Bomaid
Health & Happiness at heart

NOTIFICATION WITHDRAWAL FORM

Membership Number [   ]

1. Personal Details

Title [   ]   First name (s) [   ]

Surname [   ]   Employer Name [   ]

2. Your Health Plan (Please tick one box only)

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.

ID/Passport No. [   ]   Date of birth [D D | M M | Y Y Y Y]

Date joined company [D D | M M | Y Y Y Y]   Date joined Bomaid [D D | M M | Y Y Y Y]

Postal Address [   ]   Cellphone No. [   ]

Landline [   ]   Fax No. [   ]

3. Fund Termination Details

Withdrawal Type   **Resignation** ◯   **Retrenchment** ◯   **Retirement** ◯   **Ill health Retirement** ◯

Date of Withdrawal [D D | M M | Y Y Y Y]   Date of last employer contribution [D D | M M | Y Y Y Y]

4. Benefit Option

☐ I would like to transfer my medical aid cover to my new employer **(Employer to instruct Bomaid to add member under company billing)**

☐ I would like to transfer my medical aid to my spouse **(Fill out Correspondence Form)**

☐ I would like my membership with Bomaid terminated

☐ I would like to continue my membership with Bomaid as an individual **(Fill out Member Debit Authorization Form)**

☐ I would like to apply for pensioner membership with Bomaid **(Fill out Pensioner Member Application Form)**

☐ 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 [   ]

5. Company Declaration

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

Staff Rep's Full Names [   ]   Authorised Signature [   ]

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Company Stamp/Representative Stamp
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