

FUNERAL and DEATH CLAIM FORM
Full Time Employee and Variable Employee
(including non member of TFG Retirement Fund) with more than 3
months continuous employment who passed away

Should any part of this form not be completed in full, payment will be delayed.



Deceased Employee's Information:	
Name & Surname of Employee	
Employee no.	
Branch / Division	
Telephone no. of Branch / Division / Office	
Date of death	
Was the deceased a TFG Medical Aid member?	
Age at date of death	
Marital status of deceased at date of death	
Cause of death	
Line Manager Position:	Tel no.
Name Line Manager:	Signature:

What must we do now?

- A. Complete page 1 with all the deceased's information.
- B. Complete page 2 with the information of the person paying for the funeral
- C. Complete page 3 with the deceased's husband / wife / traditional spouse or life partner's information. Should there be more than one traditional wife; a separate form must be completed for each one.
- D. Give a list of all the deceased's dependants: (See page 6 to find out who qualifies as a dependant)
 - 1. _____ 2. _____
 - 3. _____ 4. _____
 - 5. _____ 6. _____
- E. Make copies of page 4 and complete a separate sheet for each child.
- F. Make copies of page 5 and complete a separate sheet for every other dependant.
- G. Read page 6 carefully.
- H. Terminate the employee from HR Connect.
- I. Make sure that each page is signed.
- J. Attach all the required certified documentation.

Protection of Personal Information Act (POPIA) notice

The information requested in this document may constitute personal information in terms of POPIA and may include financial information and information pertaining to minor children.

The Fund must collect and share the personal information of a member and his/her beneficiaries (dependants and nominees), to assist the board of management of the Fund in the distribution of the benefit payable by the Fund upon the death of the member in terms of section 37C of the Pension Funds Act.

The Fund may share the member's personal information and the personal information of the beneficiaries contained herein with other service providers of the Fund, such as the insurer of the death benefits or tracing agents, but only to the extent necessary to fulfil its obligations in terms of the Pension Funds Act.

If the information is not readily provided, the Fund may have difficulties to pay death benefits to beneficiaries.

The information will be kept confidential and processed in accordance with POPIA and will be held for a period as set out in the Fund's Retention of Records Guide.

Important Notice: ENSURE THAT THE CLAIM FORM IS COMPLETED IN FULL BEFORE SUBMITTING
Please be advised that false statements and details are regarded as a criminal offence.

The information on this page was given by:	
Telephone number:	
Date:	

You may email your claims to: fuse@tfg.co.za
 or
 Contact Fuse on (021) 937 4742 with any queries.

Funeral and Death Claim Form (continue)

Deceased employee: _____ Employee no.: _____

Details of person who paid / will pay for the funeral:			
Full name and surname of person responsible for the funeral			
Residential address			
Postal address			
Telephone number/s			
Email address			
Name of Bank where funeral benefit must be paid			
Bank account number			
Name of account holder			
Type of account (cheque or savings)	Cheque		Savings
Branch Name and branch code			
Relationship to deceased - Please give full details			

DOCUMENTATION REQUIRED		
<u>Certified</u> copy of the death certificate	<u>Certified</u> copy of the identity document of the deceased	<u>Certified</u> copy of the marriage certificate (if applicable)
Employee to be terminated from HR Connect	If person paying and arranging funeral is not the spouse, submit proof of payment of funeral, e.g. a receipt or tax invoice	
<u>Certified</u> copy of the identity document of the person paying for the funeral	Bank statement or proof of bank account	

Information of spouse (husband / wife / traditional spouse or life partner)

The information on this page was given by:	
Telephone number:	
Date:	

You may email your claims to: fuse@tfq.co.za
or
Contact Fuse on (021) 937 4742 with any queries.

Funeral and Death Claim Form (continue)

Deceased employee: _____ Employee no.: _____

If there is no husband / wife / traditional spouse or life partner – State “No Spouse” and sign at the bottom of this page

Full name and surname of husband / wife / traditional spouse or life partner <i>(if applicable)</i>	
Email address	

Full bank details of husband / wife / traditional spouse or life partner

Bank Name:	
Type of account	
Bank account no.	
Name of account holder	
Branch Name and Branch code	
Residential address of husband / wife / traditional spouse or life partner	
Postal address of husband / wife / traditional spouse or life partner	
Telephone numbers of husband / wife / traditional spouse or life partner	
Did husband / wife / traditional spouse or life partner live together at the time of death?	
Is husband / wife / traditional spouse of life partner currently working and earning a salary?	
Please give the name of the Company and the position.	
What is the monthly salary?	
Does the husband / wife / traditional spouse or life partner have any other income?	
Please give as much details as possible to indicate dependency. Did the deceased make regular payments towards food, clothing, rent and/or electricity? Please supply breakdown of values.	

