

# Income verification for special dependants

## Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

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 earned on active and passive investments, rental income from leasing properties and distributions received from a trust.

## Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

## Important notice:

**Declaring income lower than your dependant's actual income is fraud. This will lead to the immediate cancellation of your membership or your dependant's membership and you/they will not be able to join the Malcor Medical Aid Scheme again.**

## How to complete this form

1. Please use one letter per block, complete in black ink and print clearly and remember to sign the form.
2. Please sign section 5 (the main member and spouse or partner dependants must sign where applicable).
3. Attach all relevant proof of income and other supporting documents we ask for in each section to avoid any administrative delays.
4. Fax the completed and signed form with your proof of income to 011 372 1578 or email it to membership@totalmed.co.za

### 1. Main member's information

Membership number	<input type="text"/>
First names	<input type="text"/>
Surname	<input type="text"/>
ID number	<input type="text"/>

### 2. Dependant's financial information

First names	<input type="text"/>
Surname	<input type="text"/>
ID number	<input type="text"/>

2.1 Are you responsible for the care and support of the dependant? Yes  No

2.2 Is your dependant married? Yes  No

If yes,

a. Please explain why your dependant's spouse is not liable for care and support?

<input type="text"/>
<input type="text"/>
<input type="text"/>

2.3 SARS reference number

(Please attach a letter from SARS that confirms this reference number)

2.4 Does your dependant 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)

2.5 Does your dependant own a car that is financed? Yes  No

(Please include the most recent statement or invoice – not older than three months)

2.6 Does your dependant have a bank account? Yes  No

(If yes, please provide 3 months bank statement. If no, please provide affidavit confirming that dependant does not have bank account)

### 3. Earnings and required proof of income

Please give your dependant's total earnings, from all of the sources below, over the last 12 months:  
(Declare "R0" next to a source if they do not get income from that source.)

Income category	Dependant Income	Proof Required
1. Salary or wages	R	<ul style="list-style-type: none"><li>Last three (3) months (90 consecutive days) bank statements</li><li>If your dependant is employed, send the dependant's last three months' payslips or most recent tax years IRP5 certificate.</li><li>If your dependant is a student, send their enrollment certificate from the academic institution (we do not accept student cards as proof).</li><li>If your dependant is self-employed, send the most recent audited income statement.</li><li>If your dependant is unemployed, send their UIF certificate.</li></ul>
2. Commission and other rewards	R	<ul style="list-style-type: none"><li>Last three (3) months (90 consecutive days) bank statements rewards</li><li>If your dependant is employed, send their last three months commission schedules or most recent tax years IRP5 certificate.</li></ul>
3. Pensions or annuities	R	<ul style="list-style-type: none"><li>Last three (3) months (90 consecutive days) bank statements</li><li>Proof of annuity and employer pension or State Older Person's Grant.</li></ul>
4. Interest on investments	R	<ul style="list-style-type: none"><li>For each investment-producing income, include a recent statement showing the interest earned – not older than three (3) months.</li></ul>
5. Rental income	R	<ul style="list-style-type: none"><li>Bank statement, clearly highlighting the rent your dependant receives, that is not older than three (3) months.</li></ul>
6. State disability allowance	R	<ul style="list-style-type: none"><li>Bank statement, clearly highlighting the grant received, that is not older than three (3) months.</li></ul>
7. Trust distributions	R	<ul style="list-style-type: none"><li>Bank statement, clearly highlighting the money received from the trust, which is not older than three (3) months.</li></ul>
8. Other income	R	<ul style="list-style-type: none"><li>Official statement of income, that is not older than three (3) months.</li></ul>

### 4. Assets

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

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

Income category	Dependant Income	Proof Required
1. Total market value of property on which your dependant earns rental income (not the value of the property they live in)	R	<ul style="list-style-type: none"><li>Most recent municipality rates and taxes statement, that is not older than three (3) months.</li></ul>
2. Total market value of other investments	R	<ul style="list-style-type: none"><li>Most recent investment statement.</li></ul>

## 5. Declaration

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

By signing here, you also confirm that you know what the consequences are of giving us information that is not true and correct. Please do not sign an incomplete application form.

Signature of main member

Date 

Y	Y	Y	Y	M	M	D	D
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Signature of dependant

Date 

Y	Y	Y	Y	M	M	D	D
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