



BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME

Administered by Associated Fund Administrators Botswana (Pty) Ltd.



AFA House Plot 61918 • Showgrounds Office Park • P.O. Box 1212 Gaborone • Botswana • Tel: (+267) 365 0500 • Fax: (+267) 395 1165

Francistown Branch • Autolot House • Plot 2074 • Suite 104 • Blue Jacket Street • P.O. Box 323 Francistown • Switchboard: (+267) 241 2290/ 241 2390 • Fax: (+267) 241 2340

CHANGE OF BENEFIT OPTION FORM (TO BE RECEIVED BY AFA BEFORE 31st OF DECEMBER)

For official Use Only

Group

Pay Point

Member Type

SECTION 1: To be completed by Member

NAME OF EMPLOYER _____

NAME OF MEMBER _____ SURNAME _____ DOB

SEX: MALE FEMALE TITLE: Mr Mrs Ms Dr Prof Others (Specify).....

MARITAL STATUS: Single Married Widow

Membership Number ID No.

ADDRESS _____ TEL: BUS _____
RES _____

BASIC MONTHLY SALARY _____ PAY ROLL NO. _____

	Name of Dependants Covered	Date of Birth	Relationship	ID No
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

OPTION SELECTED: STANDARD BENEFIT OPTION
HIGH BENEFIT OPTION (Please place a tick)

SECTION 2: FOR OFFICIAL USE ONLY

PROCESSED BY _____ DATE _____

NEW MEMBERSHIP NUMBER

EMPLOYERS OFFICIAL STAMP SIGNATURE OF MEMBER _____
SIGNATURE OF EMPLOYER _____