



MEMBER RECORD AMENDMENT

Please complete all applicable sections in full

Addition of dependants Termination of employment
Removal of dependants Change bank account details

A: PARTICULARS OF PRINCIPAL MEMBER (please write in block letters)

Membership number ID/Passport no.

Title Surname

First name(s)

Postal address

Physical address

Telephone/Fax Code + number Home Work
Mobile Fax

Date of birth Marital Status

Email Date on which change will become effective

B: ADDITION OF DEPENDANT(S), SPECIAL DEPENDANT(S), ADOPTIONS AND/OR NEWBORN CHILDREN

Husband, wife and children under 21 years, who are unmarried and not in full employment. Children up to 25 years may be included if they are financially dependent and full-time students at a recognised educational institution*. Attach proof of registration. For more than three (3) dependants, please attach a list. (If legally adopted, please attach necessary documents). *Recognised educational institutions as per the rules of Bankmed Namibia.

Full First Names	Surname	Sex M/F	Occupation	ID/Passport No.	Date of Birth

C: CHANGE OF MARTIAL STATUS

If married, attach certified copy of marriage certificate. If divorced, attach certified copy of decree of divorced and a complete copy of statement stating that the member is responsible for the medical costs of children. In case of death, attach certified copy of death certificate.

Marital Status (mark with "x") Married Divorced Widowed Date of marriage/divorce/death

If married, Spouse title (Prof/Mr/Mrs/Ms)

Surname

First names

Spouse medical cover particulars

Is/was your spouse a member of a registered medical aid fund uninterruptedly for the past two years? Yes No

Name of current medical aid fund _____ Membership no.

Period of membership: from to

Name of current medical aid fund _____ Membership no.

Period of membership: from to

Was membership subject to any restrictions/exclusions? Yes No If yes, state particulars of restrictions _____

D: REMOVAL OF DEPENDANTS

Dependant Title Surname
First names
ID/Passport no. Effective date

Reason _____

E: DEATH OF MEMBER

Does the widow(er)/eldest dependent wish to continue on the medical aid and become the principal member? Yes No

Effective date (Please attach certified copy of death certificate)

F: TERMINATION OF EMPLOYMENT/RESIGNATION

Reason _____

Resignation date

Would you like to continue membership with Bankmed Namibia? Yes No

G: BANK ACCOUNT DETAILS

Electronic fund transfer or debit order

Name of account holder
Account number
Bank
Type of account Current Savings Branch code
8-digit branch code Date of first deduction

I authorise Bankmed Namibia to draw from bank account the contributions (and any stamp duty or short payments) due in terms of the Medical Scheme, without prejudice to the rights of Bankmed Namibia. I further authorise Bankmed Namibia to increase the amounts due to it in terms of the policy from time to time and authorise my bank to effect payment of such increased amount upon receipt of written notice from Bankmed Namibia stating the increased amount and the date from which it is payable. This authorization is to remain in force until cancelled by me by giving written notice to Bankmed Namibia.

I agree that I am not entitled to recover any amount drawn from my account by means of this debit order and that should my repay such amount to me, I will refund it to Bankmed Namibia. I undertake to notify Bankmed Namibia of any change in respect of my address or bank.

Name _____ Signature of account holder _____ Date _____

H: UNDERTAKING BY THE APPLICANT

- 1. I, the undersigned, apply for amendments to my Bankmed Namibia membership, as indicated above and agree that all answers and information contained in this application and all documents which, in Bankmed Namibia's opinion, are relevant to the risk and which are signed or will be signed by me, shall be the basis of the membership and that shall be warranted as true and complete; and that my membership shall be void if any information should be inaccurate or incomplete, in which events all moneys paid towards the membership shall be forfeited to Bankmed Namibia, and all benefits paid shall immediately be repayable to Bankmed Namibia. My membership shall not be amended unless Bankmed Namibia specifically notifies me in writing of their acceptance of the risk; and any deterioration or change of the state of my health or the health of my dependants before the date of occurrence set by Bankmed Namibia for the commencement of the change in membership or the date which the amendments as applied for in this document are accepted by Bankmed Namibia, shall give Bankmed Namibia the right to reconsider the amendments and to propose new terms of acceptance or to declare the membership null in which event all moneys paid towards this membership before Bankmed Namibia receives notice of such a change shall be forfeited to Bankmed Namibia and benefits paid shall immediately be repayable to Bankmed Namibia.
- 2. I irrevocably give my consent to my medical doctor, person or organisation, who may possess, or may come in possession of any information regarding my health or the health of my dependants, to disclose this information to Bankmed Namibia, also after my death.
- 3. I give my consent to my employer in the case of group membership, to deduct from my salary and pay Bankmed Namibia all amounts that may be due by me to Bankmed Namibia.

Signed at _____ on the _____ day of _____ 20_____

Signature of witness _____ Date _____ Signature of applicant _____

Approval by Company (Signature of Company Official) _____