EMPLOYEE/MEMBER TRANSFER FORM

ADMINISTRATORS OFFICE GABORONE

- Plot 54349, Ground Floor, West Wing, The Field Precinct, CBD
- Premium Box 625 AAH, Gaborone
- Tel: +267 316 8900
- Fax: +267 316 8910

ADMINISTRATORS OFFICE FRANCISTOWN

- Plot 32397, Office 26, Sunshine Plaza
- Tel: +267 316 8902
- Fax: +267 316 8910

bpomas
BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME

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

Dear Sir/Madam, I /We hereby instruct and authorise you to update my/our membership records as follows;

Requirements	Attachments
• Complete the employee/member transfer form	• Copy of recent payslip / Confirmation letter

SECTION 1: ABOUT YOURSELF (PRINCIPAL MEMBER)

Membership Number

ID or Passport Number

Email

Cellphone Number

Postal Address

SECTION 2: YOUR EMPLOYMENT MOVEMENT

From

Name of Employer

Department

Last Day: d d m m y y y y

To

Name of Employer

Department

Effective Day: d d m m y y y y

SECTION 3: EMPLOYER WARRANTY

We warrant that the individual detailed in the first section of this application form is an employee of our organisation.

Name

Designation

Email

Telephone

Postal Address

Stamp

Authorised Signatory:_____

Date: _____

SECTION 4: CONSENT

In light of the Data Protection Act, I hereby consent to the processing of my personal data, which includes the collection, recording, storage, gathering, use, disclosure by transmission, dissemination of such information in line with the Scheme services.

Signature of Member:_____

Date: _____

SECTION 5: BPOMAS COMMITMENT

The Scheme is committed to ensuring compliance with the Data Protection Laws of Botswana and that the information collected is used only for the purpose intended.

SECTION 6: CONSENT TO RECEIVE SCHEME UPDATES & MARKETING MATERIAL

I consent to receive Scheme updates and Marketing BPOMAS products, benefits, promotions and rewards. This can be perfomed through:

Email ☐   SMS ☐   Phone ☐   Postal Adress ☐

Signature of Member:_____

Date: _____

SECTION 7: BPOMAS DATA PROTECTION AND PRIVACY STATEMENT

Data protection is a matter of trust and your trust is important to us. We respect your right to confidentiality and privacy and, we are committed to complying with the Data Protection Act. The protection and the lawful collection, processing and use of your personal data is therefore an important concern for us in the provision of our services to our members.

SECTION 8: ACKNOWLEDGEMENT AND CONSENT BY MEMBER

8.1 Acknowledgement

I hereby expressly acknowledge that the processing off my Personal Information and/or Special Personal Informantion by BPOMAS ("collectively referred to as "Personal Information"), as defined in terms of the Data Protection Act of 2018 (DPA). I acknowledge that;

8.1.1 I have read and understood the provisions of BPOMAS's Data Protection and Privacy Statement, thereby fully appreciating the manner in which BPOMAS may process my Personal Information and for which purpose(s) BPOMAS may process such Personal Information.

8.1.2. Through submitting this application, I am providing BPOMAS with my Personal Information and that engaging with BPOMAS through any physical and/or electronic means, BPOMAS will in effect be processing the Personal Information provided by me from time to time.

8.1.3 BPOMAS may from time to time, depending on the circumstances, collect my Personal Information from another source other than myself.

8.1.4 I fully appreciate that BPOMAS will only process my Personal Information in a manner consistent with the provisions of its Data Protection Act, as well as for the purpose(s) set forth therein.

8.1.5 In accordance with the provisions of Section 28 of DPA, I have been provided with adequate notification of the processing of my Personal Information by BPOMAS, the scope and purpose(s) for such processing, as well as my rights to object to such processing should I elect to do so, and to request for access/destruction of my Personal Information that is held by BPOMAS.

8.1.6 I acknowledge that the processing of my Personal Information is a mandatory requirement for the existence of a valid medical aid.

8.1.7 I have read and understood the undertakings made by BPOMAS in its Data Protection and Statement to the effect that it will ensure that any and all of personal Information shall be processed with a reasonable standard of care as may be expected from BPOMAS.

8.2 Consent

In light of the above acknowledgements, and in accordance with the requirements set forth in Section 20 of Data Protection Act, I hereby provide my specific and informed consent to BPOMAS for the processing of my Personal Information for any purpose(s) legitimately connected or related to my application for membership, which purpose(s) may include, but not be limited to the following:

8.2.1 To provide or manage any information, products and/or services requested by me pursuant to my application for membership.

8.2.2 To establish my needs, requirements and preferences in relation to the products and/or services provided by the BPOMAS.

8.2.3 To facilitate the delivery of products and/or services to me as a member of BPOMAS to administer my claims and premiums.

8.2.4 To activate my medical aid and/or prescribed benefits to allocate a unique identifier (membership number) to me for the purpose of securely storing, retaining, and recalling my Personal Information from time to time, including after my membership is terminated.

8.2.5 To transact with suppliers and business partners, including healthcare service providers, network hospitals, pharmacies and relevant regulatory authorities to facilitate the delivery of products and/or services to me.

8.2.6 To provide me with health and wellness information throughout the subsistence of my membership.

8.2.7 To transact with third parties and transfer my Personal Information (locally or across border) to such third parties for the purpose of enabling BPOMAS to fulfil its legitimate pursuit of contractual obligations towards me and within the requirements of the Data Protection Act.

8.2.8 To analyse and profile my Personal Information collected for research and statistical purposes.

8.2.9 For general administration purposes pertaining to my membership.

Signature of Member:_____   Date: _____

SECTION 9: EMPLOYEE TRANSFER FORM CHECKLIST

NB: Members will be subjected to sanctions Screening and Anti-Money Laundering/Combatting Financing of Terrorism & Proliferation (AML/CFT &P) due diligence measures.

	Yes	No
Copy of Payslip or Confirmation Letter Stating Basic Salary	☐	☐