



BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME

Administered by Associated Fund Administrators Botswana (Pty) Ltd.

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www.bpomas.co.bw

CHANGE OF BENEFIT OPTION FORM

SECTION 1: To be completed by member

Title: Mr Mrs Ms Dr Prof (Others Specify).....

Marital status: Single Married Widow

Initials	Surname																			
First Names											Telephone (work)									
Cell No											Telephone (Res)									
Email Address											Fax Number									
Postal Address																				
Nationality																				
Name of Employer											Monthly Salary (Yourself) P Attach copy of advice slip									
Membership Number											Pay Roll									

*Please select an option you want to upgrade / degrade to:

OPTION SELECTED: PREMIUM BENEFIT OPTION

HIGH BENEFIT OPTION

STANDARD BENEFIT OPTION

NOTE:* Member may only transfer from one benefit to the other on the first day (01 April) of the financial year of scheme, provided he has given one (1) month written notice.

Date: _____

Signature of Member: _____

Employer's date stamp: _____

Signature of Employer: _____