



Contact us

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Transfer from active to retiree status

Who we are

The BMW Employees Medical Aid Society (referred to as 'BEMAS'), registration number 1526, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for BEMAS.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. This form is for main members who move onto retiree status and to make contributions or payments directly to BMW Employees Medical Aid Society.
3. Please complete this form and return it to your Human resources department.
4. To avoid administration delays, please ensure this application is completed in full.

1. Member information (main applicant)

Membership number (compulsory)	<input type="text"/>	Start date	<input type="text"/>
Employee number (compulsory)	<input type="text"/>		
Title <input type="text"/>	Initials <input type="text"/>	Surname	<input type="text"/>
First name/s	<input type="text"/>		
Preferred name	<input type="text"/>	Sex	<input type="text"/>
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>
	Widowed <input type="checkbox"/>	Date of marriage	<input type="text"/>
Previous/maiden name	<input type="text"/>		
ID or passport number	<input type="text"/>		
Country of issue	<input type="text"/>		
Telephone (H)	<input type="text"/>	(W)	<input type="text"/>
Fax	<input type="text"/>	Cellphone	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

2. Banking details for your monthly contributions

What you must do

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation from the bank.

These details apply when you pay directly towards your total contribution. Please note that we cannot accept credit card details. You can only use a South African bank account. The first deduction will take place at the beginning of the month following the start date as a retiree member.

Bank name	<input type="text"/>	Branch name	<input type="text"/>
Account type	Current <input type="checkbox"/> Transmission <input type="checkbox"/> Savings <input type="checkbox"/>	Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Name of account holder	<input type="text"/>		
Account number	<input type="text"/>		
Signature of account holder	<input type="text"/>		

I _____, hereby give Discovery Health (Pty) Ltd and/or BMW Employees Medical Aid Society permission to charge my bank account for my contributions to BMW Employees Medical Aid Society.

3. Banking details for reimbursement of your claims

What you must do

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation from the bank.

Same as above? Yes No (if "No", please complete below)

Bank name	<input type="text"/>	Branch name	<input type="text"/>
Account type	Current <input type="checkbox"/> Transmission <input type="checkbox"/> Savings <input type="checkbox"/>	Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Name of account holder	<input type="text"/>		
Account number	<input type="text"/>		
Signature of account holder	<input type="text"/>		

4. Your legal declaration

It is my sole responsibility as a member to make sure BMW Employees Medical Aid Society receives the monthly premium. If contributions are outstanding for two months in a row, my membership will be cancelled in the third month. Short payment or non-payment of any of my contributions will result in suspension of my claims.

I confirm the content of this application is true and complete.

I agree to advise BMW Employees Medical Aid Society in writing of any change in details that may occur between the date of this application form and the activation of my membership with BMW Employees Medical Aid Society.

Signed at on

Signature of applicant

Please do not sign an incomplete application form

5. Your employment details

If your employer is paying your full contribution or a part of it, please complete this section:

Name of employer	<input type="text"/>		
Employer / billing number	<input type="text"/>		
Employee number	<input type="text"/>	Date of employment	<input type="text"/>

1. Employer contact person	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Branch name	<input type="text"/>
Department name	<input type="text"/>
Date of promotion (if applicable)	<input type="text"/>

2. Employer contact person	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Branch number	<input type="text"/>
Department number	<input type="text"/>

Please ensure your employer completes this warranty.