Once filled in please email the completed form and supporting documents to newapp@bomaid.co.bw



MEMBERSHIP CORRESPONDENCE FORM

Membership Number

$({f 1}.)$ Principal Member $^{ ext{t}}$'s Dotails											
Title	First name (s)											
Surname												
2. Removal of depen	dant											
Dependant's First Name (s)												
Dependant's Surname												
Relationship to main member	Spouse	Child	Parent	Termination Date	D	D	М	М	Υ	Υ	Υ	Υ
Principal Member Signature				Date Signed	D	D	М	М	Υ	Υ	Υ	Υ
I hereby authorize the removal of above stated dependant':												
Staff rep full names (ignore if membership is INDIVIDUAL)												
Designation												
Staff Rep Signature Company Stamp/Representative Stamp												
Date Signed D D	M M	YY	YY									
3. Change of princip	al member											
New Principal's Name (s)												
New Principal's Name (s) New Principal's Surname (s)												
	' Scheme											
New Principal's Surname (s)	' Scheme	Plus		Extra				Max				
New Principal's Surname (s) New Principal Members	' Scheme	Plus		Extra Start Date	D	D	M	Max	Y	Y	Y	Y
New Principal's Surname (s) New Principal Members Core	' Scheme	Plus			D	D	M	N.A.	Y	Y	Y	Y
New Principal's Surname (s) New Principal Members Core New Principal's member No.	' Scheme	Plus		Start Date		D D		N.A.	Y	Y	Y	YYY
New Principal's Surname (s) New Principal Members Core New Principal's member No. Old Principal's Signature		Plus		Start Date Date Signed	D	D D	M	N.A.	YYY	Y Y Y	Y Y	Y
New Principal's Surname (s) New Principal Members Core New Principal's member No. Old Principal's Signature New Principal's Signature		Plus		Start Date Date Signed	D	D D	M	N.A.	Y	Y Y	Y Y	Y
New Principal's Surname (s) New Principal Members Core New Principal's member No. Old Principal's Signature New Principal's Signature I hereby authorize the removal of all Staff rep full names		Plus		Start Date Date Signed Date Signed	D	D	M	M M	Y	YYY	Y Y	YYY
New Principal's Surname (s) New Principal Members Core New Principal's member No. Old Principal's Signature New Principal's Signature I hereby authorize the removal of all Staff rep full names (ignore if membership is INDIVIDUAL)		Plus		Start Date Date Signed Date Signed	D	D	M	M M	Y Y Y	Y Y	YYY	Y

4. Request for Change	of Scheme								
Current scheme									
Access	Comprehensive	Executive		Prestige					
Desired Individual Schemo	e/Employer scheme/policy								
Core	Plus	Extra		Max					
Start Date of New Scheme	D D M M Y Y Y	Y							
Reason for change of health pla	n Loss of Employment*	Inadequate Benefits	Under Utilization	of Benefits Other					
Employer authorization (Ignore if INDIVIDUAL member)									
Staff Rep Full Names									
Designation		Company Sta	amp/Representative Stamp						
Date Signed D D M	M Y Y Y Y								
(5.) Change of employer	r								
Name of Previous Employer									
Name of Current/New Employe	er								
Position									
Date of employment	M M Y Y Y	Monthly Gross Salary (i	n BWP)	Attach copy of latest payslip or offer of employment letter					
Principal member's Signature		Date signed D	M M Y	YYY					
I hereby authorize the addition of above member under our company billing effective from:									
Staff Rep Full Names		Sta	t Date D D	M M Y Y Y					
Designation									
Staff Rep Signature									
Company Code			Company Stamp	/Representative Stamp					
Employee Number									
Date Signed									