

MEMBERSHIP CORRESPONDENCE FORM

Membership
Number

1. Principal Member's Details

Title First name (s)
Surname

2. 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
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Principal Member Signature Date Signed

D	D	M	M	Y	Y	Y	Y
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I hereby authorize the removal of above stated dependant':

Staff rep full names
(ignore if membership is INDIVIDUAL)

Designation

Staff Rep Signature

Date Signed

D	D	M	M	Y	Y	Y	Y
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Company Stamp/Representative Stamp

3. Change of principal member

New Principal's Name (s)

New Principal's Surname (s)

New Principal Members' Scheme

Core

Plus

Extra

Max

New Principal's member No.

Start Date

D	D	M	M	Y	Y	Y	Y
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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 removal of above stated dependant':

Staff rep full names
(ignore if membership is INDIVIDUAL)

Designation

Staff Rep Signature

Date Signed

D	D	M	M	Y	Y	Y	Y
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Company Stamp/Representative Stamp

4. Request for Change of Scheme

Current scheme

Access

Comprehensive

Executive

Prestige

Desired Individual Scheme/Employer scheme/policy

Core

Plus

Extra

Max

Start Date of New Scheme

Reason for change of health plan

Loss of Employment*

Inadequate Benefits

Under Utilization of Benefits

Other

Employer authorization (Ignore if INDIVIDUAL member)

Staff Rep Full Names

Designation

Date Signed

Company Stamp/Representative Stamp

5. Change of employer

Name of Previous Employer

Name of Current/New Employer

Position

Date of employment

Monthly Gross Salary (in BWP)

Attach copy of latest payslip or offer of employment letter

Principal member's Signature

Date signed

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

Staff Rep Full Names

Start Date

Designation

Staff Rep Signature

Company Code

Employee Number

Date Signed

Company Stamp/Representative Stamp