

Once filled in please email the completed form and supporting documents to [membership@bomaid.co.bw](mailto:membership@bomaid.co.bw) OR drop off at your nearest **Bomaid office**

## NOTIFICATION WITHDRAWAL FORM

Membership  
Number

### Personal Details

First Name(s)

Surname

Employer Name

### Please select your scheme

Access  Comprehensive  Executive  Prestige

*Take note that each Health Plan has four levels of cover Core, Plus, Extra and Max. Core is entry level whilst Max is the top tier cover.*

### Please select the desired level of cover under the chosen Health Plan:

Core  Plus  Extra  Max

*For more information, please refer to Health Plan booklet or enquire from Bomaid Sales personnel.*

OmanNo./ Passport No.  Date of Birth

Date joined company    Date joined Bomaid

Postal Address

Cellphone No.  Landline

Fax No.

### Fund Termination Details

Withdrawal Type Resignation  Retrenchment  Retirement  Ill health Retirement

Date of Withdrawal    Date of last employer contribution

### Benefit Option

- |  |  |
|--|--|
| <input type="checkbox"/> I would like to transfer my medical aid cover to my new employer ( <b>Employer to instruct Bomaid to add member under company billing</b> ) | <input type="checkbox"/> I would like to transfer my medical aid to my spouse ( <b>Fill out Correspondence Form</b> )                            |
| <input type="checkbox"/> I would like my membership with Bomaid terminated   | <input type="checkbox"/> I would like to continue my membership with Bomaid as an individual ( <b>Fill out Member Debit Authorization Form</b> ) |
| <input type="checkbox"/> I would like to apply for pensioner membership with Bomaid ( <b>Fill out Pensioner Member Application Form</b> )                            | <input type="checkbox"/> I would like to transfer my medical aid cover to another insurer/medical aid  |

### I would like to continue my membership with Bomaid as an INDIVIDUAL under HEALTH PLAN:

Access  Comprehensive  Executive  Prestige

### With the level of cover:

Core  Plus  Extra  Max

Member's Signature



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**Company Declaration**

We hereby certify that, to the best of our knowledge, the above information is true and correct.

Staff Rep's Full Names

Authorised Signature

Company Stamp