



**DECLARATION IN RESPECT OF SPECIAL DEPENDANTS**

The Rules of KeyHealth Medical Scheme makes provision for a Principal Member to register a Special Dependant as a beneficiary on his/her membership contract. A grandchild, brother and sister of the Principal Member and/or his/her Spouse/Partner will be classified as a Special Dependant, subject to certain conditions. In order to determine whether the beneficiary qualifies to be registered as a Special Dependant, the Principal Member needs to complete the following section.

- 1. I, \_\_\_\_\_ (name of Principal Member) do hereby make an oath and say:
- 2. I am a member of KeyHealth Medical Scheme with membership number \_\_\_\_\_ (membership number) and I live at \_\_\_\_\_ (address).
- 3. I am \_\_\_\_\_ (engaged/married/live with a life partner). My fiancé/spouse/life partner \_\_\_\_\_ (name) is a beneficiary on my KeyHealth membership contract.
- 4. I am single.
- 5. I confirm the following details in respect of the Special Dependant/s:

Name of Special Dependant	Relationship to Principal Member/fiancé/spouse/partner

- 6. I confirm that because of the reason/s indicated below, I and/ or my fiancé/spouse/partner is responsible for the care and financial support of the Special Dependant/s mentioned in paragraph 5 above (please mark the applicable statements):

- a. The Special Dependant/s is under the age of 21.
- b. The Special Dependant/s is older than 21 but not yet 27 years of age and is a full-time student at a recognised national educational institution. (Please provide proof of studies annually.)
- c. Both the parents of the Special Dependant are deceased. (Please provide copy of death certificate/s.)
- d. Parent/s of the Special Dependant is alive but the Principal Member and/or his/her fiancé/spouse/partner is legally responsible for the care of the Special Dependant/s. (Please provide ID of parent/s and the necessary legal documents.)
- e. Parent/s of the Special Dependant/s is unmarried and is registered as a Child Dependant/s on the membership contract of the Principal Member. (Please provide ID of parent/s.)

---

**DEPONENT (PRINCIPAL MEMBER)**

THUS SIGNED AND SWORN TO at \_\_\_\_\_ . This day of \_\_\_\_\_

20\_\_ the Deponent (Principal Member) having acknowledged:

1. That he/she has no objection to taking the oath;
2. He/she deems the oath binding on his/her conscience;
3. He/she understands the contents of his Affidavit and stated the same was all true and correct and uttered the words "So help me God".

---

**COMMISSIONER OF OATHS**