BMW Employees Medical Aid Society

Administered by Discovery Health

Contact details
Tel: 0860 002 107 • PO Box 652509, Benmore 2010 • www.bemas.co.za

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

1. Member information (main applicant)

Membership number (compulsory) ____ Start date D D M M Y Y Y Y

Employee number (compulsory) ____

Title ____ Initials ____

Surname ____

First name(s) ____

Gender M ☐ F ☐ Date of birth D D M M Y Y Y Y

Marital status Married ☐ Single ☐ Divorced ☐ Windowed ☐

Date of marriage D D M M Y Y Y Y

Previous/maiden name ____

ID or passport number ____

Telephone (H) ____ Telephone (W) ____

Cellphone ____

Email address ____

Postal address (Post collected from post box, suite or private bag)

☐ PO Box ☐ Private Bag Box number ____

☐ Suite ☐ Postnet Suite Number ____

Suburb ____ Postal code ____

Physical address

Unit/Suite number ____ Complex name ____

Street number ____ Street name ____

Suburb ____ Postal code ____

2. Banking details for your monthly contributions

BEMTAR001

Please note that this form expires on 31/03/2026. The latest version of the application form is available on www.bemas.co.za. Alternatively members can phone 0860 002 107 and health professionals can phone 0860 44 55 66.

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

Branch name

Branch code - -

Name of account holder

Account number

Account type Current Transmission Savings

Signature of account holder

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

Branch name

Branch code - -

Account type Current Transmission Savings

Name of account holder

Account Number

Signature of account holder

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 (town or city)

Signature of applicant

Date D D M M Y Y Y Y

Please do not sign an incomplete form

BEMTAR001

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5. Your employment details

Name of employer

Employer / billing number

Employee number

Date of employment D D M M Y Y Y Y

1.Employer contact person	2.Employer contact person
Telephone	Telephone
Email	Email
Branch name	Branch name
Department name	Department number

Please ensure your employer completes this warranty.