

Declaration of Income

2016

Membership number

This form is to be completed if you are a member of the Ingwe Option or wish to join the Ingwe Option.

In order to calculate the contribution payable, income will be determined as follows:

If you are the only person registered on your Momentum Health membership, and you are:

- Gainfully employed – your gross monthly salary as confirmed by your employer
- Self-employed – your gross monthly income as confirmed by audited financial statements and/or bank statements
- Unemployed – total amount you pay for monthly household expenses
- Pensioner – the higher of your social pension or the total amount you pay for monthly household expenses.

If there are one or more adult dependants registered on your Momentum Health membership, each registered dependant's income must be determined individually as outlined above and the highest amount from amongst the registered beneficiaries shall be the income.

We will need proof of your income (see Section 1).

Please submit the completed form and supporting documents to us via email at mhmembership@momentum.co.za or fax to **0860 77 55 66**.

Section 1: Proof of income

Please provide us with the following documents as proof of income (please note that the documents are required for you, your spouse/partner and each adult dependant included on your membership):

- If employed, your latest payslip or IRP5 certificate. If you earn a variable income please provide us with your last 3 months' payslips.
- If self-employed, copies of the latest current audited financial statements of your company and the last 3 months' bank statements for you and your company
- If unemployed, your last 3 months' bank statements
- If a pensioner, proof of annuity or pension income (a letter from SASSA will be accepted) and your last 3 months' bank statements.

Section 2: Employment status, income and household expenses

Please confirm the employment status, monthly income and amount paid towards household expenses for each registered beneficiary on your Momentum Health membership.

Principal member

Employment status Employed Unemployed Self-employed Pensioner
Monthly income R Monthly household expenses R

Spouse or partner

Employment status Employed Unemployed Self-employed Pensioner
Monthly income R Monthly household expenses R

Adult dependant 1

Employment status Employed Unemployed Self-employed Pensioner
Monthly income R Monthly household expenses R

Adult dependant 2

Employment status Employed Unemployed Self-employed Pensioner
Monthly income R Monthly household expenses R

Adult dependant 3

Employment status Employed Unemployed Self-employed Pensioner
Monthly income R Monthly household expenses R

If you have more than 3 adult dependants included on your membership, please complete their details on a separate form.

Section 3: Declaration

I confirm that all the information supplied here is true and correct.

I understand that should I make a false declaration, this may lead to termination of my Momentum Health membership.

Signature of principal member Date - -

Contact us on: **0860 tel arc / 0860 835 272**, P.O. Box 1874, Parklands, 2121, www.aon.co.za
 FSB number: 20555; CMS number: ORG895

Acknowledgement of appointment

I hereby authorise Aon South Africa (Pty) Ltd to be my duly appointed Broker with immediate effect.

My ID and membership number

I have also been informed of the commission due to Aon, payable by the medical scheme as part of my monthly contribution, is 3% of the contribution to a maximum of R75.00 excl. Vat per month. I have further been issued with a Statutory Notice and Section 13 certificate.

Signed at (town or city) on yy/mm/dd

Signature

Permission to make certain information available to Aon South Africa (Pty) Ltd

I give consent for the disclosure of information about me.

Membership number
 Medical Scheme Aon Broker Code
 Title Initials Surname
 First name(s) (as per identity document)
 ID or passport number

To clarify this, the following information will be made available:

Personal examples	Benefit examples	Financial examples	Medical examples
Membership number Date of birth ID number Postal and e-mail Address Contact details Physical address Telephone numbers	Plan type Medical Savings Account amounts available Medical Savings Account choice Scheme Rate or Cost Current Medical Savings Account spent Limits Waiting period: details Wellness benefits Self-payment Gap Above Threshold Benefit	Tax certificate and tax reports Banking details Total contribution and breakdown	Chronic indicator Chronic condition PMB Chronic condition details Confirmation of claims paid (excluding amount and paid from where) Claims transaction history Hospital procedures Procedures codes Procedures done in doctor's rooms paid from Hospital Benefit

I hereby also authorise Aon South Africa (Pty) Ltd to provide me with any products that they consider appropriate to me.

Yes No

Signed at (town or city) on yy/mm/dd

Signature