DOCUMENTATION REQUIRED

<u>Certified</u> copy of the marriage certificate	<u>Certified</u> copy of the husband / wife / traditional spouse of life partner’s identity document
If the surname of the spouse / traditional spouse of life partner is different from the surname of the deceased employee? Include any one of the following:	
<ul style="list-style-type: none"> • Copy of Marriage Certificate • Confirmation of Customary Union issued by a Magistrate • Letter from Tribal Chief 	

Names and addresses of all dependants (financial and factual)	All the deceased’s children as well as any other dependants
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Date:	

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Funeral and Death Claim Form (continue)

Deceased employee: _____ Employee no.: _____

Dependant no. _____ (1, 2 or 3 etc)	Use a separate sheet for each child	
Full Name and surname		
ID number		
Date of birth		
Relation to deceased (eg. child, grandchild, stepchild, brother, sister, parent)		
Address of dependant		
Telephone number		
Email address		
Name and surname of Guardian if child is under age of 21		
Address of Guardian		
Telephone number of Guardian		
Name of school child is attending		
Grade child is currently in		
How much is the school fees per month?		
Did the deceased pay towards school fees and how much?		
Did the deceased make regular payment towards food and how much?		
Did the deceased make regular payment towards clothing and how much?		
Did the deceased pay for anything else and how much? Please supply breakdown of values.		
Please supply any additional information that will help the Trustees in making a decision regarding the distribution of the death benefit.		
DOCUMENTATION REQUIRED		
<u>Certified</u> copy of child's birth certificate or ID document	<u>Certified</u> copy of guardian's ID document	Sworn Affidavit from guardian that the minor child will be in his/her care

Should there be any more dependants, please complete a separate page for each person.

The information on this page was given by:	
Telephone number:	
Date:	

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Funeral and Death Claim Form (continue)

Deceased employee: _____ Employee no.: _____

Names and addresses of all dependants (financial and factual)	All the deceased's adult children as well as any other dependants
Dependant no. _____ (1, 2 or 3 etc)	Use a separate sheet for each adult dependant
Full Name and surname	
ID number	
Date of birth	
Relation to deceased (eg. child, grandchild, stepchild, brother, sister, parent)	
Residential address of dependant	
Telephone number	
Email address	
Postal address of dependant	
<p>Did the deceased make regular payment towards food, clothing, rent, electricity or anything else?</p> <p>Please supply breakdown of values.</p>	
<p>Is the dependant working?</p> <p>If yes, supply company name and position</p>	
What is his/her monthly income?	
Is he/she living in his/her own home or renting?	
<p>Please supply any additional information that will help the Trustees in making a decision regarding the distribution of the death benefit.</p>	

DOCUMENTATION REQUIRED

Certified copy of child's birth certificate or ID document	<u>Certified</u> copy of guardian's ID document	Sworn Affidavit from guardian that the minor child will be in his/her care
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Should there be any more dependants, please complete a separate page for each person.

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Frequently asked questions

Why must we complete this lengthy document?

Upon the death of an Employee while still working for TFG, a death benefit will be paid to the dependants and/or beneficiaries. These dependants and/or beneficiaries are family or people that the deceased supported every month by giving them money. This benefit is made up of life cover of 5 times annual pensionable pay and the member's share in the TFG Retirement Fund.

The Trustees of the Fund need to know who to pay these benefits to. It is very important that this document be completed correctly as the Trustees must make sure that the benefits be paid to the right people.

Who is a dependant?

The Pension Funds Act defines a "Dependant" as:

- a person in respect of whom a member is legally liable for maintenance;
- a person in respect of whom a member is not legally liable for maintenance, if such person
 - was, in the opinion of the Board, upon the death of the member in fact dependent on the member for maintenance;
 - is the spouse of the member, including a party to a customary union according to Black law and custom or to a union recognized as a marriage under the tenets of any Asiatic religion;
 - is a child of the member, including a posthumous child, an adopted child and a child born out of wedlock;
- a person in respect of whom the member would have become legally liable for maintenance, had the member not died;
- It must be noted that major children (over the age of 21) are defined as dependants and should therefore be listed.

What if there are no dependants?

