

Terms and conditions

Your policy is administered by Heaven's Gates Funeral Home and BrightRock. BrightRock is an underwriting management agency of Lombard Life Limited.

BrightRock renders binder functions as an intermediary on behalf of Lombard Life Limited. The insurance cover is available on the Group Master Policy held by Heaven's Gates Funeral Home and underwritten by Lombard Life Limited, an authorised financial services provider and registered insurer (Registration number 1996/014618/06, FSP Number is 11643).

Duration of your funeral assistance cover: This funeral cover policy is a whole - of life funeral policy, which means that your cover (and your dependants' cover) will remain in place as long as your policy premiums are paid.

Your spouse or your other nominated dependants can keep this cover after your death: If you were to pass away, your surviving spouse or your other nominated dependants can choose to carry on with the policy and become the main member. They must contact Heaven's Gates Funeral Home, within 30 days of your passing if they want to make this change.

Maximum entry ages: The maximum entry age for you and your spouse is 65 years and 21 for your children. The maximum entry age for your additional dependant children is 21 years and 75 years for additional extended dependants.

Number of children allowed on your plan: Up to four children are allowed on the contemporary benefits included in your premium as the main member. Additional children can be added to your policy for an extra premium.

Waiting period: Your policy has to be in place for a specific period before you or your dependants can claim. The waiting period on this cover is six months for new members, dependants and re-joiners. You can re-join Heaven's Gates Funeral Homes after four or more months of absence, even if you hadn't paid your premiums for those months.

A waiting period of three months will apply if you re-instate your policy. You can only re-instate your policy if you haven't paid your premiums for three months. But you'll have to pay those premiums for the three months that you didn't pay. No waiting periods will apply if the main member or dependants were to pass away in an accident, as long as the first premium has been paid. Existing members who were insured by a previous underwriter will have to complete the remainder of the applicable waiting period which was not completed while under the previous underwriter.

How you'll pay your premiums to Heaven's Gates Funeral Home: You can pay your premiums using a debit order, stop order, EFT or cash. You must pay your premiums by the 10th of each month. You must receive a receipt from Heaven's Gates Funeral Home if you make cash payment.

How to claim: You must submit your valid claims to Heaven's Gates Funeral Home within six months from the date of the claim event. You must give Heaven's Gates Funeral Home all the required documents before BrightRock can process your claim.

You must provide Heaven's Gates Funeral Home with accurate information: BrightRock will cancel your policy immediately and will not pay any claim if they find out that you intentionally gave false or inaccurate information.

Maximum cover amounts: The amount you can be paid out under this policy is limited to a maximum rand amount, this will depend on the plan you've chosen.

Grace premium period: BrightRock will cancel your cover and that of all your dependants if you fail to make two consecutive premiums payment.

Claims process: Please contact Heaven's Gates Funeral Home for assistance in the event of a claim. They'll provide you with all the necessary forms you need to complete. You must supply Heaven's Gates Funeral Home with the following documents.

- A fully completed BrightRock claim form
- A certified copy of the official death certificate issued by the Department of Home Affairs
- A certified copy of the deceased's ID document
- A certified copy of the ID document of the person making the claim
- A fully completed SAPS statement in cases where the death was due to unnatural causes and a certificate of release, if applicable
- A notification of death form (BI 1663) completed by the doctor who certified the death or an affidavit
- Where applicable, a letter from the funeral parlour confirming that the deceased's remains are with them (must be on a letterhead)
- Other supporting documents (such as proof of marriage or proof of relationship to children) if applicable
- In the case of a stillbirth, you need to give BrightRock a notification of the stillbirth (BI 1663) or a copy of the antenatal card and a letter from the hospital
- Proof of banking details of the beneficiary (the person who will receive the pay-out)
- Any other information BrightRock requires from you.

Cancelling or replacing your policy: You can cancel your policy. You'll lose all of your benefits if you cancel the policy. You must give Heaven's Gates Funeral Home one month's notice before the effective date of the cancellation.

Please initial every page.

BrightRock (Pty) Ltd Registration No. 2011/004232/07 FSP 43237 is an underwriting management agency of Lombard Life Limited (Registration number 1996/014618/06, FSP Number is 11643).

General exclusions: BrightRock will not pay your claim in the following circumstances

1. Suicide or attempted suicide within the first two years of the beginning of the policy or cover, whether the insured life is of sound or unsound mind.
2. Participating in any terrorist activity, riot, civil commotion, rebellion or war leading to injury or death
3. Willful and deliberate breaking of any criminal law leading to injury or death
4. Deaths as a result of nuclear, biological and chemical terrorism and nuclear accidents
5. The death of an unborn child due to the termination of a pregnancy (abortion)

How to make changes to your policy: Please contact Heaven's Gates Funeral Home if you would like to make any changes to your contract or change your contact information

If you'd like to add additional dependants: The number of additional dependants you can add to your policy will depend on the plan that you've chosen. Please contact Heaven's Gates Funeral Home for assistance with adding additional dependants.

Premium guarantee period: BrightRock guarantees that your premium and benefits will stay the same for the first 12 months. After that, BrightRock reserves the right to review and adjust premium and premium growth patterns at policy anniversary (one year after the day your policy started). Heaven's Gates Funeral Home will send you written notice of any changes to your policy at least 30 days before any changes are applied.

Complaints: We hope never to give you any cause for complaint. But if you're ever unhappy with our service or the advice you've received, please contact BrightRock. You can email BrightRock at assistance@brightrock.co.za or phone us on 010 003 2222

If we're still not able to resolve the problem, you can contact these independent industry bodies for help.

The long-term insurance ombud: The ombudsman's role is to mediate between policyholders and life insurers when they have a dispute that they can't resolve in any way that's fair, independent and objective. The provisions of the Long-term Insurance Act guide the ombudsman's decisions. Honourable Judge Ronald McLaren Private Bag 445, Claremont, 7735 Telephone 021 657-5000 / 0680 103 236 Email: info@ombud.co.za

The FAS Ombudsman: The FAS ombud's role is to mediate fairly and independently between clients and financial service providers on the matters to do with financial advice. The ombud follows the provisions of the Financial Advice and Intermediaries Services Act (FAS Act).

Noluntu Bam P O Box 74571, Lynwood Ridge 0040, Baobab House, Eastwood Office Park Lynwood Ridge Pretoria Email: info@faisombud.co.za

BrightRock is an authorised financial service provider underwritten by Lombard Life Limited. Building D, The Sunnyside Office Park, 2 Carse O'Gowrie Road, Parktown, Johannesburg 2193 Telephone: 010 003 2222 Email: assistance@brightrock.co.za

Your administration agent: Please contact your administration agent, Heaven's Gates Funeral Home if you want to make any changes to your policy

Heaven's Gates Funeral Home is your funeral service provider. you can contact them at 1483/4 Mapaya Street, Sivabuswa Section B Telephone: 013 973 2891 Cellphone: 079 831 1146 Email: heavensgatesinfo@gmail.com

Representative name: _____ Tel: _____

When your cover will start: Your cover will only start once BrightRock receive your first premium. BrightRock reserves the right to decline your application within 30 days of you applying for cover.

Application Date: _____
Membership start date: _____
By signing this form, you confirm that you understand the terms and conditions in this policy document.
Signature of main member: _____
Date: _____



Side By Side...
Reg No. 2006/03882/07

HEAD OFFICE	MOUTSIYA MALL	PHOLA PARK	BRONKHORSPRUIT
SIVABUSWA (1) 1483/4 Mapaya Street, Section B, Sivabuswa Tel: (013) 973 2891 / (013) 973 1588 (078) 831 1146 Fax: 086 517 5938	Shop no. 72, Moutsiya Mall, Tel: (079) 831 1146	Opposite Discount Building Cnr Kruger & Botha Tel: (079) 831 1146	Next to the Police Station Bronkhorstpruit Tel: (079) 831 1146
SIVABUSWA (2) Opposite Middle Gate Tel: (013) 973 2891 / (079) 831 1146	DENNILTON Jabulani Street No. 15 Opposite Moutse Mall Dennilton Tel: (079) 831 1146	At Molofo Four Ways Dumako Building Stand No. 139 Block 18 Molofo Tel: (079) 831 1146	PRETORIA 006 Priesman Place, Francis Beard Str Pretoria Tel: (079) 831 1146
SIVABUSWA (3) Sivabuswa Complex, No. 11 First Floor Sivabuswa Tel / Fax: (013) 973 2891 Tel: (079) 831 1146	MATHYZENSLOOP Stand no. 13 Next to Sile's Guests Inn Tel: (079) 831 1146	KWAMHLANGA Stand No. 34, BA Section, Kwamlanga Tel: (079) 831 1146	MMAMETLAKE Stand No. 820 B Next to Bakgatla Ba Mmakau Tribal Mmametlake 0432 Tel: (079) 831 1146
EKANALA OFFICE Eka Shop No.13 Section C Ekangala Tel: (013) 973 2891 (079) 831 1146	HAMMANSKRAAL Stand No. 410 Human Road & 101 Road Rembo Complex Tel: (079) 831 1146		

About this form

This is your application form for funeral cover on the Master Policy held by Heaven's Gates Funeral Home. Please fill in all the relevant sections truthfully and in full using a black pen and make sure your answers are clear and readable. You must provide Heaven's Gates Funeral Home with your identity document or driver's licence and those of all the dependants you would like to add to your membership when you apply for cover. Please initial every page (at the bottom of the page).

