

GROUP FUNERAL PLAN



LIBERTY

☐

New application

☐

Amendment

☐

Cancellation

Employee Details

Surname..... First Name..... Title.....
 Date of Birth..... Marital Status.....
 Passport/Identity Number..... Gender ☐ Male ☐ Female
 Postal Address.....
 Telephone numbers: Home..... Work..... Cell:

Spouse Details (Under 65 years when joining)

Surname..... First Name..... Title.....
 Date of Birth.....
 Passport/Identity Number..... Gender ☐ Male ☐ Female
 Telephone numbers: Home..... Work..... Cell:

Child	Surname	First name	Date of birth	Gender	Relationship	Premium
1						
2						
3						
4						
5						
6						

Parents And Parents in Law

1						
2						
3						
4						

Extended Members

1						
2						
3						
4						
5						
6						

Beneficiary

1					
---	--	--	--	--	--

Premiums

Immediate family premium
 Premium for parents
 Premium for other dependants
 Total Monthly Premium

Employer Details

Company Name.....
 Contact Person.....
 Telephone Number.....
 Employer's postal address.....

*I authorise my employer to deduct the total premium on a monthly basis and remit same to Liberty Life Botswana for purposes of maintaining this funeral policy active.

*I am aware that this policy was extended to me by virtue of my employment with my company and its associate companies, and that the benefit will fall off in the event that I leave the employ of the Company.

*This policy is subject to the terms and conditions as set out in the Master Policy document between the Employer and the insurer.

Signed at on this day of 20.....

Signature.....