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| HR213 | **FAMILY FUNERAL COVER “OPT OUT” FOR UCTRF MEMBERS** | whitebacklogo |

NOTES

* Forms must be downloaded from the UCT website: <https://forms.uct.ac.za/forms.htm>.
* This form is only used by UCTRF members who wish to opt out of the Family Cover benefit.
* The completed form must be sent to the Benefits Office, Bremner Building.

YOUR PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name/s |  |
| Staff Number |  | Date of Birth |  |
| Identity Number |  | | |

##### FAMILY FUNERAL COVER “OPT OUT” FOR UCTRF MEMBERS

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| --- | --- | --- | --- | --- | --- |
| * As a member of the University of Cape Town Retirement Fund (UCTRF), you and your immediate family (i.e. spouse and children) are covered against death for the amount of cover as set out below. * This forms part of your UCTRF risk contribution. * Should you not want the cover, you are required to advise the HR Benefits Office within one calendar month from the date of joining the UCTRF of your decision, by making use of this “Opt Out” form. * Once you have decided to “Opt Out” (indicate you do not want the cover), you will only be able to “Opt In” again as at 1 July of each year. Note, however, that, if you “Opt In” at a later date, a 6 month waiting period will apply for non-accident related claims. * For further information regarding funeral benefit visit the UCTRF website <https://uctrf.co.za/uctrf/funeral-benefits>. | | | | | |
| I |  | | wish to opt-out of the Family Funeral Cover benefit | | |
| I acknowledge that I will only be able to “Opt In” again as at 1 July of each year, and understand that a 6 month waiting period for non-accident related claims will apply should I wish to “Opt In” again at a later date. | | | | | |
| ***Protection of Personal Information Act (POPIA) notice***   * *The information requested in this document may constitute personal information in terms of the Protection of Personal Information Act (POPIA).* * *The Employer may share the member’s personal information with other service providers, such as the insurer of the funeral benefit, 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.* | | | | | |
| Signature | |  | | Date |  |

# COMPLETING THE FAMILY FUNERAL COVER OPT OUT FORM

HR213

## When do I complete this form?

When you join the UCTRF the default is that you are insured and covered for the Family Cover and Funeral Service offered by the UCTRF.

* **New UCTRF members** have an option to opt out of this cover in their first month of employment.
* **Existing UCTRF members** will only be able to “Opt in” or “Opt out” again as at 1 July of each year.



If you choose to opt in at a future date, a 6 month waiting period for non-accident related claims will apply.

## Where do I send this form?

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

#### When do I submit this form?

When a staff member joins the UCTRF and does not wish to be covered by the Family Funeral Cover.

## What other forms do I need to complete?

When you join the UCTRF, you will also be required to complete:

* [UCTRF Investment Choice (HR150)](https://forms.uct.ac.za/hr150.doc).
* [Nomination of beneficiaries for UCTRF and UCT separate death benefits (HR151](https://forms.uct.ac.za/hr151.doc)).
* [Death Cover Options (new members only) (HR154)](https://forms.uct.ac.za/hr154.docx)