



BENEFICIARY NOMINATION FORM

NOMINATION OF BENEFICIARY

This nomination of beneficiary document allows you to nominate one (1) or more beneficiaries to receive the benefits payable under your Unity Health Accidental Death Plan and/or Hospital Care Plus Daily Cash Benefit, as a result of your death. As the member, if you choose not to nominate a beneficiary using this form, any payments payable under your policy as a result of your death, will be made to your estate. Please refer to your policy document for full terms and conditions.

MEMBER DETAILS

FIRST NAMES			SURNAME		
I.D			MEMBER NUMBER		
HOME NUMBER	AREA CODE		WORK NUMBER	AREA CODE	
CELL NUMBER	AREA CODE		E-MAIL		

As the member, I understand the beneficiary/beneficiaries noted below or my estate (if applicable) will receive proceeds from any benefits payable under my Unity Health **ACCIDENTAL DEATH BENEFIT** and/or **HOSPITAL CARE PLUS DAILY CASH BENEFIT**, subject to the terms and conditions of my policy and any requirements of, or limitations imposed by law at the time of payment. I also understand that:

- I can nominate a beneficiary of my choice;
- If a nominee cannot be located or they pre-decease me, the portion otherwise payable to them will be payable to my estate;
- If at the time of payment, a nominated beneficiary is a minor, the payment will be made to the minor's legal guardian or a trust for the benefit of the minor or to any person we are authorised to pay under the relevant law;
- I can alter my nominations at any stage, however, nominations are not effective until they are confirmed in writing by the insurer; and
- Payment made to my nominated beneficiaries will be based on the latest valid nomination received and accepted by the insurer.

NOMINATION OF BENEFICIARY

Nominate a beneficiary to whom the benefit amount under your **ACCIDENTAL DEATH BENEFIT** will be paid to in the event of your accidental death. If a beneficiary is not nominated the benefit amount will be paid to your estate. Please refer to your policy documentation for full terms and conditions.

Nomination by Principal Member

TITLE		NAME		SURNAME		I.D. NUMBER	
RELATIONSHIP				ADDRESS			
CONTACT				EMAIL			

Nomination by Spouse

TITLE		NAME		SURNAME		I.D. NUMBER	
RELATIONSHIP				ADDRESS			
CONTACT				EMAIL			

*Not applicable for Primary Care standalone plan options.

Nominate a beneficiary to whom the benefit amount under your **HOSPITAL CARE PLUS DAILY CASH BENEFIT** will be paid to in the event of your accidental death. If a beneficiary is not nominated the benefit amount will be paid to your estate. Please refer to your policy documentation for full terms and conditions.

Nomination by Principal Member

TITLE		NAME		SURNAME		I.D. NUMBER	
RELATIONSHIP				ADDRESS			
CONTACT				EMAIL			

MEMBER SIGNATURE	
DATE	

USE OF PERSONAL INFORMATION DECLARATION

Unity Health processes information as we set out in our privacy policy. By accepting these terms and conditions or by providing personal information to us, you agree to and permit us to use the personal information provided as set out in our privacy policy. Unity Health may change the privacy statement. The current version is available [here](#).

Please return this form to:

E-mail: membership@unityhealth.co.za

If you have any queries, please call us on: 0861 366 006




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