

Please complete for all schemes

Employer / Fund Name					
Client Solutions Specialist / EBB* Consultant:					
<p>Please note: As per the policyholder Protection Rules (Long-Term Insurance), 2017 (also known as PPR) 31 days prior to commencement of risk date, the following actions must have been completed:</p> <ul style="list-style-type: none"> Termination notice provided to the previous insurer (where applicable); Policyholder signed the Record Of Advice; and Employees / members were notified of the decision to place/replace the group risk policy(ies). <i>Communication to employees / members must include all key material differences.</i> 					
The following to be submitted by the 15th of the month prior to inception date			Yes	No	N/A
1. Signed Quotation					
2. Signed Additional information required form					
3. Legal entity verification (i.e. Beneficial owner(s) information for screening) <i>(if applicable)</i> – data template to be completed					
4. For Replacement of existing business:					
<ul style="list-style-type: none"> Are there any material differences between the existing and new (<i>replacement</i>) group policy? Are all the material differences indicated on the replacement Record Of Advice? Were these material differences and reasons for the material differences communicated to the members of the group scheme policy? The date that the members were informed of the material differences between the existing and new group scheme policy Copy of member communication, including date and evidence of distribution Copy of signed Record of Advice (ROA) as per FAIS/PPR Copy of notice of termination to previous insurer 					
					e.g. 10 January 2020
5. If Approved cover , provide / confirm provision of the following:					
<ul style="list-style-type: none"> Copy of the Rules and Amendments <i>(if applicable)</i> Special Rules in the case of an umbrella arrangement registered by the FSCA 					
6. Does updated member data include: full names, salaries, genders, dates of birth, ID numbers, tax numbers, contact details (i.e. mobile phone number and e-mail address), date of disability flex multiple (i.e. actual member choices as on date of scheme commencement) and member categories <i>(if any)</i> .					
Will this complete data be provided to sgradministration@sanlam.co.za each month?					
7. Regarding take-over of existing cover <i>(where applicable)</i> :					
<ul style="list-style-type: none"> existing disability claimants' cover – member data template completed existing Funeral insurance "fully paid-up" cover – member data template completed 					
8. Take-over of insurance with all or some of the terms and conditions of the previous insurer , the previous policy(ies) provided <i>(if applicable)</i>					
9. Medical Underwriting decision letters (if take-over of cover is applicable)					
10. Confirmation that the Additional information required-form was checked for completeness					
11. Comments:					

Group Risk Additional information required

This form must be completed upon the acceptance of a Sanlam Corporate: Group Risk (SGR) quotation. The form, in conjunction with the quotation and all other supporting information, is used for the implementation of the group risk scheme.

For assistance with the required information in completing this document, click [here](#).

1. Details of the SGR quotation accepted			
K-code		Date Issued	
Reference			

2. Insurance information			
<p><i>Please note:</i> To ensure compliance with Rule 13 of the Long-term Insurance Policyholder Protection Rules of 2017, group scheme policies cannot commence with the insurer until the complete employee data, including Identity numbers and contact details (mobile number and e-mail addresses) are provided.</p>			
Commencement date of insurance		Review date (month only)	
Type of insurance:	New insurance	Replacement of existing insurance	
Confirm tax status of insurance	Approved only	Unapproved Only	Approved & Unapproved
If <i>Approved & Unapproved</i> , specify per benefit: (e.g. Funeral = Unapproved)			

3. Replacement of existing Insurance (if applicable)			
Are there any material differences between the existing and new (replacement) policy?	Yes	No	
Are all the material differences indicated on the replacement Record of Advice ?	Yes	No	
Were these material differences and reasons for the material differences communicated to the members of the group scheme policy? <i>SGR requires proof of such communication for the purpose of monitoring compliance with legislation.</i>	Yes	No	
The date that the members were informed of the material differences between the existing and new group scheme policy: (e.g. 10 January 2019)			
Previous / existing insurer:			
Name of contact person			
E-mail address	Contact number		

4. Fund / Scheme details:			
Full registered name of the principal employer / participating employer / union / organisation:			
Operational (Trade) Name:			
Registration number of Company / Close Corporation:			
Any Subsidiary/Associated/Affiliated companies linked: (if applicable, provide proof)	Yes	No	
If Yes, are any of these foreign subsidiary(ies): (if applicable, provide proof)	Yes	No	
Type of Company (e.g. Holding Company)			
Source of Wealth (i.e. the source of the funds/capital used to start the business, e.g. sale of shares)			
Source of Funds (i.e. business activity that generates the funds for risk premiums)			



Full registered name of the existing fund / insurance or umbrella fund / scheme:			
If an umbrella fund, confirm the <i>Umbrella Type</i>		Type A	Type B
Address details of the Fund (<i>if approved</i>) / principal employer / participating employer / union / organisation:			
Postal address			Postal code
Name of registered Fund Administrator			
Name of contact person(s)			
E-mail address			
Contact number			
Please confirm whether Member Benefit statements are issued by the Fund Administrator		Yes	No
If Fund Administrator issues Member Benefit statements, confirm if the Member Benefit statements include unapproved benefits. (Please note: <i>SGR requires proof of the member communication for the purpose of monitoring compliance with legislation</i>)		Yes	No

5. Intermediary services			
Specify intermediary type	Brokerage	Direct	Sanlam Financial Advisor (SFA)
Intermediary name			
Name of Registered entity for VAT:			
VAT number		FSP number	
Representative name and surname			
Identity / Passport number			
E-mail address			
Contact number			
Postal address (<i>NOT physical address</i>)			Postal code
If SFA , please confirm:	Branch		Region
Commission payable	None	Maximum statutory commission	
Specify to whom it must be paid to			
Is a Commission split applicable? (<i>proof is required e.g. letter</i>)		Yes	No
Banking details:			
Account Holder			
Account number		Name of bank	
Type of account		Branch code	
Score applicable	SFA- Score code		Diff Score Payable



6. Communication details										
Contractual correspondence direct with:					Employer		Fund		Brokerage / SFA	
Name of contact person										
Contact number		E-mail								
Medical correspondence direct with:					Employer		Fund		Brokerage / SFA	
Name of contact person										
Contact number		E-mail								
General correspondence direct with:					Employer		Fund		Brokerage / SFA	
Name of contact person										
Contact number		E-mail								
Member communication done by / via (PPR 11):										
Insurer		Brokerage		Retirement Fund Administrator		Brokerage / SFA				

7. Participation / membership details									
Participation of new entrants / employees commences on (<i>e.g. new insured members</i>):									
The day on which they qualify for participation									
The first day of the month following the date on which they qualify for participation									
If unapproved benefits only, is the membership linked to the Fund?								Yes	No
Specify if any requirements are waived for new entrants/employees									
If union members, non-employees, other, etc. , specify requirements for participation:									
Does Contract workers qualify for participation?								Yes	No
If YES , please specify the fixed period of contract workers' service, i.e. number of months per contract:									
Confirm categories of members / employees: (<i>e.g. Contract workers; however Fixed-Term contract workers are NOT permanent personnel</i>)									
Requirements for participation / definition of a contract worker:									
Remuneration to be used for calculation of contract workers' benefits/claims:									
Any additional information:									
Are any of the insured members employed or contracted by a foreign company / subsidiary of the RSA company?								Yes	No

8. Premiums										
Confirm premium payment method (via):					Employer		Fund		Other	
If Other , please specify										
Premiums in respect of the risk insurance are calculated according to:										
Rate per R100 / R1000 cover (R/c)		% of salary		Fee per member per month						
Premiums are payable:		Monthly in arrears				Other				
<i>(If Other: Confirm date/frequency applicable, e.g. annually in advance)</i>										



