

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	P23.00		P34.50		P46.00		P57.50		P92.00		P115.00	
PREMIUM WAIVER	P24.70		P37.00		P49.50		P61,80		P98,90		P123,60	
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	
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5.CHANGE MY CHILDREN'S COVER OVER 21 YEARS TO P30 000@P5.40 P40 000@ P7.20 P50 000@ P9.70 PER CHILD.

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

6,I authorize you to deduct from my salary or direct from my bank account held at bank Account Number..... Branch..... On theOf 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 attact 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

NOTES FOR FUNERAL COVER

Subscription fee for membership is 1% of Basic Salary. **(Capped from P39.90 to P100.00)** Compulsory funeral cover @ P39.50 for member and immediate family (spouse and children) with a **12-month's premium waiver**. Benefit for member and spouse is P60 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 government has financial interest who has not attained 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 on full study. Still born 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 are on the parent to change cover to extended family cover.

Member who is not with 5 (five years) of his/her attainment of age 60 (sixty) may nominate parents (under the age of 85) at time of joining. One level of cover must be selected for all the parents nominated.

Member who is not within 5 (five years) of his/her attainment of age 60 (sixty) may nominate extended family (under the age of 85), which are their dependents, brothers, sisters, uncles, nephews, nieces, grandparents, grandchildren , second spouse, daughters in law, brothers in law, sisters in law, cousins and aunt. There will be a waiting period of 6 months. **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.
- Certified death certificate and certified birth certificate for minors claim.
- Certified copy of claimant's identity (Omang) and proof age is required before any benefit is paid.
- Marriage certificate for spouse's claim police report for accidental death occurred before waiting period elapses.
- Police report for accidental death occurred before waiting period elapses.
- Proof of relationship where surname differs.
- An affidavit where necessary.

Further information or more documents with proof of deceased's relation to member may also be the requested by Metropolitan.

Upon receipt of all documentation requested, claim will be paid within 48 hours. Claims must be submitted within six months from time of death and no claim shall be admitted by Metropolitan Botswana unless a written notice was received within 6 (six) months after the date of death or 3 (three) months after and inquest.

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 of the scheme

The onus rests on me as a member to ensure that my premium is credited to Babereki Insurance Brokers on a monthly basis.

The scheme is underwritten by Metropolitan Botswana and more information is contained on BOPEU Group Funeral Scheme Policy Document held at Babereki Insurance Brokers.