



## BonCap income verification form 2018

This form is only to be used by existing members who are on the BonCap option.

### Please note:

- If you do not complete this form in full and attach the required documents, you will be defaulted to the highest income band
- We will only verify your spouse's income if they are a dependant on your plan.

### Section 1: Main member's details

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Title:	<input type="text"/>	Surname:	<input type="text"/>
First names:	<input type="text"/>		
Identity number:	<input type="text"/>	Date of birth:	<input type="text"/>
Marital status:	<input type="text"/>	Membership number:	<input type="text"/>
Cellphone:	<input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Telephone (w):	<input type="text"/>	Telephone (h):	<input type="text"/>
Email:	<input type="text"/>		

### Section 2: Spouse/partner's details

Please fill in your spouse/partner's details below. Ensure that all fields are marked clearly and can be read easily.

Title:	<input type="text"/>	Surname:	<input type="text"/>
First names:	<input type="text"/>		
Identity number:	<input type="text"/>	Date of birth:	<input type="text"/>
Cellphone:	<input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Telephone (w):	<input type="text"/>	Telephone (h):	<input type="text"/>
Email:	<input type="text"/>		

### Section 3: Contribution payer's details

This section must only be completed for members whose premiums will be paid by a third party, for example if your premiums are paid by your parents or children. The third party must fill in their information below and sign the declaration.

Title:	<input type="text"/>	Surname:	<input type="text"/>
First names:	<input type="text"/>		
Identity number:	<input type="text"/>	Date of birth:	<input type="text"/>
Cellphone:	<input type="text"/>	Telephone (h):	<input type="text"/>
Telephone (w):	<input type="text"/>		
Email:	<input type="text"/>		
Bank name:	<input type="text"/>		
Branch name:	<input type="text"/>	Branch code:	<input type="text"/>
Account number:	<input type="text"/>	Account type:	<input type="text"/>
Name of account holder:	<input type="text"/>		

I instruct Bonitas to electronically collect contributions by debit order, using the information above. I understand that transfers cannot be done to and from credit card accounts. I also irrevocably authorise Bonitas to adjust any incorrect transactions and/or correct any electronic transfer or funds errors without prior notice.

Contribution payer's signature: \_\_\_\_\_

#### Section 4: Declaration of income

BonCap contributions are income based. We will look at the higher gross monthly income of you or your registered spouse/partner to determine your contribution. Please fill in your information below.

Description of income	Main member R per month	Spouse/partner R per month
Salary or wages		
Commission and other rewards		
Pensions or annuities		
Rental income		
Trust distributions		
Government grants		
UIF payments		
Interest on investments		
Subsidies of any kind		
Maintenance		
Other income		
<b>Total income</b>	<b>R</b>	<b>R</b>

We also require the documents in the table below to be attached to this form for you and your spouse/partner. **If the required documents are not submitted with this form, you will be defaulted to the highest income band.**

If you	We need
<b>Earn a monthly salary or salary with commission</b>	Your latest payslip + Your bank statements for the last three months (showing the monthly income you receive)
<b>Get paid weekly/fortnightly wages</b>	Four latest weekly payslips or two latest fortnightly payslips OR A letter from your employer/company confirming your income + Your bank statements for the last three months (showing the weekly/fortnightly/monthly income you receive)
<b>Earn commission only</b>	Proof of earnings OR Your last three commission statements + Your latest IRP5 + Your bank statements for the last three months (showing the monthly income you receive)
<b>Are self-employed</b>	A copy of your latest IT34A (SARS notice of assessment) + A letter from an external auditor/accounting firm confirming your income + Your bank statements for the last three months (showing the monthly income you receive)
<b>Are unemployed</b>	Your UIF statement OR A retrenchment letter or dismissal letter if you were dismissed/retrenched in the past twelve months + Your bank statements for the last three months (showing the monthly income you receive) + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid

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Tel No: 0860 835 272  
Broker Code: AON001M16

If you	We need
<b>Are a minor (including children at primary and secondary school)</b>	A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
<b>Are a full-time student (tertiary education)</b>	Proof of registration from your tertiary institution (student card only will not be accepted) + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
<b>Are a foreign student</b>	A copy of your passport + Proof of registration from your tertiary institution + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
<b>Are a foreign national (a person living in South Africa who is a citizen of another country)</b>	A copy of your passport + A copy of your work permit + A copy of your contract reflecting your contract period and monthly income + Your bank statements for the last three months (showing the monthly income you receive)
<b>Are temporarily disabled</b>	A copy of your IT34A (SARS notice of assessment) + A full medical report from your doctor + Your disability grant letter OR A letter from the Department of Social Development + Your bank statements for the last three months (showing the monthly income you receive)
<b>Are permanently disabled</b>	A full medical report from your doctor + Your disability grant letter + Your bank statements for the last three months (showing the monthly income you receive) + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
<b>Earn a Government pension (SASSA)</b>	Your most recent SASSA pension statement OR A copy of an ATM slip confirming your monthly pension OR A copy of a withdrawal slip from a SASSA paypoint confirming your monthly pension OR A SASSA pension income letter (that is not older than six months) + Your bank statements for the last three months (showing the monthly income you receive)

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If you	We need
<p><b>Earn any other pension</b></p>	<p>A copy of your IT34A (SARS notice of assessment)</p> <p>OR</p> <p>Your most recent pension statement</p> <p>OR</p> <p>A pension income letter (not older than 6 months)</p> <p>+</p> <p>Your bank statements for the last three months (showing the monthly income you receive)</p> <p>+</p> <p>A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid</p>

**Please note:** Bank statements submitted must clearly show the money earned being deposited into the account.

**Section 5: Acknowledgement and consent**

By signing this form, you declare that the information given is true and correct and that you give Bonitas Medical Fund permission to verify the declared income of you and your spouse/partner. Declaring income lower than your actual income is fraud. This will lead to the immediate cancellation of your membership and you will not be able to join Bonitas Medical Fund again.

**Main member's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Spouse/partner's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Contact us on: **0860 tel arc / 0860 835 272**, P.O. Box 1874, Parklands, 2121, [www.aon.co.za](http://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 that the commission due to Aon, payable by the medical scheme as part of my monthly contribution, is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT).

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