9. Remuneration packages									
For claim purposes, benefits and premiums are based on remuneration amount as at:									
Date when a claim arises			Other (If other, please specify)						
Does different remuneration packages apply (i.e. to premium payments or benefits):								Yes	No
Are benefits (claims) calculated:					Are rates calculated:				
Including Bonus?		Excluding Bonus?			Including Bonus?		Excluding Bonus?		
Define remuneration package for calculation of premium payments and benefits (claims):									
Please note: The incorrect confirmation of this point could lead to a delay / incorrect payment of a claim.									
Pensionable salary				Please define salary for all members – should not differ per individual:					
Risk salary									
Other (e.g. Cost to company)									
Commission / Variable income (i.e. average commission income over the last 12 months)									
Confirm remuneration package per category and / or benefit: (if different packages apply to the risk benefits)				(e.g. General staff = Risk Salary [Group Life and income Disability])					
Please note: Incentive bonuses are not automatically included in the definition of remuneration. A quotation should have been obtained if incentive bonuses are to be included.									

10. Risk benefits									
Life insurance – Take over existing disability income claimants' benefit prior to retirement (if applicable):									
Confirm the <i>remuneration amount</i> , which must be used for calculating the death benefit only					Immediately before commencement of disability				
					On date on which SGR takes over the disability				
Should the remuneration amount for calculating death benefits <i>grow</i> from the date on which SGR takes over the benefits:							Yes	No	
Flexible Life insurance (if applicable): Confirm the agreed date for members to choose/change flexible life cover (<i>other than on life events</i>)					(e.g. one specific date per annum)				
Spouses' and Children's pension (if applicable):									
If SGR should pay <i>monthly</i> pensions, confirm to whom should the pensions be paid:				Retirement Fund		Beneficiaries			
When should pension <i>payments</i> take place:				Monthly in arrears		Monthly in advance			
When should pension <i>increases</i> take place:				Annually in month of death of member		Policy Anniversary			
Funeral insurance – for extended family or voluntary members (if applicable):									
Did a waiting period apply with the previous insurer in respect of a Funeral policy, and which policy was still active in the past 31 days							Yes	No	
Income Disability insurance – Employer Waiver (if applicable):									
Contact person at the Fund Administrator:									
E-mail address			Contact number						
Take over existing cover in excess of SGR's medical proof free limit (MPFL):							Yes	No	
Please note: Proof of previous cover (medical underwriting decision letters) must be provided for employees / members' cover that exceed the medical proof free limit at take-over.									



Special Notes / Comments:

11. Beneficiary nomination form for unapproved group risk cover

The policyholder (employer/association) confirms that they follow a process to ensure members complete and update beneficiary nomination forms for their unapproved group risk cover (life insurance and/or funeral insurance).

Yes		No	
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12. Checklist (see guide for data requirements)

Legal entity verification (*i.e. Beneficial owner/s information for screening*) (*if applicable*)

For data template, click [here](#)

If **Approved cover**, provide/confirm provision of:

Copy of Rules and Amendments (*if applicable*)

Special Rules in the case of an umbrella arrangement registered by the FSCA

Updated **member data** provided for implementation

Take over **existing disability claimants'** member data provided (*if applicable*)

For data template, click [here](#)

Take over **existing Funeral insurance 'fully paid up'** members' data provided (*if applicable*)

For data template, click [here](#)

Protection of Personal information (POPIA)

The policyholder (employer / fund) understands and agrees that they are a joint responsible party in relation to any personal information of employees/members that's collected and shared with Sanlam, in compliance with the applicable data privacy laws, which includes POPIA.

Yes		No	
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Signature

Please note: A signature is always required by the relevant authorised person on behalf of the:

- In the case of **Unapproved** cover: Employer / Organisation / Union
- In the case of **Approved** cover: the relevant Fund

I / we the undersigned, hereby declare that I /we have been authorised to sign on behalf of the relevant party.

Signed at on

Signature

Full name Capacity

On behalf of the: Fund Employer