <http://forms.uct.ac.za/forms.htm>
* This form is only used by new UCTRF members; existing members should contact the UCTRF Office to change their death cover.
* The completed form must be sent to the Appointments Office, Bremner Building.

YOUR PERSONAL DETAILS

|  |  |
| --- | --- |
| Surname |  |
| First Name/s |  |
| Department |  |
| Identity Number |  |

##### UCTRF OF DEATH-IN-SERVICE COVER

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| --- |
| New UCTRF members have an option to choose the multiple of their death-in-service cover of between 1x and 5 x annual Cost of Employment (CoE). The default UCTRF death-in-service cover is 4 times your annual CoE.The premiums for your UCTRF Death-in-Service cover you select will be deducted from the contributions you make to the UCTRF. Therefore the higher your death cover the less your retirement savings. |
| 1 x annual CoE | 2 x annual CoE | 3 x annual CoE | 4 x annual CoE | 5 x annual CoE |
| OPTIONAL SEPARATE DEATH COVER * The Optional Separate Death Cover is separate from your UCTRF Death Cover.
* All members are covered for compulsory 1x annual CoE in the event of their death, which is paid for from your UCTRF contribution.
* Members have the option of selecting up to 4x additional CoE in the event of their death. You must complete this section if you want additional death cover.
* The premiums for this **additional** cover **are paid from your Cost of Employment** (CoE) and will therefore reduce your take-home pay.
 |
| I wish to elect following additional cover: |
| None (compulsory 1 x annual CoE only) |  | Additional 1 x annual CoE |  | Additional 2 x annual CoE |  | Additional 3 x annual CoE |  | Additional 4 x annual CoE |  |
|  |
| **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 DEATH COVER FORM (new members)

HR154

## When do I complete this form?

**New UCTRF members** have an option select the multiple of their death cover on joining the UCTRF.

The premiums for the **UCTRF death cover** are deducted from the UCTRF contribution. This means that higher death cover will reduce your retirement savings and lower death cover will result in more retirement savings. You need to balance the needs or your family in the event of your death before you retire, with your needs on retirement. Please view the retirement calculator and death cover calculator to assist with understanding the implications of your choices: <https://uctrf.co.za/uctrf/toolbox>

If the UCTRF death cover is not sufficient for your family’s needs, you may elect additional optional Separate Death cover. The premiums for this cover will be deducted from your CoE and will therefore reduce your take-home pay.

**Existing UCTRF members** may contact the UCTRF Office to:

* Increase or decrease UCTRF death-in-service cover on 1 March each year without production of any evidence of good health. The UCTRF Office will send all members the necessary forms to change their cover annually.

OR

* Increase or decrease death-in-service cover on the first day of the month following a change in the member’s dependants (as defined by the insurer), without production of any evidence of good health.

OR

* Increase or decrease death-in-service cover on any other date, on production of evidence of good health.


There is a risk that if you elect to reduce your death-in-service cover, that you may not be able to increase it at a later stage (other than annually on 1 March) if you are in poor health. It may only be increased if the insurer is prepared to increase the cover and is subject to satisfactory evidence of the member’s good health (at the member’s own expense) as determined by the insurer.

## Where do I send this form?

The completed form must be sent to the Appointments Office, Bremner Building.

#### When do I submit this form?

When a staff member joins the UCTRF.

## What other forms do I need to complete?

* [UCTRF Investment Choice Form (HR150)](http://forms.uct.ac.za/hr150.doc)
* [UCTRF Nomination of Beneficiaries form (HR151)](http://forms.uct.ac.za/hr151.doc)

Optionally you may complete:

* [Family Funeral Cover “Opt Out” for UCTRF Members (HR213)](http://forms.uct.ac.za/hr213.docx)