

BOPEU MEMBERSHIP APPLICATION FORM

(INCLUDE FUNERAL COVER FOR MEMBER, SPOUSES & CHILDREN)

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DETAILS	MEMBERSHIP DETAILS	SPOUSE(WIFE/HUSBAND)DETAILS
Mr: <input type="checkbox"/> Mrs: <input type="checkbox"/> Miss: <input type="checkbox"/> (Tick title)		
SURNAME:		
FIRSTNAME:		
DATE OF BIRTH:		
OMANG NUMBER :		
TELEPHONE NUMBER:	(W) (C)	(W)
POSTAL ADDRESS:		
PHYSICAL ADDRESS :	BOPEU BRANCH :	
LEVEL OF EDUCATION :		
EMPLOYER :	DEPARTMENT:	The Premium Waiver PW (✓)
DESIGNATION (Position) :		Tick Required Benefit) P66.40

NB: MEMBERSHIP SUBSCRIPTION FEE IS 1% OF MEMBERS BASIC SALARY (Capped from 50.00 to 120.00)

COMPULSORY FUNERAL COVER FOR CHILDREN AT NO ADDITIONAL COST (MAXIMUM ALLOWED , SIX CHILDREN)

AGE	0-6 YEARS	7-15 YEARS	16-21 YEARS
BENEFIT	P16 250.00	P32 500.00	P65 000.00

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

OPTIONAL FUNERAL COVER FOR PARENTS - Allowable max age entry 80 years

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
PREMIUM WAIVER	P26.50	P39.70	P53.10	P66.30	P106.00	P132.50
SURNAME	FIRST NAME	DATE OF BIRTH	ID(OMANG) NUMBER	RELATIONSHIP		

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 canceled 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

By signing this application form, I hereby consent to the collection, processing, and storage of my personal information by Babereki Insurance Brokers Pty Ltd for the purpose of evaluating and processing this insurance application, administering any policy issued as a result, and fulfilling any related services.

I also consent to the use of my personal information for marketing purposes, including the promotion of other products and services that may be of interest to me. I understand that my information will be treated with the utmost confidentiality and will not be shared with third parties without my explicit consent, unless required by law.

I acknowledge that I have the right to withdraw my consent at any time by notifying Babereki Insurance Brokers Pty Ltd in writing."

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 @ P61.70 for member and immediate family (spouse and children) and we have a 12-month's premium waiver at P66.40(optional)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 government has financial interest who has not attained age of 65 years. The policy also has a compulsory accidental cover for the main member and spouse on the term of the policy schedule.

Spouse shall mean the person to whom the main life Assured is legally married or with whom the life Assured has a agreement recognized as marriage in accordance with Botswana law and customs and who is nominated as spouse under this policy.

A child by birth, a step child ,an adopted child to the member (inclusive of a child born out of wedlock) under the age of 21 and this age will be extended to 25 years if the child is still in full study. Stillborn 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 parent to change cover to extended family cover. There is a limit of 6 children and 8 extended family members to be included in this policy.

Member who is not within 5 (five years) of his/her attainment of age 60 (sixty) may nominate extended family (under the age of 75), 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) Coverage for in-laws is only available if the member is legally married. 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.
- A certified copy of the claimant's identity (Oman) and proof of age is required before any benefit is paid.
- Marriage certificate for spouse's claim
- Police report for accidental death occurring before waiting period elapses, or for suicide that happens after suicide waiting period has elapsed.
- Proof of relationship where surname differs.
- An affidavit where necessary.
- Completed Bona Life KYC Form for claimant including proof of residency.
- Proof of Bank Account for claimant
- Confirmation of employment letter or Affidavit
- Current payslip

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

Upon receipt of all documentation requested, claim will be paid within 48 hours. Death Claim notification or death claim documents must be submitted within six months from time 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.

Waiting periods

- There will be a one calendar month waiting period for the main member and his/her family
- There will be a waiting period of six (6) months for natural deaths on parents cover and twelve (12) months for extended family covers, there is however immediate cover for accidental death as long as one month premium has been paid
- 24 Months for suicide deaths.
- Following amendment to new benefit there will be a six month waiting period for the new benefit

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

- Upon termination of membership by member in writing
- Failure to pay premiums for three(3) consecutive months
- The day when main Member dies

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 insurance contract.