



LIBERTY

SNA NAKU KUKHANYA FUNERAL BENEFIT MEMBER INPUT FORM

Employment Number:.....

CATEGORY	NAME AND SURNAME	ID Number	RELATIONSHIP	DATE OF BIRTH	PREMIUM (E)
Employee Name			Main Member		E34.00
Parents and Parents-in-law	1.				E31.50
	2.				E31.50
	3.				E31.50
	4.				E31.50
Extended Family	1.				E35.00
	2.				E35.00
	3.				E35.00
	4.				E35.00
BENEFICIARY				TOTAL PREMIUM	E
SIGNATURE:	DATE:	CELL:	EFFECTIVE DATE:		