Membership number	H	G	M	T	Application date	D	D	M	M	Y	Y	Y	Y
Heaven's Gates Funeral Home branch name					Start date	D	D	M	M	Y	Y	Y	Y
Society name					Application date	D	D	M	M	Y	Y	Y	Y

EMERGENCY NUMBER
079 831 1146

BrightRock (Pty) Ltd Registration No. 2011/004232/07 FSP 43237 is an underwriting management agency of Lombard Life Limited (Registration number 1996/014618/06, FSP Number is 11643).

Section A: Your personal details

Membership number	Title		Age at start		Group member number		
Date of birth	D	D	M	M	Y	Y	Y
ID number							
First name(s)							
Surname							
Work number							
Email address							
Address line 1							
Unit number	Complex name						
Street number	Street name						
Suburb	City						
Region	Postal code						

Section B: What plan would you like to apply for (see your brochure for more details about the plans)?

Section C: Your dependants' details

Please see your brochure for details on the number of dependants you can add. We require proof of registration from the relevant school, college, university or other academic institution for dependant children who are 21 or older and full-time students.

Dependant no.	Full name and surname	Title	Relationship to main member	Date of birth	ID number
M1				D D M M Y Y Y Y	
M2				D D M M Y Y Y Y	
M3				D D M M Y Y Y Y	
M4				D D M M Y Y Y Y	
M5				D D M M Y Y Y Y	

Section D: Your additional extended dependants' details

You can add additional dependants to your cover. Additional extended dependants can be your biological parents, biological siblings, spouse, aunt, uncle, parents-in-law, sister-in-law, brother-in-law, step parents or grandparents. You can also add your spouses biological siblings.

Dependant no.	Full name and surname	Title	Relationship to main member	Date of birth	ID number
A1				D D M M Y Y Y Y	
A2				D D M M Y Y Y Y	
A3				D D M M Y Y Y Y	
A4				D D M M Y Y Y Y	

Premiums including your dependants' premiums

	Age	Premium
Main member		
Dependant number A1		
Dependant number A2		
Dependant number A3		
Dependant number A4		
Include Beef Benefit (Inkomo)	Tick, if yes <input type="checkbox"/>	Premium
	R100 option	
	R45 option	
	Total premium	

Section E: Beneficiary's details

Your beneficiary is the person you would like to receive the pay-out should you pass away. If you don't select one, the beneficiary will be the person arranging the funeral.

Title	ID number	Date of birth	D	D	M	M	Y	Y	Y
Name and surname	Date of birth								
Work number	Relationship		Percentage of payout						
Cell number	Relationship								

Section F: How would you like to pay for your funeral cover (tick the relevant option)?

Payment method: Stop order Debit order Cash EFT

Please fill in the relevant section below

Stop order (persal code: 0321)

Full name of authorised person	ID number of authorised person	Your pay/day
Monthly amount	Your employee code/salary number	Deduction start date
Employer's name	Pay station	Policy or membership number

You give your employer permission to deduct your monthly premium from your salary to give to Lombard Life Limited. BrightRock as an underwriting management agency of Lombard Life Limited will arrange for the collection. You also give permission to your employer to deduct your monthly premium from your salary should Lombard Life Limited increase or decrease rates or if you make changes to your policy that result in your premium increasing or decreasing until you cancel your policy in writing.

Authorised person's signature:

Date: D D M M Y Y Y Y

Debit order (Please complete your debit order instruction below)

Name of bank	Account number	Branch name
Account type	Current <input type="checkbox"/> Saving <input type="checkbox"/>	Preferred debit order day? 1 15 16 25 Last day of the month
		Branch code

Debit order payment authorisation

Signature of the account holder: Date: D D M M Y Y Y Y

Section G: Policy owner declaration and signature

By signing this form, you understand and agree that you are applying for funeral cover on the Master Policy held with Lombard Life. Your policy is administered by Heaven's Gates Funeral Home and BrightRock which renders binder functions on behalf of Lombard Life. You declare that the information you've provided in this form is accurate and true and that BrightRock has the right to cancel this policy with immediate effect should they find out any of the information you've provided is untrue. You also understand that you will forfeit any premiums paid to Lombard Life Limited should you provide false information. You declare that your representative has explained the terms and conditions of your cover and that you understand them. BrightRock has the right to decline your application within 30 days of the application. If you don't receive formal communication that your application has been denied within 30 days, you may consider your membership active and binding.

