

CHANGE OF BENEFIT OPTION



BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME Administered by Associated Fund Administrators Botswana (Pty) Ltd.
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BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME
Your health is our concern!

***please complete in block letters, tick appropriate blocks unless otherwise indicated**
***please select an option you want to upgrade/degrade to:**

PREMIUM
P500,000 Cover

HIGH
P300,000 Cover

STANDARD
UP to P30,000 Cover

About yourself (principal member)

Marital Status: Married Single Divorced Widowed

Title Initials Surname

First name(s) Sex M F Date of birth

Occupation

ID or passport number Country of Issue

Basic Salary P

Cell Tel (H) Tel (W) Fax

Email

Postal Address Village/Town Physical 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

EMPLOYER'S STAMP

Authorised signatory _____ Signature of the Principal Member: _____

Your banking details

Please note: we can not accept credit card account details

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Type of account	Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
Account holder	<input type="text"/>		

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)**

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	<input type="text"/>
Name	<input type="text"/>
ID number	<input type="text"/>
Contacts	<input type="text"/>
Address	<input type="text"/>
Relation	<input type="text"/>