

proof of income declaration

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Instructions:

1. Please complete sections 1 and 2 in black ink and sign the form.
2. **Consult the "Explanation of Income" form for details of acceptable proof of income.**
3. Attach the required proof and return the documents with this form to Medihelp.

1. membership details

Member No	<input type="text"/>	ID/passport No	<input type="text"/>
Title	<input type="text"/> Mr <input type="text"/> Mrs <input type="text"/> Ms <input type="text"/> Other (specify)	Initials	<input type="text"/>
Surname		<input type="text"/>	
Contact details:	Tel No	<input type="text"/>	Email address
		<input type="text"/>	<input type="text"/>

2. declaration of income

"Monthly income" means the gross monthly income before any deductions.

If you do not earn an income, please indicate below at "Occupation" that you **do not earn an income** and provide details of the person who pays your subscription/allowance with proof of his/her income at "Other".

Occupation	Member	Average monthly income		
	Spouse/partner	Member	Spouse/partner	Other person
Income from full-time employment (salary etc.)				
Pension(s)/Annuity(ies)				
Income from vocation/profession/business				
Unemployed (e.g. UIF payments)				
Income from investment (rental income, interest, dividends)				
Income from trusts				
Other: _____				
TOTAL				

Details of person who pays your subscriptions/allowance:

Title	<input type="text"/> Mr <input type="text"/> Mrs <input type="text"/> Ms <input type="text"/> Other (specify)	Initials	<input type="text"/>
Surname		<input type="text"/>	
Contact details:	Tel No	<input type="text"/>	Email address
		<input type="text"/>	<input type="text"/>

Please remember:

- An application to pay the subscriptions for a lower income category can only be considered on receipt of a **duly completed and signed declaration form** with the relevant proof.
- The Rules of Medihelp stipulate that committing a fraudulent act, such as providing false information about your actual income, may result in the termination of your membership.

I confirm that I have declared all my income and that the information is true and accurate.

Member's signature _____

Date _____