

## Quote Request and Acceptance

Thank you for choosing Momentum to provide a quotation to meet the needs of your employees.

I acknowledge that I have authority to request and accept the quote and agree to **the terms and conditions specified below.**

I also confirm that the information that I have provided is complete, not misleading, up to date and accurate.

**Please note that this is a group solution and an option must be selected for every one of your employees.**

Please select any one of the options per employee and complete the form below.

	Option1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
	R 29	R 55	R 110	R 176	R 216	R 289	R 402	R 578
Number of employees per option								
Total monthly premium per option								
Total monthly premium for all employees								

### Employer Details

E- mail address

Registered business name

Trading name

Contact person

Contact number

**I authorise Momentum to effect the premium deduction against my Business Bank account on the 1st day of each month**

**Signature**

**Date**

Name of account holder

Name of bank

Account number

Branch name  Branch no.

### Employee details

**Important:** In order for us to complete the scheme installation, we require details of your employees.

A consultant will contact you shortly to assist you with training on how to input your employee details on our Employer Portal (ERP).

#### Unit trust savings:

Once the above employee data is loaded on ERP, we will populate a form for each employee to sign for purposes of issuing the unit trust savings contract number. These forms will be distributed to the employer who is expected to co-ordinate this process with his employees.

For FICA, we require a certified copy of each employee's Identification document as well as proof of his/her address. If the employee's address is reflected on their payslip, then please provide us with their payslip, as this will serve as proof of their address.

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## Terms and Conditions

### 1. How the product works

The cover will commence on the 1st day of the month after you have accepted the quote. The price of the benefits is guaranteed for the period from commencement date and it will increase on the 1st of January each year.

Premiums shall be payable monthly in arrears on the last day of the month. A period of grace of 30 days shall be allowed. If the full amount is not received within this grace period, cover will cease. All changes to membership must be notified to Momentum monthly.

Please ensure that at month-end, you have enough money in your bank for the debit order deduction.

### 2. Who is eligible for the benefits?

All the employees in full time, active and permanent service are eligible to receive cover. To be regarded as full time, an employee must work at least 20 hours a week. An employee must be actively at work, this means that an employee is capable of and performing all his/her normal duties.

An employee must be either under the age 60 or under the Employer's normal retirement age at date of joining the scheme.

**Cover is compulsory for all employees that meet the eligibility criteria.**

### 3. Conditions of Cover

The benefits are not capable of being ceded, pledged or transferable

An employee's cover shall cease on the earliest of the following:

- Termination of service
- The employee reaching retirement age (65yrs)
- The employee's death
- Cessation of payment of premiums
- Termination of this policy by Momentum or the Employer
- The absence of the employee from Southern Africa for a period of twelve consecutive months (unless Momentum decides to extend this period at its sole discretion).

### 4. Claiming for benefits and cancellation

You must notify Momentum as soon as possible of any potential claim or of any occurrence that could lead to a claim.

Claims must be submitted within the following time limits in order to be admitted by Momentum:

- Family Funeral Cover - within 6 months of the date of death

Either you or Momentum may cancel the policy within 30 days of receipt of policy, by giving one calendar month's written notice.

### Disclaimer

The information contained in the document does not constitute advice as defined in the Financial Advisory and Intermediary Services Act.

### Validity

This quote is valid for 90 days from the date of request and is subject to Momentum's standard terms, conditions and assumptions.

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### I agree to the terms and conditions

Commencement date of cover 

D	D
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M	M
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2	0	Y	Y
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**Authorised signatory**

D	D
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M	M
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2	0	Y	Y
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**Date**

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### Note:

Once you have completed and signed the quote form send to Momentum by either

1. Fax on 012 684 5813 or
2. Email to [commercialproduct@momentum.co.za](mailto:commercialproduct@momentum.co.za)