

INCOME VERIFICATION FOR CONTINUATION MEMBERS

Tel 086 010 4012 | Email membership@sisonkehealth.co.za | www.sisonkehealth.co.za

Administered by Medscheme Holdings (Pty) Ltd. – PO Box 1101, Florida Glen, 1708



As amalgamated with Lonmin Medical Scheme

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: 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 digitally.
- **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 membership@sisonkehealth.co.za **before 30 November to prevent being defaulted to the highest bracket.**

Please note: Contribution increases will be communicated when approved by the Council of Medical Schemes and will be distributed to all members as part of the year-end communication.

SECTION A: MONTHLY EARNINGS IN THE HIGHEST INCOME CATEGORY

Yes, my monthly income is more than R20 876. (If yes, you do not need to submit supporting documentation.)

SECTION B: EARNINGS AND REQUIRED PROOF OF INCOME

	PRINCIPAL MEMBER	SPOUSE <i>(only required if registered as a dependant)</i>
I.1 Salary or wages	R	R
I.2 Commission or wages	R	R
I.3 Pensions or annuities	R	R
I.4 Income from investments	R	R
I.5 Rental income	R	R
I.6 State disability allowance	R	R
I.7 Trust distributions	R	R
I.8 Other income	R	R

Please submit copies of the following documents to validate the income that you have declared above:

(Not required if your monthly earnings are more than R20 876.)

Monthly salary	<ul style="list-style-type: none"> • A copy of your latest ITA34 (preferred) OR latest pay slip with IRP5 OR letter from your company or employer confirming your monthly income • 3 months bank statements (compulsory)
Weekly wages	<ul style="list-style-type: none"> • A copy of your latest ITA34 (preferred) OR your last four pay slips OR letter from your company or employer confirming your monthly income • 3 months bank statements (compulsory)
Self-employed	<ul style="list-style-type: none"> • A copy of your ITA34 (compulsory) • Confirmation in writing from your external auditor of your income together with 3 months bank statements
Pensioners	<ul style="list-style-type: none"> • A copy of your ITA34 (preferred) OR latest pension statement • 3 months bank statements (compulsory)
Full-time student	<ul style="list-style-type: none"> • Proof of registration at a recognised education facility (compulsory) • 3 months bank statements (compulsory)
Unemployed	<ul style="list-style-type: none"> • 3 months bank statements (compulsory) • Affidavit confirming unemployment (compulsory) • UIF statement • Retrenchment letter

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 Sisonke Health 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 30 November, your income will be defaulted to the highest bracket.**

Member's name and surname

Medical aid number / ID number

Income tax number Cell number

Member's signature Date