



**Salary Details (If the method of payment is Salary Order)**

Employer: \_\_\_\_\_ Salary No.: \_\_\_\_\_  
HR Officer: \_\_\_\_\_ Preferred deduction date: \_\_\_\_\_

**Particulars of Insured**

Main Insured: Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID no./Date of birth: \_\_\_\_\_

Spouse: Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID no./Date of birth: \_\_\_\_\_

**Children:**

1) \_\_\_\_\_ DOB: \_\_\_\_\_

2) \_\_\_\_\_ DOB: \_\_\_\_\_

3) \_\_\_\_\_ DOB: \_\_\_\_\_

4) \_\_\_\_\_ DOB: \_\_\_\_\_

5) \_\_\_\_\_ DOB: \_\_\_\_\_

Extended family member: Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
(Funeral option only)

ID no./Date of birth:

Relationship: \_\_\_\_\_

Are you, or any of the persons in the table above, suffering from or receiving medical treatment/advice for any disease/illness or have you, or any of the persons in the table above, suffered from any disease/illness or received any medical treatment/advice in the past 12 months?

Yes:  No:  If you answered yes to the above question, full details of the disease/illness/treatment must be attached.

Have you or any of the persons in the table above been involved in any action that may give rise to any legal proceedings before you became a Legal Shield member?

Yes:  No:  If you answered yes to the above question, full details must be attached.

**I hereby nominate the following beneficiaries:**

**Free Funeral** Name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID no.: \_\_\_\_\_

**Funeral Benefit** Name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID no.: \_\_\_\_\_

**SECURITY QUESTIONS**

(Will be confirmed on payout of Nawa Bonus)

1. Name of your Primary School? \_\_\_\_\_

2. Name of first pet? \_\_\_\_\_

3. Favourite colour? \_\_\_\_\_

**Personal Business cover**

**N\$69**

Name of business: \_\_\_\_\_

Type of entity: Sole Prop  CC  (PTY) LTD

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Annual Turnover: \_\_\_\_\_

If more than one business, kindly complete on separate page with full details.

**SINGLE**

Legal Shield	D/O	S/O
N\$250 000	<input type="checkbox"/> N\$143	<input type="checkbox"/> N\$136
N\$260 000	<input type="checkbox"/> N\$165	<input type="checkbox"/> N\$158
N\$270 000	<input type="checkbox"/> N\$187	<input type="checkbox"/> N\$180
N\$280 000	<input type="checkbox"/> N\$209	<input type="checkbox"/> N\$202
N\$290 000	<input type="checkbox"/> N\$231	<input type="checkbox"/> N\$224
N\$300 000	<input type="checkbox"/> N\$253	<input type="checkbox"/> N\$246

**ADDITIONAL OPTIONS**

<b>Hospital Cover</b>	<input type="checkbox"/> N\$70	<input type="checkbox"/> N\$67
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Dread Disease		
N\$50 000	<input type="checkbox"/> N\$149	<input type="checkbox"/> N\$141
N\$60 000	<input type="checkbox"/> N\$168	<input type="checkbox"/> N\$161
N\$70 000	<input type="checkbox"/> N\$188	<input type="checkbox"/> N\$181
N\$80 000	<input type="checkbox"/> N\$208	<input type="checkbox"/> N\$201
N\$90 000	<input type="checkbox"/> N\$228	<input type="checkbox"/> N\$221
N\$100 000	<input type="checkbox"/> N\$248	<input type="checkbox"/> N\$240
N\$110 000	<input type="checkbox"/> N\$267	<input type="checkbox"/> N\$260
N\$120 000	<input type="checkbox"/> N\$287	<input type="checkbox"/> N\$280
N\$130 000	<input type="checkbox"/> N\$307	<input type="checkbox"/> N\$300
N\$140 000	<input type="checkbox"/> N\$327	<input type="checkbox"/> N\$320
N\$150 000	<input type="checkbox"/> N\$347	<input type="checkbox"/> N\$339

**Income Protector (Excl. HIV)**

Age 18-35	<input type="checkbox"/> N\$171	<input type="checkbox"/> N\$163
Age 36-45	<input type="checkbox"/> N\$343	<input type="checkbox"/> N\$327
Age 46-55	<input type="checkbox"/> N\$451	<input type="checkbox"/> N\$429

