

# SATU NATIONAL PROVIDENT FUND

Principal Officer  
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The Tramshed  
Pretoria  
0126



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## JOINING THE FUND

SATU Number			Region			
Member Surname					Initials	
Member Names						
ID Number			OR Passport Number			Country of Issue
Date of Birth	C	C	Y	M	M	D
Current Employer				Firm Number	F	S
Email Address						
Cell Number			Tel (W)			Tel (H)

Postal Address		
	Postal Code	

Marital Status	M = MARRIED	S = SINGLE	D = DIVORCE	W = WIDOWER
Ethnic Group	W = WHITE	B = BLACK	C = COLOURED	I = INDIAN
Gender	M = MALE	F = FEMALE		

### IMPORTANT NOTES

Proof of the following documents <b>MUST</b> be attached to this document:	ID document or	Passport	Payslip
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Joining Date : \_\_\_\_\_

To the best of your knowledge, do you suffer from any pre-existing condition? A pre-existing condition is defined as any ailment, illness, or condition where the signs or symptoms of that illness, ailment or condition that exists at the time of joining the Fund could result in a possible death or disability claim against the Fund?	Y	N
If Yes, complete below;		

Important questions that must be answered by the member and information which must be conveyed to the member:

### QUESTIONS:

- What is the pre-existing condition? \_\_\_\_\_
- When did the pre-existing condition first occur? \_\_\_\_\_
- Could you please give us permission to contact the medical practitioner/s for more information if necessary?  
\_\_\_\_\_
- Who is the doctor that is currently treating you? Please provide contact details.  
Name: \_\_\_\_\_ Tel: \_\_\_\_\_

### IMPORTANT INFORMATION:

- The member will be covered for all events other than the pre-existing condition for one year from date of application. (Except if the Fund's medical advisor determines otherwise)
- Please note that failure to disclose any pre-existing condition could disqualify you from the risk benefits.

### ACTIONS BY THE ADMINISTRATOR UPON RECEIPT OF APPLICATION:

- The Administrator will contact the medical advisor to give his opinion as to what effect the pre-existing the pre-existing condition that was disclosed would affect the risk to the Fund for a one year period after joining.

\_\_\_\_\_  
SIGNATURE: SATU OFFICIAL/CLERK

\_\_\_\_\_  
SIGNATURE: MEMBER

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
DATE: