

## CHANGE OF HEALTH PLAN FORM

Membership Number

### 1. Principal Member Details

Title  First name (s)

Surname  ID/Passport No.

Male / Female (Please tick where applicable) M  F  Date of Birth         Marital Status S  M  D

Home Phone  Cellphone

Work Phone  Fax

Postal Address

Physical Address

Email Address

### 2. Please select your current health plan

ISS  Access  Comprehensive  Executive  Prestige

Please select your current level of cover

Core  Plus  Extra  Max

### 3. Please select the health plan you want to upgrade/downgrade to

ISS  Access  Comprehensive  Executive  Prestige

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.*

### 4. Employer Authorization

Reason for change of health plan Loss of Employment\*  Inadequate Benefits  Under Utilization of Benefits  Other

Other (Specify)  Start Date of New Health plan

Member Signature  Date Signed

Employer authorization (Ignore if INDIVIDUAL member)

Staff Rep Full Names  Designation

Staff Rep Signature  Date Signed

Company Stamp

## 5. Client Information Consent

In terms of the Data Protection Act Bomaid is obligated to obtain the customer's consent to acquire and process customer information. To provide performance of a contract to which the customer is party Bomaid might have to share the customers personal and sensitive data with authorized third parties such as service providers and consultants for processing. Our comprehensive privacy notice is available on our website.

I authorise Bomaid or any Bomaid contracted outsourced providers to collect, process and request my personal and sensitive data from any healthcare service provider or person who has attended to me or my dependants in the past or who will attend to us in the future or who may be in possession of information about us, including our health status, treatment received or anticipated as well as any other relevant health information for any purpose directly related to our membership or which is authorised in terms of the Medical Schemes Act, the Scheme Rules or any other legislation, also after the death or termination of membership of any of us.

I authorise Bomaid to deal with my dependants and me electronically and treat electronic communication (such as email, telephone, Bomaid's digital App) as being the same as written authority and confirmation. I agree further that, where we choose to use electronic methods to transact with Bomaid, we will carry the risk of such use.

Bomaid may use my information for the purpose of marketing (including direct marketing) of its suite of products, benefits and any other financial or non-financial services offered by itself and its subsidiaries.

I have the right to see any information that Bomaid holds about me, and to have my details removed.

I provide the consent of my own free will without any undue influence from any person whatsoever and I understand that I can withdraw my consent in writing at any time. The grounds for withdrawing consent should be legitimate, reasonable, and compelling.

The Fund may send your personal information to service providers outside Botswana for the storage or further processing on behalf of Bomaid. Bomaid will ensure to adhere to the provisions of the Data Protection Act before such transborder transfer of your personal information.

Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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