Signed at	Date	D	D	M	M	Y	Y	Y	Y
Signature of main member									
Name of the representative	Date	D	D	M	M	Y	Y	Y	Y
Signature of the representative									
Name of the FSP	FSP Lombard Life contract number								
FSP number									

Section A: Your personal details

Membership number	Title		Age at start		Group member number			
Date of birth	D	D	M	M	Y	Y	Y	Y
ID number								
First name(s)								
Surname								
Work number								
Email address								
Address line 1								
Unit number	Complex name							
Street number	Street name							
Suburb	City							
Region	Postal code							

Section B: What plan would you like to apply for (see your brochure for more details about the plans)?

Section C: Your dependants' details

Please see your brochure for details on the number of dependants you can add. We require proof of registration from the relevant school, college, university or other academic institution for dependant children who are 21 or older and full-time students.

Dependant no.	Full name and surname	Title	Relationship to main member	Date of birth	ID number
M1				D D M M Y Y Y Y	
M2				D D M M Y Y Y Y	
M3				D D M M Y Y Y Y	
M4				D D M M Y Y Y Y	
M5				D D M M Y Y Y Y	

Section D: Your additional extended dependants' details

You can add additional dependants to your cover. Additional extended dependants can be your biological parents, biological siblings, spouse, aunt, uncle, parents-in-law, sister-in-law, brother-in-law, step parents or grandparents. You can also add your spouses biological siblings.

Dependant no.	Full name and surname	Title	Relationship to main member	Date of birth	ID number
A1				D D M M Y Y Y Y	
A2				D D M M Y Y Y Y	
A3				D D M M Y Y Y Y	
A4				D D M M Y Y Y Y	

Premiums including your dependants' premiums

	Age	Premium
Main member		
Dependant number A1		
Dependant number A2		
Dependant number A3		
Dependant number A4		
Include Beef Benefit (Inkomo)	Tick, if yes <input type="checkbox"/>	
	R100 option	
	R45 option	
	Total premium	

Section E: Beneficiary's details

Your beneficiary is the person you would like to receive the pay-out should you pass away. If you don't select one, the beneficiary will be the person arranging the funeral.

Title	ID number	Date of birth	Percentage of payout
Name and surname		D D M M Y Y Y Y	
Work number			
Cell number		Relationship	

Section F: How would you like to pay for your funeral cover (tick the relevant option)?

Payment method: Stop order Debit order Cash EFT

Please fill in the relevant section below

Stop order (persal code: 0321)

Full name of authorised person	ID number of authorised person
Monthly amount	Your payday
Employer's name	Your employee code/salary number
Pay station	Deduction start date
Policy or membership number	

You give your employer permission to deduct your monthly premium from your salary to give to Lombard Life Limited. BrightRock as an underwriting management agency of Lombard Life Limited will arrange for the collection. You also give permission to your employer to deduct your monthly premium from your salary should Lombard Life Limited increase or decrease rates or if you make changes to your policy that result in your premium increasing or decreasing until you cancel your policy in writing.

Authorised person's signature: _____ Date: D D M M Y Y Y Y

Debit order (Please complete your debit order instruction below)

Name of bank	Account number	Branch name	Account-holder
Account type	Current <input type="checkbox"/> Saving <input type="checkbox"/>	Preferred debit order day? 1 15 16 25	Branch code
Signature of the account holder			Date: D D M M Y Y Y Y

Section G: Policy owner declaration and signature

By signing this form, you understand and agree that you are applying for funeral cover on the Master Policy held with Lombard Life. Your policy is administered by Heaven's Gates Funeral Home and BrightRock which renders binder functions on behalf of Lombard Life. You declare that the information you've provided in this form is accurate and true and that BrightRock has the right to cancel this policy with immediate effect should they find out any of the information you've provided is untrue. You also understand that you will forfeit any premiums paid to Lombard Life Limited should you provide false information. You declare that your representative has explained the terms and conditions of your cover and that you understand them. BrightRock has the right to decline your application within 30 days of the application. If you don't receive formal communication that your application has been denied within 30 days, you may consider your membership active and binding.

Signed at	Date
Signature of main member	D D M M Y Y Y Y
Name of the representative	Date
Signature of the representative	D D M M Y Y Y Y
Name of the FSP	FSP Lombard Life contract number
FSP number	