Bomaid
The medical aid you can trust

Membership Correspondence Form

Membership No.

Principal member's details (Mandatory)

Title		First Name (s)	
Surname			

Please *tick* and fill appropriate section below where you are updating your details

Removal of dependant ☐

Dependant's First Name(s)			
Dependant's Surname			
Relationship to main member	Spouse ◯ Child ◯ Parent ◯	Termination Date	D D M M Y Y Y Y
Principal Member Signature		Date signed	D D M M Y Y Y Y

I hereby authorize the removal of above stated dependant:

Staff rep full names *(ignore if membership is INDIVIDUAL)*		Company Stamp
Designation		
Staff Rep Signature		
Date signed	D D M M Y Y Y Y	

2. Change of principal member ☐

New Principal's Name(s)			
New Principal's Surname(s)			

New Principal Members' Scheme

ISS ◯ A Standard ◯ A ◯ A+ ◯ B ◯ B+ ◯ C ◯ C+ ◯

New Principal's membership No.		Start Date	D D M M Y Y Y Y
Old Principal's Signature		Date signed	D D M M Y Y Y Y
New Principal's Signature		Date signed	D D M M Y Y Y Y

I hereby authorize the change of principal member

Staff rep full names *(ignore if membership is INDIVIDUAL)*		Company Stamp
Designation		
Staff Rep Signature		
Date signed	D D M M Y Y Y Y	

4. Request for Change of Scheme

Current scheme

ISS	A Standard	A	A+	B	B+	C	C+
○	○	○	○	○	○	○	○

Desired Individual Scheme/ Employer scheme/policy

ISS	A Standard	A	A+	B	B+	C	C+
○	○	○	○	○	○	○	○

Start Date of New Scheme	0	1	M	M	Y	Y	Y	Y

Reason for change of scheme	Loss of employment* ○	Inadequate Benefits ○	Under utilization of Benefits ○	Other ○

Attach letter from employer stating loss of employment/retrenchment

Employer authorization *(Ignore if INDIVIDUAL member)*

Staff rep full names	
Designation	
Date signed	D D M M Y Y Y Y

Company Stamp

5. Change of employer

Name of Previous Employer	
Name of Current/ New Employer	
Position	
Date of employment	D D M M Y Y Y Y

Attach copy of latest payslip or offer of employment letter

Monthly Gross Salary (in BWP)	
Principal member's Signature	
Date signed	D D M M Y Y Y Y

I hereby authorize the addition of above member under our company billing effective from:

Start Date	0	1	M	M	Y	Y	Y	Y

Staff Rep Full Names	
Designation	
Staff Rep Signature	
Company Code	
Employee Number	
Date signed	D D M M Y Y Y Y

Company Stamp