

# Application Form



New Application

Amendments

Employer Name \_\_\_\_\_

## Personal Details

Mr./Mrs./Miss/Other \_\_\_\_\_ DOB \_\_\_\_\_ Full Name \_\_\_\_\_  
Contact Telephone No. \_\_\_\_\_ Omang No. \_\_\_\_\_  
Contact Cell No. \_\_\_\_\_ Postal Address \_\_\_\_\_  
Email Address \_\_\_\_\_

## Spouse's Details

Surname \_\_\_\_\_ First Name \_\_\_\_\_  
DOB \_\_\_\_\_ Omang No. \_\_\_\_\_

## Children's Details:

Full Name	DOB	Gender	Birth Registration/Identity No.

## Parent's & In-laws Details:

Full Name	DOB	Gender	Identity No.	Cover	Premium

## Extended Family Details:

Full Name	DOB	Gender	Birth Registration/Identity No.	Cover	Premium

Total Premium \_\_\_\_\_

## Beneficiary Details:

Full Name \_\_\_\_\_ Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_

Mobile No. \_\_\_\_\_ Received By Office \_\_\_\_\_ Date \_\_\_\_\_

## Definitions

The benefits are restricted to one spouse, six children; two parents for single members, four parents for married members and the number of extended family will be as per the Terms and Conditions of the Master Policy.

### Definitions:

**SPOUSE** - A person married to member/ applicant by Law or Tribal Custom, such proof should be available on request. Entry age is according to the Terms and Conditions of the Master Policy.

**CHILD** - a MEMBER'S unmarried CHILD who has not attained age 21. Cover shall however be extended to a CHILD who is a full-time student and who has not attained age 25. No age limit will apply to a CHILD who is incapacitated from maintaining himself by mental or physical infirmity, provided such CHILD is wholly dependent on the MEMBER for support and maintenance.

**EXTENDED FAMILY** - Must be a relative of the main member. Entry age is according to the Terms and Conditions of the Master Policy.

**PARENTS** - Only a specified number of parents, agreed at inception and as per the Conditions set out in the Master policy may be nominated. Only biological parents of the member/ applicant and or of the spouse to the member/ applicant may be nominated unless otherwise agreed.

**WAITING PERIOD** - This is as set out in the Terms and Conditions of the Master Policy.

No nominated person may be replaced in the event of a claim. New nominations, however, for children and spouse may be made in writing with supporting information at any time

Member Cover	
Participant	Benefit
Member	P60 000
Spouse	P60 000
Children 16 and older	P60 000
Children 6 - 15	P30 000
Children 0 - 5 (including stillborn)	P15,000

Parents Covers	
Benefit Amount	P20 000
Monthly Premium	P25.00

Extended Family Cover				
Benefit Amount	P10 000	P15 000	P20 000	P30 000
Monthly Premium	P9.00	P13.00	P17.00	P26.00

Claims must be notified to Metropolitan Botswana within 6 Months from date of death in order for the claim to be valid.

### Notes:

The following supporting documents must be submitted:

Death of Member	certified copy of death certificate	<input type="checkbox"/>
	certified copy of marriage certificate, where widow(er) benefits are payable	<input type="checkbox"/>
	certified copy of birth certificate(s) of children where children's benefits are payable	<input type="checkbox"/>
Death of Spouse	certified copy of death certificate	<input type="checkbox"/>
	certified copy of marriage certificate	<input type="checkbox"/>
Death of Child	certified copy of death certificate	<input type="checkbox"/>
Death of Parent	certified copy of death certificate	<input type="checkbox"/>
	Other Dependents or Nominees Original or certified copy of death certificate	<input type="checkbox"/>

### KYC Process

Metropolitan KYC Form	<input type="checkbox"/>
Identification document with 3 months validity e.g. certified ID/Passport, work & residence permit for foreign nationals	<input type="checkbox"/>
Source of funds/proof of income in the form of payslip or bank statement	<input type="checkbox"/>
Proof of residence; Utility bill not older than 3 months, lease agreement, affidavit or letter from employer	<input type="checkbox"/>