

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66, www.discovery.co.za, PO Box 784262, Sandton 2146. 1 Discovery Place, Sandton 2196.

Purpose of the form

This form is used for you to provide details about your income so that you can be placed on the correct income band.

Definition of income

We define income as the higher amount of the main member's, registered spouse's or partner's:

- Gross earnings, commission and rewards from employment
- Interest from investments
- Income from leasing of assets or property
- Distributions received from a trust, pension and provident fund
- Any form of financial assistance from any statutory social-assistance programme.

Important notice

Declaring income lower than your actual income is fraud. If this happens, we will immediately cancel your membership and we may bring criminal charges against you as well.

What you must do now

- Fill in the form in black ink and print clearly or complete the form digitally. You can access a list of the approved digital signatures from www.discovery.co.za, under Medical Aid > Find documents and certificates > Application forms.
- Please sign section 4 (the main applicant and spouse or partner dependants must sign where applicable). All relevant sections must be signed.
- Attach all relevant proof of income and other supporting documents we ask for in each section to avoid any administrative delays.
- Submit your documents using the "Get Help" option when you log in to www.discovery.co.za under Medical Aid > Get Help or email it to keycareincome@discovery.co.za.

1. About the main member

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Membership number	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
ID or passport number	<input type="text"/>		
Telephone (H)	<input type="text"/>	<input type="text"/>	Telephone (W) <input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>		

2. Membership and financial information

Your financial information

Membership number	<input type="text"/>
2.1. SARS reference number	<input type="text"/>

(Please include your letter from SARS that confirms this reference number)

2.2. Do you own your 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.)

2.3. Do you own a car that is financed? Yes No

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

Spouse or partner's financial information

2.4. SARS reference number

(Please include your spouse or partner's letter from SARS that confirms this reference number.)

2.5. Does your spouse or partner own their own residential property? Yes No

If Yes:

a. What is the current bond repayment, if the property is financed? R .

(Please include their most recent bond statement – not older than three months.)

b. What is the municipal value of the property? R .

(Please include their most recent statement of municipal rates and taxes – not older than three months.)

2.6. Does your spouse or partner own a car that is financed? Yes No

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

3. Earnings and required proof of income

Please give your **total** earnings, from all the sources below, over the last 12 months:

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

	Main member	Spouse or partner
3.1. Salary or wages	R	R
3.2. Commission and other rewards	R	R
3.3. Pensions and annuities	R	R
3.4. Interest on investments	R	R
3.5. Rental income	R	R
3.6. State disability allowance	R	R
3.7. Trust distributions	R	R
3.8. Other income	R	R

Please send us copies of the following documents to prove the income that you have declared above

Match the number next to the source of income above with the number given below.

1. Last three months' (90 consecutive days) bank statements and:

- 1.1. If you are employed, send your last three months' payslips or most recent tax year's IRP5 certificate.
- 1.2. If you are a student, send your enrolment certificate from the academic institution. (We do not accept student cards as proof).
- 1.3. If you are self-employed, send your most recent audited income statement.
- 1.4. If you are unemployed, send your UIF certificate.

2. Last three months' (90 consecutive days) bank statements and:

- 2.1. If you are employed, send your last three months' commission schedules or most recent tax year's IRP5 certificate.

3. Last three months' (90 consecutive days) bank statements and:

- 3.1. Proof of annuity and employer pension or state older person's grant.

4. For each investment-producing income, include a recent statement showing the interest earned – not older than three months.

5. Bank statement, clearly highlighting the rent you received, that is not older than three months.

- 6. Bank statement, clearly highlighting the grant received, that is not older than three months.
- 7. Bank statement, clearly highlighting the money received from the trust that is not older than three months.
- 8. Official statement of income that is not older than three months.

4. Assets

Please give the details of all the active and passive investments on which you earn interest or investment income, and details of all the properties on which you earn rental income.

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

	Main member	Spouse or partner
4.1. Total market value of property on which you earn rental income (not the value of the property you live in)	R	R
4.2. Total market value of other investments	R	R

Please send us the following documents as proof of the investments that you have declared above: Match the number next to the source of income above with the number given below.

- 4.1. Most recent municipal rates and taxes statement that isn't older than three months.
- 4.2. Most recent investment statements.

5. Declaration

By signing here, you confirm that all the information you have given about your finances, income and assets is correct.

By signing here, you also confirm that you know what the consequences are of giving us information that is not true and correct.

Signature of main applicant

Date

Signature of spouse or partner

Date



Please only sign if information is true, complete and correct