Broker House: Aon South Africa (Pty) Ltd
Broker House Code: 032259
Tel No: 0860 835 272

momentum health

Option Selection Form

2016

Important notes:

- You only need to complete this form if you want to change your current option and/or choice of provider. Please ensure that all the selections for your chosen option are completed. Incomplete information will cause a delay in the processing of your option change.
- If your employer pays your contributions, please submit this form, fully completed, to your HR or Payroll department.
- If you are an individual member, please fax this form, fully completed, to the Momentum Health membership department on **0860 77 55 66** or email it to **mhmembership@momentum.co.za**
- This form must reach Momentum Health by no later than 20 November 2015. The requested changes will be effective from 1 January 2016.

Member details

Member number | Employee number

Title | Initial/s | Surname

ID number | Cellphone number

Email

Ingwe Option

Hospital provider	Chronic and Day-to-day provider	Income
State hospitals	Ingwe Primary Care Network provider	More than R10 401
Ingwe Network	Ingwe Primary Care Network provider	R7 801 - R10 400*
Any hospital	Ingwe Active Primary Care Network provider	R5 801 - R7 800*
		R601 - R5 800*
		≤ R600*

Provider's practice number

Provider's practice name

*If less than R10 401, please complete the Declaration of Income

Access Option

Hospital provider Access Network

Chronic and Day-to-day provider Access Primary Care Network

Provider's practice number

Provider's practice name

Custom Option

Hospital provider	Chronic provider	
Any hospital	Any	State
Associated hospitals	Associated GP and Courier Pharmacies	

Incentive Option — **Savings: 10%**

Hospital provider	Chronic provider	
Any hospital	Any	State
Associated hospitals	Associated GP and Courier Pharmacies	

Extender Option — **Savings: 25%**

Hospital provider	Chronic provider	
Any hospital	Any	State
Associated hospitals	Associated GP and Courier Pharmacies	

How would you like us to pay your day-to-day claims? At the claims accumulation rate | At up to 200% of the Momentum Health Rate

Summit Option — **Hospital provider** Any — **Chronic and Day-to-day provider** Freedom-of-choice

Declaration

I confirm that I understand the benefits offered under the option I have selected and agree to be bound by the Rules applicable thereto. I agree to pay the relevant contribution according to the option and providers I have selected.

Signature of Principal Member

Date D D - M M - 2 0 Y Y

Employer approval (to be completed if your employer pays your contributions)

Name

Designation

Signature of authorised person

Employer stamp

Date D D - M M - 2 0 Y Y

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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 month's 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 D D - M M - 2 0 Y Y