**Income Protector (Incl. HIV)**

Age 18-35	<input type="checkbox"/> N\$385	<input type="checkbox"/> N\$366
Age 36-45	<input type="checkbox"/> N\$474	<input type="checkbox"/> N\$451
Age 46-55	<input type="checkbox"/> N\$565	<input type="checkbox"/> N\$539

**Funeral Cover (Excl. HIV)**

<input type="checkbox"/> N\$63	<input type="checkbox"/> N\$59
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**Funeral Cover (Incl. HIV)**

<input type="checkbox"/> N\$109	<input type="checkbox"/> N\$101
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**FAMILY**

Legal Shield	D/O	S/O
N\$250 000	<input type="checkbox"/> N\$275	<input type="checkbox"/> N\$261
N\$260 000	<input type="checkbox"/> N\$297	<input type="checkbox"/> N\$283
N\$270 000	<input type="checkbox"/> N\$319	<input type="checkbox"/> N\$305
N\$280 000	<input type="checkbox"/> N\$341	<input type="checkbox"/> N\$327
N\$290 000	<input type="checkbox"/> N\$363	<input type="checkbox"/> N\$349
N\$300 000	<input type="checkbox"/> N\$385	<input type="checkbox"/> N\$371

**ADDITIONAL OPTIONS**

<b>Hospital Cover</b>	<input type="checkbox"/> N\$70	<input type="checkbox"/> N\$67
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Dread Disease		
N\$50 000	<input type="checkbox"/> N\$149	<input type="checkbox"/> N\$141
N\$60 000	<input type="checkbox"/> N\$168	<input type="checkbox"/> N\$161
N\$70 000	<input type="checkbox"/> N\$188	<input type="checkbox"/> N\$181
N\$80 000	<input type="checkbox"/> N\$208	<input type="checkbox"/> N\$201
N\$90 000	<input type="checkbox"/> N\$228	<input type="checkbox"/> N\$221
N\$100 000	<input type="checkbox"/> N\$248	<input type="checkbox"/> N\$240
N\$110 000	<input type="checkbox"/> N\$267	<input type="checkbox"/> N\$260
N\$120 000	<input type="checkbox"/> N\$287	<input type="checkbox"/> N\$280
N\$130 000	<input type="checkbox"/> N\$307	<input type="checkbox"/> N\$300
N\$140 000	<input type="checkbox"/> N\$327	<input type="checkbox"/> N\$320
N\$150 000	<input type="checkbox"/> N\$347	<input type="checkbox"/> N\$339

**Income Protector (Excl. HIV)**

Age 18-35	<input type="checkbox"/> N\$253	<input type="checkbox"/> N\$241
Age 36-45	<input type="checkbox"/> N\$397	<input type="checkbox"/> N\$378
Age 46-55	<input type="checkbox"/> N\$488	<input type="checkbox"/> N\$365

**Income Protector (Incl. HIV)**

Age 18-35	<input type="checkbox"/> N\$570	<input type="checkbox"/> N\$542
Age 36-45	<input type="checkbox"/> N\$622	<input type="checkbox"/> N\$592
Age 46-55	<input type="checkbox"/> N\$657	<input type="checkbox"/> N\$626

**Funeral Cover (Excl. HIV)**

<input type="checkbox"/> N\$149	<input type="checkbox"/> N\$142
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**Funeral Cover (Incl. HIV)**

<input type="checkbox"/> N\$215	<input type="checkbox"/> N\$205
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**PARTICULARS OF PARENT(S)/PARENTS-IN-LAW**  
(N\$15 000.00 cover per parent) (Funeral option only)

Name of Father: _____	Under 65	N\$44	<input type="checkbox"/>
	65 – 74	N\$102	<input type="checkbox"/>
	75 – 85	N\$195	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>			
Name of Mother: _____	Under 65	N\$44	<input type="checkbox"/>
	65 – 74	N\$102	<input type="checkbox"/>
	75 – 85	N\$195	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>			
Name of Father-in-law: _____	Under 65	N\$44	<input type="checkbox"/>
	65 – 74	N\$102	<input type="checkbox"/>
	75 – 85	N\$195	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>			
Name of Mother-in-law: _____	Under 65	N\$44	<input type="checkbox"/>
	65 – 74	N\$102	<input type="checkbox"/>
	75 – 85	N\$195	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>			

