



MEDICAL AID SCHEME

For your well-being.

APPLICATION FOR MEMBERSHIP
(For private family/household membership only)

I.....On behalf of my family, hereby apply to become member(s) of Bon Vie Medical Aid Scheme with effect from
If approved by the Committee we undertake to abide by the rules of the Scheme as amended from time to time.

We have noted in particular the following rules of importance and understand:-

- (a) That it is my responsibility as a representative / individual to advise Bon Vie of any changes to my household's additions or subtractions to or from this membership. I will liaise with the scheme on all matters relating to medical aid and arrange for an appropriate and relevant contribution deductions from bank and prepare a monthly Statement of contributions and membership changes that should reconcile to the Bon Vie Statement.
- (b) That should payments remain unpaid until the last day of the month all Medical/Dental claims will be suspended. Termination of account may be imposed if contributions have not been received within 30 days and thereafter membership will be terminated.

NB: It will be the responsibility of the Principal member to ensure that all new entrants complete the necessary application forms detailing the dependant's particulars and choice of doctor/pharmacists.

Name of Account:

Contact Person (Principal Member)

Address:

P.O. Box: Tel:..... Fax:..... E-Mail:.....

Signature.....

Official Position.....