

KeyCare income verification for *NEW* members 2019



Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

The Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme. This is a non-profit organisation, registered with the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Definition of income

Income is considered as: The higher of the main member's or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance in terms of any statutory social assistance programme.

Important notice:

Declaring income lower than your actual income is fraud. This will lead to the immediate cancellation of your membership and criminal charges may be brought against you.

What you must do now

- Fill in all the relevant sections below in black ink, please print clearly. Or complete the form digitally by using Microsoft Word.
- Please sign section 4 (the main applicant and spouse or partner dependants must sign where applicable). All relevant sections must be physically signed and cannot be signed digitally.
- Attach all relevant proof of income and other supporting documents we ask for in each section to avoid any administrative delays.
- Fax the completed and signed form with your proof of income to **011 539 3000** or email it to application@discovery.co.za

1. Financial information

Your financial information

Membership number _____ or Policy number _____

- 1.1. SARS reference number _____
(Please include your letter from SARS that confirms this reference number)
- 1.2. Do you own your own residential property? Yes No
If "Yes",
- a. What is the current bond repayment, if the property is financed? R _____
(Please include your most recent bond statement – not older than three months)
- b. What is the municipal value of the property? R _____
(Please include your most recent statement of municipal rates and taxes – not older than three months)
- 1.3. Do you own a car that is financed? Yes No
(Please include your most recent statement or invoice – not older than three months)

Spouse or partner's financial information

- 1.4. SARS reference number _____
(Please include your spouse or partner's letter from SARS that confirms this reference number)
- 1.5. Does your spouse or partner own his or her own residential property? Yes No
If "Yes",
- a. What is the current bond repayment, if the property is financed? R _____
(Please include your most recent bond statement – not older than three months)
- b. What is the municipal value of the property? R _____
(Please include your most recent statement of municipal rates and taxes – not older than three months)
- 1.6. Does your spouse or partner own a car that is financed? Yes No
(Please include your most recent statement or invoice – not older than three months)

2. Earnings and required proof of income

Please give your total earnings, from all of the sources below, over the last 12 months:

(Declare "R0" next to a source if you do not get income from that source.)

	Main member	Spouse or partner
2.1. Salary or wages	R	R
2.2. Commission and other rewards	R	R
2.3. Pensions or annuities	R	R
2.4. Interest on investments	R	R
2.5. Rental income	R	R
2.6. State disability allowance	R	R
2.7. Trust distributions	R	R
2.8. Other income	R	R

Please send us copies of the following documents to prove the income that you have declared above:

Match the number next to the source of income above with the number given below.

- 2.1. Last three (3) months' (90 consecutive days) bank statements and:
 - If you are employed, send your last three (3) months' payslips, or most recent tax year's IRP5 certificate.
 - If you are a student, send your enrolment certificate from the academic institution. (We do not accept student cards as proof.)
 - If you are self-employed, send your most recent audited income statement.
 - If you are unemployed, send your UIF certificate.
- 2.2. Last three (3) months' (90 consecutive days) bank statements and:
 - If you are employed, send your last three (3) months' commission schedules, or most recent tax year's IRP5 certificate.
- 2.3. Last three (3) months' (90 consecutive days) bank statements and:
 - Proof of annuity and employer pension or State Older Person's Grant.
- 2.4. For each investment producing income, include a recent statement showing the interest earned – not older than three (3) months.
- 2.5. Bank statement, clearly highlighting the rent you received, that is not older than three (3) months.
- 2.6. Bank statement, clearly highlighting the grant received, that is not older than three (3) months.
- 2.7. Bank statement, clearly highlighting the money received from the trust that is not older than three (3) months.
- 2.8. Official statement of income that is not older than three (3) months.

3. Assets

Please give the details of all the active and passive investments on which you earn interest and/or investment income, and details of all the properties on which you earn rental income.

(Declare "R0" next to a source if you do not get income from that source.)

	Main member	Spouse or partner
3.1. Total market value of property on which you earn rental income (not the value of the property you live in)	R	R
3.2. Total market value of other investments	R	R

Please send us the following documents as proof of the investments that you have declared above: (Match the number next to the source of income above with the number given below.)

- 3.1. Most recent municipal rates and taxes statement, that isn't older than three (3) months.
- 3.2. Most recent investment statement(s).

4. Declaration

Please sign this form to confirm that all the information you have given about your finances, income and assets is correct.

By signing here, you also confirm that you know what the consequences are of giving us information that is not true and correct.

Signature of main applicant _____

Signature of spouse or partner _____

 Please only sign if information is true, complete and correct.

Date

Y	Y	Y	Y	M	M	D	D
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Date

Y	Y	Y	Y	M	M	D	D
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Discovery Health Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS).
The CMS contact details are as follows: Email: complaints@medicalschemes.com | Customer Care Centre: 0861 123 267 |
Website: www.medicalschemes.com

Please note that this form expires on 2019/03/31. Up to date forms are always available on www.discovery.co.za under Medical Aid > Find a document

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