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| HR216 | **REDUCE DEATH COVER OPTION (OTHER THAN AT THE ANNUAL OPTION DATE)** |  |

**NOTES**

* You must complete [**Section 1**](#_SECTION_1:_UCTRF_1) of this form if you want to reduce your **UCTRF Death Cover**.
* You must complete [**Section 2**](#_SECTION_2:_OPTIONAL) of this form if you want to reduce your **Optional Separate Death Cover**.
* You may **decrease** your UCTRF Death Cover and Optional Separate Death Cover at any time.
* 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) .
* To check your current cover, refer to your benefit statement or the log into AF Connect (for instructions on how to do this, see the UCTRF website: <https://uctrf.co.za/uctrf/view-your-values>).
* **Note:** Once you have reduced your death cover, you only have the option to increase it again (subject to the underwriter’s conditions), annually on 1 November each year or within 13 weeks of a life event such as getting married, becoming a parent, divorce or death of a spouse or purchase of a property.

## 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 reduce your UCTRF Death Cover.

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| --- | --- | --- | --- | --- | --- |
| 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 reduce my **UCTRF Death Cover** to the following multiple: | | | | | |
| 1 x annual CoE | |  |
| 2 x annual CoE | |  |
| 3 x annual CoE | |  |
| 4 x annual CoE | |  |
|  | | | | | |
| Signature |  | | | Date |  |

## SECTION 2: OPTIONAL SEPARATE DEATH COVER

**Note: Only** complete this section if you wish to reduce 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 reduce 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 | | |  | |
|  | | | | |
| Signature |  | Date | |  |

# COMPLETING A REDUCE DEATH COVER OPTION FORM

HR??

## When do I complete this form?

* This form must be completed by employees who wish to reduce their death cover other than at the annual option date. If you do not complete the form your death cover will remain unchanged. The premium payable for any Optional Separate Death Cover is in addition to the UCTRF contribution. This premium is taxed as a fringe benefit.

## 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 decrease your death cover other than at the annual option date.
* Forms received by the UCTRF Office by the 3rd of the month will be implemented effective 1st of that

month and forms received after the 3rd of the month will be implemented effective the end of the following month.

## 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.