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| HR215 | **ANNUAL DEATH COVER OPTION** |  |

**NOTES**

* You must complete [**Section 1**](#_SECTION_1:_UCTRF) of this form if you want to change your **UCTRF Death Cover**.
* You must complete [**Section 2**](#_SECTION_2:_OPTIONAL) of this form if you want to change your **Optional Separate Death Cover**.
* Annually on **1 March**, you may increase or decrease your:
* UCTRF Death Cover by up to 3 times your annual CoE without needing to produce evidence of your good health.
* Optional Separate Death Cover without needing to produce evidence of your good health.
* The completed form must be returned to the UCTRF Office, Room 134, Bremner Building, Rondebosch; or emailed to[yumna.gamildien@uct.ac.za](mailto:yumna.gamildien@uct.ac.za) .
* For an indication of the amount of death cover you may require please use the Death Cover Calculator <https://uctrf.co.za/uctrf/death-risk-analysis-calculator>.
* To understand the impact that changing your death cover will have on your retirement saving please use the Retirement Calculator: <https://uctrf.co.za/uctrf/retirement-provision-calculator-2021>.
* To understand the impact the selecting Optional Separate Death Cover on your take home pay please use the CoE Calculator <http://www.hruct.co.za/>.
* To check your current cover, refer to your benefit statement or the log into the Retirement Fund Website <https://uctrf.co.za/uctrf/view-your-values>.

## YOUR PERSONAL DETAILS

|  |  |
| --- | --- |
| Title (Mr/Ms etc.) |  |
| Surname |  |
| First Name/s |  |
| Date of Birth |  |
| Staff Number |  |
| Identity Number |  |
| Phone number (cell or landline) |  |
| Email |  |
|  | |
| **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.* | |

## SECTION 1: UCTRF DEATH COVER

**Note: Only** complete this section if you wish to change your UCTRF Death Cover.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The premiums for the UCTRF Death 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.  For an indication of the amount of death cover you may require please use the Death Cover Calculator <https://uctrf.co.za/uctrf/death-risk-analysis-calculator>.  To understand the impact that changing your death cover will have on your retirement savings please use the Retirement Calculator <https://uctrf.co.za/uctrf/retirement-provision-calculator-2021>. | | | | | |
| I wish to change my **UCTRF Death Cover** to the following multiple: | | | | | |
| 1 x annual CoE | |  |
| 2 x annual CoE | |  |
| 3 x annual CoE | |  |
| 4 x annual CoE | |  |
| 5 x annual CoE | |  |
|  | | | | | |
| Signature |  | | | Date |  |

## SECTION 2: OPTIONAL SEPARATE DEATH COVER

**Note: Only** complete this section if you wish to obtain or change your Optional Separate Death Cover.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| All members must have 1 times annual CoE *Compulsory* Separate Death Cover. The premium for this cover is deducted from the contributions you make to the UCTRF.  You may select up to 4 times CoE ***Optional* Separate Death Cover.** The premiums for any additional cover are paid from your Cost of Employment (CoE) and will therefore reduce your take-home pay.  For an indication of the amount of death cover you may require please use the Death Cover Calculator <https://uctrf.co.za/uctrf/death-risk-analysis-calculator>.  To understand the impact the selecting Optional Separate Death Cover on your take home pay please use the CoE Calculator [http://www.hruct.co.za](http://www.hruct.co.za/). | | | | |
| I wish to change my ***Optional* Separate Death Cover** to the following multiple: | | | | |
| 0 x annual CoE (i.e. only the 1 times CoE *Compulsory* Separate Death Cover) | | |  | |
| 1 x annual CoE | | |  | |
| 2 x annual CoE | | |  | |
| 3 x annual CoE | | |  | |
| 4 x annual CoE | | |  | |
|  | | | | |
| I have completed the CoE Calculator [http://www.hruct.co.za](http://www.hruct.co.za/) and I understand the impact that my choice will have on my take-home pay. | | | | |
| Signature |  | Date | |  |

# COMPLETING AN ANNUAL DEATH COVER OPTION FORM

HR215

## When do I complete this form?

This form must be completed by employees who wish to change their death cover at the annual option date. If you do not complete the form your death cover will remain unchanged.



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

**Optional Separate Death Cover**

* You may increase your Separate Death Cover without needing to provide evidence of health in the following ways, provided you do not increase your cover by more than the multiples set out below.

|  |  |
| --- | --- |
| **Event** | **Underwriting-free multiple of cover** |
| Annual option date (1 March) | 1 |
| Marriage of the member | 4 |
| Birth or adoption of child | 4 |
| Divorce or death of spouse | 1 |
| Purchase of a House | 2 |

* The option to increase cover can only be exercised on the events and within the limits listed in the above table. Any increases outside of the events listed in the above table will not be allowed even if a risk profile is provided.
* You are required to increase your cover within 13 weeks of the relevant life event.
* The premium payable for any Optional Separate Death Cover is in addition to the UCTRF contribution. This premium is taxed as a fringe benefit.

**UCTRF Death Cover**

* You may increase your UCTRF Death Cover without needing to provide evidence of health in the following ways, provided you do not increase your cover by more than the multiples set out below:

|  |  |
| --- | --- |
| **Event** | **Underwriting-free multiple of cover** |
| Annual option date (1 March) | 3 |
| Marriage of the member | 5 |
| Birth or adoption of child | 2 |
| Divorce or death of spouse | 1 |

* If you want to increase yourUCTRF Death Cover by more than the multiples set out above or at any other life event and at any other time, the Insurer will ask you to undergo a medical examination so that it can assess whether you are in good health. The cost of this will be for your own account.
* If you increase your UCTRF Death Cover by more than 3 times your CoE, the increased amount above 3 times CoE will not be payable on death by suicide or criminal act within 12 months of the effective date of the increase.
* The cost of the premiums for the UCTRF Death Cover will be deducted from your UCTRF contributions. This means that the more cover you select, the less goes to your Accumulated Retirement Savings.

## Where do I send this form?

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

## When do I submit this form?

If you wish to change your death cover at the annual option date. This form must be submitted to the UCTRF Office by the date advised in the covering letter.

## What other forms do I need to complete?

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