

## BOPEU AMMENDMENT FORM

Please Note That You Are ONLY Allowed To Complete These Amendments Form If You Had Previously Completed Membership Form Or Extended Application Form

TITLE \_\_\_\_\_ SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_  
MEMBERSHIP NUMBER: \_\_\_\_\_ OMANG NUMBER: \_\_\_\_\_ TEL (WORK): \_\_\_\_\_  
CELL NO: \_\_\_\_\_ POSTAL ADDRESS: \_\_\_\_\_ EMPLOYER \_\_\_\_\_

Amend my membership details which include funeral cover for my dependents as follows:

**1. ADD THE FOLLOWING TO MY FUNERAL COVER OR CORRECT DETAILS TO READ**

SURNAME	FIRST NAME	DATE OF BIRTH	ID(OMANG) NUMBER	RELATIONSHIP

**2. DELETE/ CANCEL/ REMOVE THE FOLLOWING TO MY FUNERAL COVER**

SURNAME	FIRST NAME	DATE OF BIRTH	ID(OMANG) NUMBER	RELATIONSHIP

**3.CHANGE MY PARENTS FUNERAL COVER BENEFIT TO**

The Premium Waiver **PW** is a benefit that allows for dependents to continue enjoying 12 months funeral cover in the event the main member passes on.

(Tick Required Benefit)

COVER AMOUNT	P10 000		P15 000		P20 000		P25 000		P40 000		P50 000	
PREMIUM	P24.70		P37.00		P49.30		P61.70		P98.60		P123.30	
<b>PREMIUM WAIVER</b>	P26.50		P39.70		P53.10		P66.30		P106.00		P132.50	
SURNAME	FIRST NAME		DATE OF BIRTH		ID(OMANG) NUMBER		RELATIONSHIP					

**4.CHANGE MY EXTENDED FAMILY FUNERAL COVER BENEFIT TO**

P5 000		P7 500		P10,000		P15,000		P20,000		P30,000		P40,000		P50,000	

(for rates refer to the next page)

**5.CHANGE MY CHILDREN'S COVER OVER 21 YEARS TO P30 000@P8.50  P40 000@ P11.30  P50 000@ P14.10  PER CHILD.**

SURNAME	FIRST NAME	DATE OF BIRTH	ID(OMANG) NUMBER	RELATIONSHIP

**6.CHANGE MY ADULT CHILD COVER TO EXTENDED FAMILY COVER (CHILD OVER 35 YEARS)**

SURNAME	FIRST NAME	DATE OF BIRTH	ID(OMANG) NUMBER	RELATIONSHIP

7,I authorize you to deduct from my salary or direct from my bank account held at bank ..... Account Number..... Branch..... On the .....Of every month. Salary payment group 1 or 2 (tick). I understand that membership will effect once first subscription has been deducted from my salary. Cut of date is the 15th of every month. This contract shall remain force until cancelled by me in writing after giving (3) three months calendar notice. (No claims or refunds after cancellation). Membership shall cease if subscription fees are not paid (3) consecutive months and all the benefits will cease too. I understand that reinstatement of my cover will attract waiting periods as per contract.

**The onus rest on me as a member to ensure that my premium is credited to Babereki on a monthly basis.**

Member's Signature.....  
Date.....  
Recruited By .....  
(Full Name, Bank, Telephone, ID Number)

**FOR HEAD OFFICE USE ONLY**

Approved by: .....

Date:..... Sign:.....

On Behalf Of Botswana Public Employees Union

(Tick Required Benefit)

COVER AMOUNT	P5 000 (✓)	P7 500 (✓)	P10 000 (✓)	P15 000 (✓)
PREMIUM	P17.10	P25.60	P34.10	P51.10
PREMIUM WAIVER	P18.40	P27.50	P36.70	P54.90

(Tick Required Benefit)

COVER AMOUNT	P20 000 (✓)	P25 000 (✓)	P30 000 (✓)	P40 000 (✓)	P50 000 (✓)
PREMIUM	P68.10	P85.20	P102.10	P143.70	P170.20
PREMIUM WAIVER	P73.20	P91.50	P109.70	P146.30	P183.00

## NOTES FOR FUNERAL COVER

The subscription fee for membership is 1% of the Basic Salary. **(Capped from P50.00 to P120.00)** Compulsory funeral cover @ P66.40 for member and immediate family (spouse and children) with a 12-month's premium waiver. Benefit for member and spouse is P65 000.00 and children's benefits are illustrated on the first page.

A member is an employee of the Government of the Republic of Botswana or any organization where the member or his/her spouse has a financial interest who has not attained an age of 65 years.

Spouse is a legal or common law husband /wife of the member who has resided with member for a continuous period of at least six (6) months.

A child by birth to the member (inclusive of a child born out of wedlock) is an unmarried child under the age of 21 and this age will be extended to 25 years if the child is still in full study. An illegitimate child who had at least 24 weeks of intra-uterine existence but showed no sign of life after complete birth. There is no age limit for the child who is physically or mentally handicapped and proof of condition is required should you wish to nominate such child. The adult child cover ceases at 35 years, therefore the onus is on the member to provide proof of condition within a period of 6 months for natural deaths and 24 months for suicide deaths. **Separate application form for this option are available.**

**Claims should be submitted at BOPEU branches namely: Francistown, Kang, Palapye and Maun. For Gaborone branch and surrounding areas, claims should be submitted at Babereki Insurance Brokers Head Office**

**To process a claim against the scheme, submit the following:**

- Claim form, which will be completed at Babereki Insurance Brokers Head Office.
  - For minors claim, a copy of the claimant's identification and proof of age is required before any benefit is paid.
- Marriage certificate for spouse's claim
- Police report for accidental death occurring before the prescribed period elapses, or for suicide that happens after the prescribed period has elapsed.
- Proof of relationship where the surname differs.
- An affidavit where necessary.
- Completed Bona Life KYC Form for claimant including proof of residency.
- Proof of Bank Account for claimant

Further information or more documents with proof of deceased's relationship to member may also be requested by Bona Life Insurance.

Upon receipt of all documents requested, claim will be paid within 48 hours. Claimant's financial details must be submitted within six months from the date of death and no claim shall be admitted by Bona Life Insurance unless a written notice was received within 6 (six) months. All claims documents should be submitted within 12 months of the date of death.

**Death benefit and refund of any kind shall cease on the day that:**

- Member Terminates
- The funeral premiums are not paid
- Member passes away (death)
- Termination

**The onus rests on me as a member to ensure that my premium is credited to Babereki Insurance Brokers on a monthly basis. Policy will be effective upon receipt of the first premium.** The commencement date will be the 1st of the month when the premium was received.

**Kindly note that participation in the Group Life Assurance scheme is mandatory for all members.**

**The scheme is underwritten by Bona Life Insurance and more information is contained on BOPEU Group Funeral Scheme Policy Document held at Babereki Insurance Brokers.** By accepting this contract, you give Bona Life Insurance consent to retain your personal information and to use and share this information with legitimate sources only for the purpose of this