

SALARY STOP ORDER FORM

EXTENDED FAMILY FUNERAL COVER THROUGH THE UNIVERSITY OF KWAZULU-NATAL BENEFIT ARRANGEMENT 2017

I (full names) _____

hereby authorize the Payroll Department of the University of KwaZulu-Natal to deduct the monthly amount set out below from my salary as payment for the Extended Family Funeral Cover for my family members detailed below from the month of _____ until further notice. I further authorize them to automatically adjust the premium once members have been advised of a general premium rate revision.

Full name of family member	Identification Number	Rand deduction per table below
		R
		R
		R
Total Deduction		R

Premiums for the 2017 year are:

- **R10.50** per month for family members aged up to 64 years
- **R33.00** per month for family members aged 65 years and older
- **R69.00** per month for family members aged over 75 years (Note: these persons must be under 75 years when they are added to the policy)

- ** If you are **adding a dependent**, you also need to complete and submit a **Funeral Nomination Form**.
- ** If you are making **contribution changes due to dependents turning 65 or 75**, please **include all dependents on this updated form**.
- ** Submit forms to the **UKZN Retirement Fund Office, Room 314, Admin Building, Westville Campus**.

Signature: _____

Date: _____

Employee No: _____

I.D No: _____

Please check your payslip to ensure that this stop order has been implemented, as cover will not commence until payment is received.