If there are only nominees, and no dependants, payment will only be made 12 months after date of death.

What if I have additional information?

If you can furnish the Board of Trustees with any **additional information** to assist them in their task, please attach an additional page that must be signed.

Who makes the decision in the case of a death claim?

In terms of the Pension Funds Act, the benefit shall be paid to one or more of a member's dependants and/or nominated beneficiaries as may be deemed equitable by the Board of Trustees. The Trustees of the TFG Retirement Fund, after an investigation as to who were financially dependent on the deceased, will make the final decision of how the capital death benefit is distributed.

How long will it take to finalise a claim?

We try to finalise claims as quickly as possible. If we have all the required documents, the funeral claim can be paid within twenty four hours of receiving the documents, provided that all the documents have been completed in full and signed and, where necessary, certified.

The death claim of five times annual pensionable pay plus gross share will be completed as soon as we have located all the dependants and nominated beneficiaries. A lack of full information may cause a considerable delay in paying benefits. Therefore, unless all outstanding documents are in our possession, the claim cannot be processed.

What are the benefits payable?

If the deceased was in the Company's employ and a member of the TFG Retirement Fund at date of death, the following benefits are payable:

- Funeral benefit of R30 000,00 (Please note, Funeral Benefits lapse if not claimed within 6 months from date of death.)
- If employee took out the Additional Voluntary Funeral cover (through Guardrisk), the additional amount payable towards the cost of a funeral is R25 000,00 (conditions apply)
- The gross share in the fund (for members of TFG Retirement Fund)
- Five times annual pensionable pay
- Non members – only 5 times annual pensionable pay (no fund value)

Will everybody whose name appear on this document share in the benefits?

Not necessarily. The Trustees and/or Employer will make the decision based on dependency and information received.

Summary of Foschini Voluntary Funeral Scheme:

- Guardrisk Insurance Company Limited offers additional voluntary funeral benefits over and above the benefits currently available to members of the TFG Retirement Fund.
- You must be a member of the TFG Retirement Fund to take up this offer.
- You have to apply within 3 months from becoming a permanent employee of TFG or wait until January of the following year.
- Principal Member and Dependents have a 3 month waiting period from date of entering the scheme before they may claim, except in the case of an accidental death claim, which will be paid immediately, provided that the first premium is received by Guardrisk.
- These benefits are only available to active members and are not available to TFG pensioners, Deferred pensioners or Deferred retirees.
- Maximum entry age is 64 and cessation age is 65 years.
- The maximum entry age for a spouse (husband/wife) is 70 years.
- A one-month grace period is allowed to pay any premium once the policy is in force (i.e. first premium has been received). If the premium is not paid within that month, the cover will cease without further notice.
- Where any premium payment is missed and thereafter paid, the applicable waiting period not served at the point when the premium was not paid, will apply from the date payment of the premium is resumed.
- All children may be covered multiple times under the Plan, provided that the benefit for children younger than 6 years cannot exceed the maximum benefit limit of R10 000 across all Guardrisk plans, and the benefit for children younger than 14 and older than 6 years cannot exceed the maximum benefit limit of R30 000 across all Guardrisk plans.
- Eligible Child: An unmarried child, age 21 years and younger. This includes a stepchild, an illegitimate child, a legally adopted child or a still born child (from the 26th week of pregnancy). Only 2 stillbirth claims will be accepted per family during the term of the policy.
 - The age of 21 years is extended to 25 years if still a full-time student, at a recognized institution or until the Principal Member ceases to qualify, which ever event occurs first.
 - The age of 21 years is extended to death if the child is mentally retarded or totally and permanently disabled before age 21 years, or until the Principal Member ceases to qualify, which ever event occurs first.
- Common Law Spouse: A person recognized by Guardrisk at its sole discretion as a Spouse, including Customary Marriages or a relationship between two people of the same gender, or a relationship between two people after a continuous cohabitation period of 6 (six) months.
- No claim, where documentation is submitted after 6 months of the date of death, will be paid.
- You will only be allowed to cancel membership of the Scheme with effect from 1 January of any year.
- Benefits cease when the premiums are not received for more than 2 consecutive months as well as when the principal member withdraw from employment at resignation as well as at retirement or death.
- This benefit will not be paid if death is directly or indirectly caused by or attributable to: Suicide will not be covered during the first 2 (two) years of membership; Divorced spouses at inception of the policy are not covered, and cover for spouses who divorce during the term of the policy will cease immediately on divorce.