

## INCOME VERIFICATION FOR EXISTING MEMBER

Income to declare includes, but is not limited to, average monthly earnings over the last 12 months from guaranteed earnings, guaranteed allowances, company contributions and variable pay or commissions from employment (including self-employment and informal employment), pension and annuity proceeds, interest or dividends earned on active and passive investments, rental income from leasing properties and distributions received from a trust.

**Important notice: Declaring income lower than your actual income is fraud. This will result in the immediate cancellation of your membership and you will not be able to join the Scheme again.**

### What you must do now

**Step 1:** Fill in all the relevant sections below in black ink, writing one letter in a block. Please print clearly.

**Step 2:** Please sign this form.

**Step 3:** Attach all relevant proof of income and other supporting documents requested in each section to avoid any administrative delays.

**Step 4:** Submit the completed and signed form with all required supporting documents to fax (041) 395 4590 or email [membership@medimed.co.za](mailto:membership@medimed.co.za)

### SECTION A: MONTHLY EARNINGS IN THE HIGHEST INCOME CATEGORY (in excess of R20 000) tick (✓) if yes

Not required to submit supporting documentation.

### SECTION B: EARNINGS AND REQUIRED PROOF OF INCOME

	Principal Member	Spouse (only required if registered as a dependant)
1.1 Salary or wages	R	R
1.2 Commission or wages	R	R
1.3 Pensions or annuities	R	R
1.4 Income from investments	R	R
1.5 Rental income	R	R
1.6 State disability allowance	R	R
1.7 Trust distributions	R	R
1.8 Other income	R	R

Please submit copies of the following documents to validate the income that you have declared above (not required if highest income indicated):

INCOME TYPE	WE WILL REQUIRE:
Monthly salary	A copy of your latest IT 34 <b>(Compulsory)</b> : Latest payslip with IRP5 or Letter from your company or employer confirming your monthly income And 3 months bank statements
Weekly wages	A copy of your latest IT34 <b>(Compulsory)</b> : Your last four payslips or Letter from your company or employer confirming your monthly income And 3 months bank statements
Self-employed	A copy of your IT34 <b>(Compulsory)</b> : Confirmation in writing from your external auditor of your income together with 3 months bank statements
Pensioners	A copy of your IT34 <b>(Compulsory)</b> : Latest pension statement or recent pension income letter and 3 months bank statements
Full-time student	Proof of registration at a recognized education facility and 3 months bank statements
Unemployed	UIF Statement or Retrenchment letter and 3 months bank statements

### SECTION C: DECLARATION

Please sign this form to confirm that all the information you have given about your income is correct and that you allow Medimed Medical Scheme to verify the income declared. By signing here, you also confirm that you understand the consequences of providing us with information that is not true and correct.

Should we not receive your proof of income by 31 December 2020, your membership will be suspended and we will therefore not pay any medical claims on your behalf until verification is received by the Scheme.

_____	<input type="text"/>
Principal Member: Name and Surname	Medical Aid Number / ID Number

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Principal Member: Income Tax Number

_____	Date	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
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Principal Member Signature										