

# ADULT - CHILD/PARENTS MEMBER APPLICATION



**BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME** Administered by Associated Fund Administrators Botswana (Pty) Ltd.  
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 www.bpomas.co.bw Botswana Public Officers' Medical Aid Scheme

**BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME**  
*Your health is our concern!*

**\*please complete in block letters, tick appropriate blocks unless otherwise indicated**

**Type of Membership:** ADULT - CHILD  PARENT   
**Choose Option:** STANDARD  HIGH  PREMIUM   
P30,000 Cover P300,000 Cover P500,000 Cover

## Principal Member (the employee)

Medical Aid Number:

Title  Initials  Surname

First name(s)

Cell  Tel (H)  Tel (W)  Fax

Email

Postal Address  Village/Town  Physical Address

## The Applicant (adult child/parent)

Title  Initials  Surname  ID/Passport  **\* attach copy of ID/Passport**

First name(s)  Sex M  F

Relationship  Date of birth

Cell  Tel (H)  Tel (W)  Fax

Email

Postal Address  Village/Town  Physical Address

## Primary contact; Principal or the Applicant

Date of joining the scheme  Name of the previous scheme

Date of the previous membership; From  To  **\*if any attach certificate of the previous membership**

**Declaration:** I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform The Scheme of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

**IMPORTANT**  
 Failure to complete all information and attached documents required **will** delay processing of membership. Failure to disclose material information or provision of incorrect information **can** result in the immediate cancellation of membership.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Employer Warranty

Name

Designation

Telephone

Authorised Signatory \_\_\_\_\_

**Employer's Stamp**

## Your banking details (the employee)

Please note: we can not accept credit card account details

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Type of account	Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
Account holder	<input type="text"/>		

By signing this application, you agree that claims will be refunded into the account you have chosen.

Signature of the Employee: \_\_\_\_\_

**\*please attach a clear copy of your recent payslip (not older than two months)**

## Nomination for funeral benefit payout

In the event that the principal member passes on, the person named below will be legible to claim for the funeral benefit payout.

Surname	<input type="text"/>
Name	<input type="text"/>
ID number	<input type="text"/>
Contacts	<input type="text"/>
Address	<input type="text"/>
Relation	<input type="text"/>

**\* please complete the Medical History and General Health information form**

## Rule Extracts of Individual Membership

1. Adult Child refers to person(s) aged between 21 and 35years, who is not in receipt of income not more than the minimum wage from the Government of Botswana
2. An Adult Child should have been a member of BPOMAS for a continuous period of one (1) year, and should not be more than three (3) months not active to be eligible.
3. Parent Dependant refers to a member (the employee)s' biological/adoptive mother or father and/or the biological/adoptive mother or father of a spouse who is not a pensioner
4. The maximum entry age is 65years for parent dependant
5. A medical report not more than a month old is required for Parent Dependant
6. A 3 month waiting period shall apply to the Parent Dependant

*\*The above will only be eligible for membership to an already existing BPOMAS member whose monthly contributions are fully paid up and up to date.*

## New Individual Membership

Membership category	Standard (P)	High (P)	Premium (P)
Adult child dependents (21-30 years)	229	357	491
Adult child dependents (31-35 years)	236	452	703
Parent Dependent	296	1180	N/A