

**Sanlam Umbrella Fund**

|  |
| --- |
| **Rate review for risk benefits outside the Fund** |

|  |  |  |
| --- | --- | --- |
| **Section A: Participating Employer details** | | |
| Name of Participating Employer |  | |
| Fund code |  | |
| Name of insurer |  | |
| Date of annual rate review | / / | |
| Date on which new rates must apply | / / | |
| Please indicate if the amendment requires a rate increase / decrease to the net contribution: | Increase in net contributions | Decrease in net contributions |

|  |  |  |
| --- | --- | --- |
| **Section B: Insurance premiums breakdown** | | |
| Break down of contributions due: | **Existing Rates** | **New Rates** |
| **Gross Contributions as per the Special Rules** | % | % |
|  | | |
| **Breakdown of risk costs:** | % | % |
| Group Life Cover | % | % |
| Disability Income Cover | % | % |
| Critical Illness | % | % |
| Funeral Benefit | % | % |
| Other (Please specific) | % | % |
|  | % | % |
| **Net Retirement Funding** | % | % |

|  |
| --- |
| In order for Sanlam to process the amendment please note the following:   * This amendment is for Inclusively costed Participating Employers only * Confirmation of the above risk rates do not require a change in the Special Rules. * The change in the risk rates do not require a quotation * The signed addendum to reach Sanlam on the 1st of the month prior to the effective date (for example 1 March for implementation 1 April) * Participating Employers using our online facility (SC Portal) for processing of contributions must note that Sanlam has to apply the new rates first before the Participating Employer will be able to process the contributions for the month due via SC Portal. * The latest copy of the rate review letter to accompany signed addendum. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section C: Contracted Benefit Consultant (CBC) details** | | | | |
| I the undersigned, hereby declare that all information supplied on this application is accurate and correct. | | | | |
| **Signature of Contracted Benefit Consultant (CBC)** | | |  | |
| **Print Name** | | |  | |
| **FAIS License Number:** | | |  | |
| **Signed on this:** | (day) | of       (month) | | (year) |