CHANGE OF BENEFIT OPTION

PULA MEDICAL AID FUND Administered by Associated Fund Administrators Botswana (Pty) Ltd
Gaborone Office: Plot 74769 • Mowana Mews Ground Floor, CBD • P O Box 1212 • Gaborone • Botswana • Telephone: (+267) 365 0555 (Call Center)
Francistown Office: Plot 4040/405 • Riverside Private Hospital, Moffat Street, CBD • Francistown • P O Box 323 • Francistown • Botswana • Telephone: (+267) 241 2262
www.pulamed.co.bw

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

***please select an option you want to upgrade/degrade to:**

EXECUTIVE ☐	**DELUXE** ☐	**GALAXY** ☐	**STANDARD** ☐	**FLEXI** ☐
P2.3 Million Cover	P1.4 Million Cover	P125,000 Cover	P50,000 Cover	P60,000 Cover

About yourself (principal member)

Marital Status: Married ☐ Single ☐ Divorced ☐ Widowed ☐

Title ☐ Initials ☐ Surname

First name(s) Sex M ☐ F ☐ Date of birth

Occupation

ID or passport number Country of Issue

Membership number Basic Salary P

Cell Tel (H) Tel (W) Fax

Email

Postal Address Village/Town Physical Address

Note* Member may only transfer from one benefit to the other on the first day of the financial year provided he has given one(1) month written notice.

Your employment details

Name of Employer

Occupation Date of employment

Employer warranty

We warrant that the main applicant detailed in the first section of this application form is an employee of our organisation.
Pula Medical Aid Fund may bill us for the amount due for this member in the same way as it does for our other employees with Pula Medical Aid Fund

Name

Designation

Email

Telephone

Postal Address

EMPLOYER'S STAMP

Authorised signatory_____ Signature of the Principal Member:_____

Your banking details

Please note: we can not accept credit card account details

Bank name

Branch name | Branch code

Account number | Type of account Cheque ☐ Savings ☐

Account holder

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

Signature of the Principal Member:_____

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

***please attach proof of account (bank statement/cancelled bank cheque)**

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

Name

ID number

Contacts

Address

Relation

SUBMIT FORM TO;
clientservices@afa.co.bw