



# NEHAWU MEMBERSHIP APPLICATION AND DATA UPDATE

**N R**

**EMAIL: Membership@nehawu.org.za FAX: 011 833 0757**

Update to existing member data  New member registration form

## MEMBER PERSONAL INFORMATION

First Name	<input type="text"/>	Surname	<input type="text"/>
ID No.	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	<input type="text"/>	Language:	<input type="text"/>
Physical Address	<input type="text"/>	Postal Address	<input type="text"/>
	Postal Code: <input type="text"/>		Postal Code: <input type="text"/>
Household Income	R3000 - R6000 <input type="checkbox"/>	R6001 - R10 000 <input type="checkbox"/>	R10 001 - R16 000 <input type="checkbox"/>
	R16 001 - 25 000 <input type="checkbox"/>	R25 001 + <input type="checkbox"/>	Number of Dependants: (Children) <input type="text"/>
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>
	Widowed <input type="checkbox"/>	Grade 10 Standard 8 <input type="checkbox"/>	Matric <input type="checkbox"/>
		Diploma <input type="checkbox"/>	Degree <input type="checkbox"/>
			Other <input type="checkbox"/>

## CONTACT DETAILS

Tel No. (work)	<input type="text"/>	Cell	<input type="text"/>	Additional No.	<input type="text"/>
Tel No. (home)	<input type="text"/>	Fax	<input type="text"/>	Spouse No.	<input type="text"/>
Email	<input type="text"/>				

## EMPLOYMENT INFORMATION

Employer Name	<input type="text"/>				
Persal No. / Salary No.	<input type="text"/>	Occupation (e.g. nurse)	<input type="text"/>		
Workplace	<input type="text"/>				
NEHAWU Region	<input type="text"/>			Province	<input type="text"/>
Date Commenced in Position	<input type="text"/>	Monthly Salary	<input type="text"/>	Frequency	Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>
Work Address	<input type="text"/>				
Street Name	<input type="text"/>			City	<input type="text"/>

## PRIVACY

As a member I give consent to the employer to share my identity number with the union for purposes alone of administration of my membership. NEHAWU and / or MHA may use personal information about me, as defined in the Protection of Personal Information Act, that NEHAWU and / or MHA have lawfully obtained in the past or may obtain in the future.

- To consider applications for membership.
- To be used to facilitate administration on membership and to satisfy contractual obligations.
- To market MHA products and services.

Please state preferred method of contact  Post  Email  SMS  Do you give NEHAWU / MHA permission to contact you regarding additional products?  YES  NO

## SUBSCRIPTION PAYMENT DETAILS

Payment Method Debit Order  Cash  Persal  Persal No.

Frequency Monthly  Weekly  Fortnightly

If you pay by Debit Order please complete your Banking Details

Account Holder	<input type="text"/>	Bank Name	<input type="text"/>
Branch Name	<input type="text"/>	Branch Name / Code	<input type="text"/>
Account Number	<input type="text"/>	Account Type	<input type="text"/>
		Deduction Date	<input type="text"/>

## STOP ORDER DEDUCTION

To..... I..... hereby authorise you to deduct R85 OR R90 (not exceeding R90-00) from my income each month and be credited into the Union's Account within 7 days of the beginning of each month on the following conditions:

- The deductions, which are made in respect of my monthly subscriptions, will be made in accordance with the current subscription rate subject to changes of which you will be duly informed.
- The new subscription will be as follows:
  - The current membership contributions is capped at R90-00 and as per the new decision of the CEC.
  - All employees earning less than R25 657-50 per month or R307 890-12 per annum will contribute R85-00 per month.
  - All employees earning above R25 657-50 per month or above R307 890-12 per annum will now contribute R90-00 per month.
- I hereby revoke any previous authorisation for deductions in respect of any Union or staff association.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

<input type="text"/>	<input checked="" type="checkbox"/>
Full name of Member	Signature of Member

## FOR OFFICE USE ONLY

Recruiter Name	<input type="text"/>															
Designation	<input type="text"/>															
ID Number	<input type="text"/>										VA Cell Number	<input type="text"/>				
Cell Phone Number	<input type="text"/>										Landline	<input type="text"/>				







MHA Rewards™

NEHAWU Membership Card gives you access to a variety of rewards & benefits



As a NEHAWU Member, you enjoy access to the full Mahala Discount & Points Rewards Platform!

With your NEHAWU card in hand you have access to thousands of deals and discounts from numerous retailers across South Africa.

Access all your benefits, rewards and view all our participating retailers right from your phone!

**Mobi:** www.mahala.mobi  
**Call Centre:** 0860 021 074  
**USSD:** \*120\*960#  
**Download the App:**



# SECURE YOUR POINTS & SAVINGS

## DISCOUNTS

### HOW IT WORKS

1. Access mahala.mobi app or dial \*120\*960#
2. Select your partner;
3. Download your voucher;
4. Present your Voucher and NEHAWU/Mahala Membership Card at the till.

