Bomaid
The medical aid you can trust

Pensioner Membership Application Form

Shaded areas for office use only

Membership Number									

Membership Period Since:	D	D	M	M	Y	Y	Y	Y	ID / Passport Number										

SECTION A - PRINCIPAL MEMBER DETAILS

Surname																								
First Names (In full)																								

Date of Birth	D	D	M	M	Y	Y	Y	Y	Male / Female Please tick where appropriate	M	F

Nationality																								

SECTION B - EMPLOYMENT DETAILS

Name of New or Current employer																								

Date of employment	D	D	M	M	Y	Y	Y	Y	Date of termination of employment with current employer	D	D	M	M	Y	Y	Y	Y

Reasons for termination (Where ill-health is cited a motivational medical report from personal doctor should be attached)	

SECTION C - DEPENDANTS

Dependants Names	Relation to member	Age	Healthplan	Current Subscription rate
1				
2				
3				
4				
5				

SECTION D - DECLARATION OF FUTURE ECONOMIC ACTIVITIES (Please tick where applicable & provide details as necessary)

1. Do you own any existing business or business interests (i.e shares etc.)	Yes ◉ No ○
2. Are you planning on running a business or participating in any new business interests?	Yes ○ No ◉
3. Is your spouse retired or in active employment?	Yes ◉ No ○

SECTION E - DECLARATION OF INCOME

P O Box	
P/Bag	

Home Phone		Cell Phone	
Work Phone			

Email address	

	Principal Member	Spouse
Current Salary		
Future Salary/ Pension Fee		

I hereby declare that the above information is true and correct and confirm that no information relevant to this application has been withheld

Signature	Date

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Operational Manager		Chief Executive Officer	
Signature	Date	Signature	Date

Note: The primary requirements for pensioner membership applicants include:

a) A full uninterrupted 10 years membership with the Society
b) Age over 65 years for normal retirement and 45 years for retirement due to ill-health
c) No under-aged dependants
d) No continued economic activity for applicant or spouse
e) A clean/ regular subcription payment history

Retirement due to Age:

f) Letter from Employer
g) Advise slip from pension fund

Retirement due to ill health:

h) Motivational medical report from Doctor
i) Letter from Employer