

**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](http://www.discovery.co.za), PO Box 784262, Sandton, 2146,  
1 Discovery Place, Sandton, 2196.

**Definition of income**

Income is defined as: The higher of the main member's or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any form of financial assistance in terms of any statutory social assistance programme.

**Important notice:**

Declaring income lower than your actual income is fraud. This will lead to the immediate cancellation of your membership and criminal charges may be brought against you.

**What you must do now**

- Fill in the form in black ink and print clearly, or complete the form digitally.
- 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 on to [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Get Help or email it to [keycareincome@discovery.co.za](mailto:keycareincome@discovery.co.za)

**1. About the main member**

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
Preferred name	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID or passport number	<input type="text"/>		
Country of issue	<input type="text"/>		
Telephone (H)	<input type="text"/>	-	<input type="text"/>
Cellphone	<input type="text"/>	-	<input type="text"/>
Telephone (W)	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 his or her 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)

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

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

### 3. Earnings and required proof of income

Please give your **total** earnings, from all of 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 or 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.

- 3.1. Last three (3) months' (90 consecutive days) bank statements and;
  - 3.1.1. If you are employed, send your last three (3) months' payslips, or most recent tax year's IRP5 certificate.
  - 3.1.2. If you are a student, send your enrolment certificate from the academic institution. (We do not accept student cards as proof).
  - 3.1.3. If you are self-employed, send your most recent audited income statement.
  - 3.1.4. If you are unemployed, send your UIF certificate.
- 3.2. Last three (3) months' (90 consecutive days) bank statements and;
  - 3.2.1. If you are employed, send your last three (3) months' commission schedules, or most recent tax year's IRP5 certificate
- 3.3. Last three (3) months' (90 consecutive days) bank statements and;
  - 3.3.1. Proof of annuity and employer pension or State Older Person's Grant.
- 3.4. For each investment producing income, include a recent statement showing the interest earned – not older than three (3) months.
- 3.5. Bank statement, clearly highlighting the rent you received, that is not older than three (3) months.
- 3.6. Bank statement, clearly highlighting the grant received, that is not older than three (3) months.
- 3.7. Bank statement, clearly highlighting the money received from the trust that is not older than three (3) months.
- 3.8. Official statement of income that is not older than three (3) months.

#### 4. Assets

Please give the details of all the active and passive investments on which you earn interest and/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 (3) months.
- 4.2. Most recent investment statement(s).

#### 5. Declaration

Please sign this form to 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.**