

Once filled in please email the completed form and supporting documents to bomaid@bomaid.co.bw OR fax to +267 3184152/ 230 OR drop off at your nearest Bomaid office

Travel Application Form

Membership Number

PLEASE FILL IN YOUR PERSONAL DETAILS

- Ensure to write your names as they appear on your passport
- Note that the maximum number of travel days covered per dependent is 90 day per annum/year
- Maximum age limit for travel insurance cover is 80 years old

PLEASE INDICATE YOUR HEALTH PLAN

Executive Prestige Comprehensive Access

Select your level of cover

Extra Max

SECTION A - PRINCIPAL MEMBER'S DETAILS

Title		FirstName(s)			
Surname				Date of Birth	
Email Address				Passport No.	

SECTION B - TRAVEL DETAILS

Date of Departure	D	D	M	M	Y	Y	Y	Y	Date of Return	D	D	M	M	Y	Y	Y	Y
Departure Country				Destination Country													

SECTION C - TRAVELLING DEPENDANTS DETAILS

1	Title		FirstName(s)			
	Surname				Date of Birth	
	Passport No.				Date of Birth	
2	Title		FirstName(s)			
	Surname				Date of Birth	
	Passport No.				Date of Birth	
3	Title		FirstName(s)			
	Surname				Date of Birth	
	Passport No.				Date of Birth	
4	Title		FirstName(s)			
	Surname				Date of Birth	
	Passport No.				Date of Birth	

SECTION E - MEMBER DECLARATION

I hereby declare that the above information is true & correct and confirm that no information relevant to this application has been withheld

Principal Member's Signature	
---------------------------------	--

Date signed	D	D	M	M	Y	Y	Y	Y
-------------	---	---	---	---	---	---	---	---

PLEASE FILL OUT THIS FORM IF YOU INTEND TO
SEEK MEDICAL SERVICES WHILE OUTSIDE
BOTSWANA



NOTE:

- All emergency medical services accessed while travelling outside Botswana will be covered by the Travel Insurance. Please refer to your travel insurance policy documents for more information how to submit those claims
- You may fill out this form and email it to bomaid@bomaid.co.bw before you access non-emergency medical services while outside Botswana
- The following are services for which pre-authorization must first be sought before treatment: Hospitalization, Specialized radiology (CT, MRI, Nuclear medicine, PET scans), Appliances, Chemotherapy and Radiation therapy, Renal dialysis, Specialised dentistry, Orthodontic treatment. Requests for pre- authorisations must be e-mailed to casemanagement@bomaid.co.bw

Name of principal member				Membership No.	
Patient name	Membership No.	Type of service e.g. maternity delivery/ dental services/ optical services	Expected Date of service	Country of service	

Main Member's Signature _____

Date Signed _____