



Form A011A
L2
V3.0 Rel. 20250722

National Fund for Municipal Workers Change of Risk Cover Option – Category A

(For use by new and existing members)

SEND COMPLETED FORM TO E-MAIL: A011@nationalfund.co.za

The Fund will not be liable for any losses or delays as a result of forms sent to an e-mail address other than the above.

APPLICANT INFORMATION

Membership number	
Surname	
Full names	
e-Mail address	
ID number ATTACH COPY OF ID DOCUMENT	
Telephone number – Mobile	
Telephone number – Office	
Telephone number – Home	
Home postal address	
Postal code	
Employer (MUNICIPALITY)	
Employee number (PAYSHEET NUMBER)	

RISK OPTION SELECTION

			NEW MEMBER	EXISTING MEMBER			
				CURRENT CATEGORY			
				A0	A1	A2	A3
CATEGORY			OPTIONS	OPTIONS			
A0	DEATH DISABILITY FUNERAL	No Cover No Cover YES					
A1	DEATH DISABILITY FUNERAL	1 x Annual Salary 1 x Annual Salary YES					
A2	DEATH DISABILITY FUNERAL	2 x Annual Salary 2 x Annual Salary YES					
A3	DEATH DISABILITY FUNERAL	3 x Annual Salary 3 x Annual Salary YES					

RISK COVER DECREASES

1. The member will receive confirmation when his/her application has been received, and again when the request was successfully processed. This instruction will be deemed null and void if such proof of receipt/processing cannot be submitted by the member/beneficiaries.

RISK COVER INCREASES

1. Applications for an INCREASE in risk cover will only be considered if:
- 1.1. It is received by the fund within 2 months after a 'life event', i.e. marriage or the birth of a child and sufficient proof is submitted.
 - 1.2. Proof of good health accompanies this form. Any cost related to obtaining such proof will be for the member's account.
 - 1.3. In all events, no increase will be allowed once the member reaches the age of 55 years.
2. Applications will be received and processed throughout the year. The member will receive confirmation when his/her application has been received and again when the request was successfully processed. This instruction will be deemed null and void if such proof of receipt/processing cannot be submitted by the member/beneficiaries.

MEMBER

NFMW OFFICIAL

Signature _____ Date

D	D	M	M	Y	Y	Y	Y
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Signature _____ Date

D	D	M	M	Y	Y	Y	Y
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National Fund for Municipal Workers CONTACT DETAILS

P.O. Box 15515, Sinoville, 0129. Section 1, Business Park @ Zambesi, 860 Milkplum street, Montana, Pretoria, South Africa
Tel: (012) 743 3000 • Fax: 086 668 0750 • www.nationalfund.co.za