

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)

Signature: _____

Date: _____

Employee No: _____

I.D No: _____

Original completed forms plus the fully completed Funeral Nomination Form must be forwarded to the UKZN Retirement Fund Office, Room 314, Admin Building, Westville Campus.

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