PLEASE READ THIS SECTION FIRST

WHAT IS THE PURPOSE OF THIS FORM AND WHAT PROCESS MUST I FOLLOW?

- If you have a medical aid query, please contact the Administrator's Client Service Department for the speedy resolution of your query.
  - Tel: 0800 001 607 (SA) or +27 21 480 4610 (Namibia)
  - E-mail: bpmas@mhg.co.za
- If your query has not been resolved to your satisfaction, you may complete this form for refer-ral of a grievance to the Board of Trustees at its next quarterly meeting.

Submission of this form formalises your grievance and provides a standard format to assist you in providing the required details to the Board of Trustees.

WHO SHOULD COMPLETE THIS FORM?

Any member of the Society who is of the opinion that his/her query/complaint has not been satisfactorily resolved by the Society's Administrator and wishes to lodge a grievance with the Board of Trustees may complete this form.

WHERE DO I SEND THE COMPLETED FORM?

- The Principal Officer; BP Medical Aid Society; PO Box 6006; Roggebaai 8012; or
- E-mail: Ilse.Hartlief@za.bp.com

medical aid society
there when you need us.

bp

GRIEVANCE FORM

DETAILS OF THE COMPLAINANT REFERRING THE GRIEVANCE

First name and surname: _____

Membership number: | | | | | | | | | | |

Date of birth: | D | D | M | M | Y | Y | Y | Y |

Contact telephone number: | | | | | | | | | | | | |

E-mail address: _____

Postal address: _____

_____

_____

DETAILS OF MY GRIEVANCE

My query/complaint was referred to the Client Service Department on …….. and remains unresolved. I request that the matter be referred to the Board of Trustees for resolution. Here are the details of my grievance as follows (please attach a copy of your original query if it was submitted in writing to the Client Service Department and attach any correspondence received from this department):

Signed at _____ **this** _____ **day of** _____ **200** _____

Signature _____