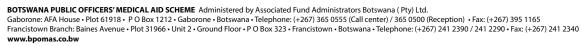
CHANGE OF BENEFIT OPTION





*please complete in block letters, tick appropriate blocks unless otherwise indicated *please select an option you want to upgrade/degrade to: **PREMIUM** HIGH **STANDARD** P300,000 Cover UP to P30,000 Cover About yourself (principal member) Widowed Marital Status: Married Single Divorced Title Initials Surname F Sex Date of birth First name(s) Occupation Membership Number ID or Passport Number Country of Issue Basic Salary P Tel (H) Tel (W) Fax Cell Email Village/Town Postal Physical Address Address Note* Member may only transfer from one benefit to the other on the first day of the financial year provided he has given one(1) month written notice. Your employment details Name of Employer Occupation Date of employment **Employer warranty** We warrant that the main applicant detailed in the first section of this application form is an employee of our organisation. Botswana Public Officers' Medical Aid Scheme may bill us for the amount due for this member in the same way as it does for our other employees with Botswana Public Officers' Medical Aid Scheme (BPOMAS). Name Designation Email Telephone Postal Address Signature of the Principal Member:_ Authorised signatory

Your banking details	
Please note: we can not accept credit card account details	
Bank name	
Branch name	Branch code
Account number	Type of account Cheque Savings
Account holder	
By signing this application, you agree that claims will be refunded into the account you have chosen.	
Signature of the Principal Member: *please attach a clear copy of your recent payslip (not older than two months)	
please attach a clear copy of your recent payship (not older than two months)	
Nomination for funeral benefit payout	
In the event that the principal member passes on, the person named below will be legible to claim for the funeral benefit payout.	
Surname	
Name	
ID number	
Contacts	
Address	
Relation	