

**UNIVERSITY OF THE WITWATERSRAND RETIREMENT FUND
ADDITIONAL VOLUNTARY LIFE COVER OPTION FORM**

First Name _____

Last Name _____

ID / Passport Number _____

Staff Number _____

Please complete the following section if you wish to elect additional voluntary life cover

I am electing additional voluntary life cover

Please indicate your level of additional voluntary life cover (expressed as a multiple of your RFI)

1	2	3	4	5	6	7	8

Please note the following important terms and conditions:

You will be afforded the opportunity at 1 January each year to leave the Scheme, increase or reduce your election. You may only increase by a maximum of one times RFI, but you can reduce by any multiple.

Within three months of a life changing event, e.g. marriage, divorce or a birth of a child, you may leave the Scheme, increase or decrease your election by any multiple.

Voluntary life cover up to R3 million will be accepted free of medical information. Cover above that limit will require underwriting and acceptance.

The onus is on the employee to ensure that the elected cover has been implemented and that the correct premium is deducted.

Signed at _____ on _____ (date)

Employee signature _____

Please complete and return this form to the Pensions Office mailbox only, Room 9000, 9th Floor, Senate House