

TERMINATION 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 44149 MVA Fund Building, 3rd Floor
Tel: +267 316 8902
Fax: +267 316 8910



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

Requirements:

- One month's notice before termination can be effected
- Please further note that your benefits will be prorated up to the date of termination.
- For submissions email completed form to **membership@bpomas.co.bw**

SECTION 1: PERSON(S) BEING TERMINATED

Principal Member: Dependant: Adult Child Dependant: Member Number _____

Grandchild Dependant: Member Number _____

Parent Dependant: Member Number _____

SECTION 2: ABOUT YOURSELF (PRINCIPAL MEMBER)

Membership Number ID or Passport Number

Cell Email

Postal Address

SECTION 3: DETAILS OF PERSON(S) BEING TERMINATED

First Names & Surname(s)	Relationship to Member	Birth Dates								Gender	Identity Number/Birth Certificate or Passport Number
		D	D	M	M	Y	Y	Y	Y		

SECTION 4: REASONS FOR TERMINATION (TICK WHERE APPLICABLE)

- | | |
|---|---|
| 1. Financial Constraints <input type="checkbox"/> | 4. Resigned/Change of Employer <input type="checkbox"/> |
| 2. Joining Spouse Cover <input type="checkbox"/> | 5. Divorced <input type="checkbox"/> |
| 3. Joining Another Medical Aid <input type="checkbox"/> | 6. Deceased <input type="checkbox"/> |
| 7. Other Please specify: _____ | |

Authorised Signatory: _____



SECTION 5: CONSENT TO RECEIVE MARKETING MATERIAL

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

Email SMS Postal Address

Signature of Member: _____ Date: _____

SECTION 6: BPOMAS DATA PROTECTION AND PRIVACY STATEMENT

This Privacy Statement explains how BPOMAS collects, uses, stores, and protects Personal Information, including Sensitive Health Information, in the course of delivering medical aid services to our members. We are committed to protecting your privacy and ensuring compliance with the Data Protection Act (DPA) and other applicable international data protection laws.

1.1. What Personal Information We Collect

We may collect the following types of Personal and Sensitive Information:

- Full name, date of birth, identification numbers
- Contact details (e.g., address, phone, email)
- Membership and account details
- Medical history, treatment records, and diagnostic reports
- Claims and billing information

1.3. Legal Basis for Processing

We process your data under:

- Contractual obligation
- Consent to the processing of your Personal Information
- Performance of a legal obligation
- Protection of our and your legitimate or vital interests

1.5. Data Retention

We retain personal data only as long as necessary to:

- Fulfil our contractual and legal obligations
- Meet medical, billing, or reporting requirements
- Resolve disputes and enforce rights
- Retention periods are set based on legal, regulatory, and operational needs.

1.7. Your Rights

You have the right to:

- Access and obtain a copy of your information
- Correct inaccurate or incomplete information
- Object to processing under certain conditions
- Request erasure or restriction of your information
- Lodge a complaint with the Information and Data Protection Commission
- To exercise any of these rights, contact us at dataprotection@bpomas.co.bw.

1.8. Transfers of Personal Data outside of Botswana

Personal Information that we collect from you may be transferred to, and stored at, a destination outside of Botswana. It may also be processed by staff operating outside Botswana who are employees of our third-party providers. Where we transfer your Personal Information outside the jurisdiction, we will endeavour to ensure that there are adequate safeguards in place, in accordance with the DPA. By submitting your Personal Information, and in providing any Personal Information to us, you agree to this transfer, storing or processing.

1.2. How We Use Your Data

We use your data to:

- Provide and manage medical aid services
- Process claims and benefits
- Coordinate care with healthcare providers
- Communicate with you about your membership or benefits
- Fulfil our legal, financial, and regulatory obligations
- Research and statistical purposes
- Transact with suppliers, business partners, and healthcare service providers
- General administration purposes pertaining to my membership

1.4. Data Sharing

We may share your data with:

- Medical professionals and healthcare providers
- Third-party administrators or service providers under contract
- Regulators, auditors, or insurers where legally required
- All third parties are subject to confidentiality and data protection agreements.

1.6. Data Security

We implement appropriate technical and organizational measures to protect your data, including:

- Encryption and secure data storage
- Role-based access controls
- Regular security audits and staff training

SECTION 7: ACKNOWLEDGEMENT AND CONSENT BY MEMBER

I acknowledge that;

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.

As a member I may supply BPOMAS with my next of kin's and dependents personal information – this will only be processed where required to protect legitimate interests or for BPOMAS legitimate business interests/contractual obligations. It is my responsibility to ensure that my next of kin and/or dependents do not object to the provision and or processing of their Personal Information.

In accordance with the provisions of the 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.

In light of the above Acknowledgements and Privacy Statement, and in accordance with the requirements set forth in the Data Protection Act, I hereby provide my specific and informed consent to BPOMAS for the processing of my Personal Information and that of my dependents for any purpose(s) legitimately connected or related to my application for membership.

Signature of Member: _____ Date: _____