## POINTS

### HOW IT WORKS

1. Shop till you drop;
2. Present your NEHAWU/Mahala Membership Card at the till;
3. Accumulate Points;
4. Claim your rewards!

## REWARDS

### HOW IT WORKS

1. Log into www.mahala.mobi  
Log into Mahala App  
Dial \*120\* 960#

**First time users can use their loyalty number as their username and password to log in.**

2. Browse for your redemption options;
3. You can request to redeem your points for airtime, grocery vouchers and more.

SCAN TO DOWNLOAD OUR APP

SCAN ME

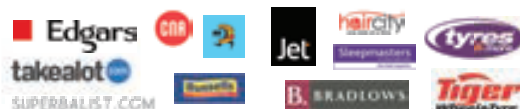


Due to limitations in USSD technology, some features are not available to USSD users

E&OE



DISCOUNTS



REWARDS



POINTS PARTNERS



To view our full partner offering, visit: [www.mahalas.co.za/www.mahala.mobi](http://www.mahalas.co.za/www.mahala.mobi)

or dial **\*120\*960#**

**QUESTIONS? CALL US ON 0860 021 074**

[www.mahalas.co.za](http://www.mahalas.co.za) [info@mahalas.co.za](mailto:info@mahalas.co.za)



# FUNERAL BENEFITS FOR NEHAWU MEMBERS

Call Centre **0861 001 788**

www.mhasa.co.za info@mhasa.co.za

## Immediate Dependants Funeral Plan



	Heritage	Regal	Supreme
Policyholder 18 - 65 yrs	R 12 500	R 17 500	R 27 500
Spouse 18 - 65 yrs	R 12 500	R 17 500	R 27 500
Children 14 - 21* yrs	R 12 500	R 17 500	R 27 500
Children 6 - 13 yrs	R 7 500	R 10 500	R 16 500
Children 0 - 5 yrs	R 4 200	R 5 200	R 6 200
Stillborn	R 2 500	R 3 500	R 5 500

## Xtra Cover for Immediate Dependants

	Grace	Pride
Policyholder 18 - 65 yrs	R 7 000	R 14 500
Spouse 18 - 65 yrs	R 7 000	R 14 500
Children 14 - 21* yrs	R 7 000	R 14 500
Children 6 - 13 yrs	R 4 200	R 8 700
Children 0 - 5 yrs	R 2 300	R 3 800
Stillborn	R 1 400	R 2 900

## Calculator for the Immediate Plan & Xtra Options

What are the combinations available?

	**Cover	Combined Premium
Heritage	R 12 500	R 73 <sub>pm</sub>
Heritage & Grace	R 19 500	R 128 <sub>pm</sub>
Heritage & Pride	R 27 000	R 178 <sub>pm</sub>
Regal	R 17 500	R 119 <sub>pm</sub>
Regal & Grace	R 24 500	R 174 <sub>pm</sub>
Regal & Pride	R 32 000	R 224 <sub>pm</sub>
Supreme	R 27 500	R 183 <sub>pm</sub>
Supreme & Grace	R 34 500	R 238 <sub>pm</sub>
Supreme & Pride	R 42 000	R 288 <sub>pm</sub>

\*\*Purpose of this calculator is to calculate the Policyholder's possible combined cover and monthly premiums payable. Premiums will be deducted individually. Immediate Dependants Funeral Plan and Xtra Cover for Immediate Dependants are two separate policies.

## Extended Dependants Funeral Plan

Extended Dependants do not need to be covered with the same option.

Select any combination of the options below with no limit on how many Dependants you wish to cover. Premium is priced per Dependant per month.

0-65 years	Option A	Option B	Option C
	R 73 <sub>pm</sub>	R 103 <sub>pm</sub>	R 153 <sub>pm</sub>
	R 8 500	R 12 500	R 17 500

Covers 1 Extended Dependant per option. Up to 65 years old (66 next birthday)

66-75 years	Option D	Option E
	R 113 <sub>pm</sub>	R 203 <sub>pm</sub>
	R 8 500	R 12 500

Covers 1 Extended Dependant per option. Up to 75 years old (76 next birthday)

76-85 years	Option F	Option G
	R 213 <sub>pm</sub>	R 403 <sub>pm</sub>
	R 8 500	R 12 500

Covers 1 Extended Dependant per option. Up to 85 years old (86 next birthday)



## Waiting periods

A four (4) month waiting period applies for all Immediate Dependants in the event of natural death - after the fourth (4th) consecutive premium is received.

A six (6) month waiting period applies for all Xtra Cover for Immediate Dependants in the event of natural death - after the sixth (6th) consecutive premium is received.

A six (6) month waiting period applies for all Extended Dependants in the event of natural death - after the sixth (6th) consecutive premium is received.

No waiting period for accidental death on all plans. Conditional upon the premium for the month of death being received.

Death as a result of suicide is excluded for the first twelve (12) months of the policy - after the twelfth (12th) consecutive paid premium is received.

\*Child Dependants can be covered up to the age of 25 years if a registered full time student.

**Terms & Conditions apply. For a full list of Terms & Conditions please refer to the Policy Schedule.**