

4 Employment details (New companies should enclose a copy of their certificate of incorporation)

Name of Current employer																												
Position held															Date of employment	D	D	M	M	Y	Y	Y	Y					
Name of previous or current medical insurer															Cover period	from	D	D	M	M	Y	Y	Y	Y				
																to	D	D	M	M	Y	Y	Y	Y				

Economic Sector	Agriculture	<input type="radio"/>	Manufacturing	<input type="radio"/>	Electricity & Water	<input type="radio"/>	Finance	<input type="radio"/>	Real Estate	<input type="radio"/>
	Mining & Quarrying	<input type="radio"/>	Construction	<input type="radio"/>	Hotels & Restaurant	<input type="radio"/>	Transport & Communication	<input type="radio"/>	Education	<input type="radio"/>
	Health	<input type="radio"/>	Wholesale & Retail Trade	<input type="radio"/>	Other	_____				

Company Stamp/Representative Stamp

5 Applicant's banking details (Tick where applicable) Direct Debit Claims Payment

Bank Name																													
Branch Name																													
Branch Code																													
Account Type																													
Account Number																													
Payer Fullname																													
Contact Details															Email Address														
Bank Name															Account Number														
Branch Name															Accountant Type														

I / We hereby instruct and authorise Botswana Medical Aid Society to draw against my / our account with the above named bank my / our monthly subscriptions on theday of each month commencing..... All such withdrawals from my / our account shall be treated as though they have been signed by me /us personally. I / We authorise Botswana Medical Aid Society to automatically update the monthly subscriptions due to member changes and annual subscriptions adjustments without the need to sign new debit order authorisation. This instruction may be cancelled by me / us by giving a 30 days notice in writing, sent by registered mail or delivered to the society's offices, but I / We understand that I / We shall not be entitled to any refund of amounts which the Society may have already withdrawn while this authorisation was in force, if such amounts were legally owing to the Society. Receipt of this instruction by the Society shall be regarded as a receipt thereof by my /our bank.

6 Confidential medical history

Please tick either Yes or No to each of these questions, for each person to be covered Do you have, or have you ever had any of the following?	Principal member		1st additional dependant		2nd additional dependant		3rd additional dependant		4th additional dependant	
	Full Name		Full Name		Full Name		Full Name		Full Name	
1. Shortness of breath, palpitations, raised cholesterol, stroke, raised blood pressure, heart murmur, angina, heart attack or any other cardiac/vascular disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Difficulty when breathing, persistent cough, tuberculosis, asthma, bronchitis pneumonia, croup or any other urinary/kidney disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Nephritis, prostate problems, kidney stone, congenital kidney disorder, albumen in urine, uraemia or any other urinary/kidney disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Diabetes, sugar in blood/urine, granular disorder, goitre or any other endocrine disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Conditions of joint or spine including rheumatism, arthritis neck or back disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Any lumps, growths (benign or malignant), cancer, Hodgkin's disease, leukaemia, skin cancer, lesion or any other related problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Ulcers (gastric or duodenal hiatus/hernia) gall bladder problems, hepatitis, dysentery, gastro-intestinal or abdominal obstructions or any other related disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Nervous or mental complaint e.g. epilepsy, convulsions, dizziness, blackouts, paralysis, meningitis, anxiety states, depression, alcoholism, narcotism or any other related disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Ear, eye, nose, throat problem, including ear discharge, hearing loss, defective vision, tonsillitis, grommets, injuries, or any other related disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Diseases of the reproductive system e.g. infertility, ovarian cysts, uterine fibroids, abnormality of pregnancy or confinement or any other related reproductive system disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Expecting or planning to have a baby? State the dates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Sexually transmitted diseases e.g. syphilis, gonorrhoea, HIV/AIDS related illnesses or any other sexually transmitted diseases?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Any physical disabilities or injuries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Any congenital diseases/disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Any special dental treatments e.g. crown, bridge, prothodontic and orthodontic appliances or any other dental problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7 Additional information

This section applies if you have indicated "YES" to any questions in section 6.

	The relevant question number from section 6	When last did you see your doctor and for what reason?	Do you have any chronic condition that may need medical attention within the next twelve months?	List details of medications used in the last twelve months and related conditions?
Principal member				
Dependant 1				
Dependant 2				
Dependant 3				
Dependant 4				

