

Declaration of income

2023

Membership number

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Please submit the completed form and supporting documents to us via email at mhmembership@momentum.co.za.

Important information:

On the Ingwe Option, the higher of your or your spouse/partner's gross income, if he/she is included on your membership, is used to calculate the contributions you pay.

You only need to complete this form if you are a member of, or if you wish to join the Ingwe Option, and your income or your spouse or partner's income, if he/she is included on your membership, is less than R15 326 per month.

If your income changes while you are a member of Momentum Medical Scheme, you need to let us know within 30 days by emailing us at mhmembership@momentum.co.za.

To calculate your contributions, we define income as any amount received by or payable to you, your spouse or partner (if he/she is included on your membership). Income includes, but is not limited to, the following:

- the average of the past twelve months' salary, commission or rewards arising from employment or self-employment (whether this employment is in the formal or informal sector);
- any amounts arising from the provision of services and/or goods, such as part-time or contract work, freelancing or temporary employment;
- all interest and dividend income;
- any amounts arising from leasing of assets or property;
- any payments received from a pension fund, provident fund, retirement annuity or annuity;
- any distributions received from a discretionary or vested trusts;
- any amounts received from a social assistance programme, such as old age pension or disability grants;
- all other income received.

1: Proof of income

Please provide us with the following documents as proof of income. Please note that the documents are required for you and your spouse or partner, if he/she is included on your membership.

- If you are employed, copies of your latest payslip or IRP5 certificate. If you earn a variable income, copies of your last 3 months' payslips.
- If you earn income from the provision of services and/or goods, copies of your last 3 months' statements for all your bank accounts, as well as an affidavit confirming your employment status and that these are your only bank accounts.
- If you are self-employed, copies of the latest audited financial statements of your company and the last 3 months' statements of all of your and your company's bank accounts, as well as an affidavit confirming you are self-employed and that these are your and your company's only bank accounts.
- If you are unemployed, proof of your UIF registration, copies of your last 3 months' statements for all your bank accounts, as well as an affidavit confirming that you are unemployed and that these are your only bank accounts.
- If you are a student, proof of your full time studies at a registered academic institution.
- If you are a pensioner, proof of annuity or pension income (a letter from SASSA will be accepted) and copies of your last 3 months' statements for all your bank accounts, as well as an affidavit confirming that you are a pensioner and these are your only bank accounts.

2: Details of income

Please confirm the gross monthly income.

Please provide a Rand amount for each category. If not applicable, please use R0.

	Principal member	Spouse or partner
Salary or wages	R <input type="text"/>	R <input type="text"/>
Commission and other monetary rewards, such as incentives, overtime and allowances	R <input type="text"/>	R <input type="text"/>
Income from provision of services and/or goods	R <input type="text"/>	R <input type="text"/>
Income from investments, including interest and dividends	R <input type="text"/>	R <input type="text"/>
Income from leasing of assets or property	R <input type="text"/>	R <input type="text"/>
Income from trust/s	R <input type="text"/>	R <input type="text"/>

2: Details of income (continued)

Income from pension funds, provident funds, retirement annuities and/or annuities

Social assistance allowance, such as old age pension or disability grants

Other income - please provide a short description

Principal member

R																				
R																				
R																				

Spouse or partner

R																				
R																				
R																				

Total gross monthly income

R																				
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R																				
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Income tax reference number¹

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Date of last tax return submitted

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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¹Please provide proof of your income tax reference number.

3: Declaration

I confirm that all the information supplied here is true and correct.

I understand that should I make a false declaration, and/or omit or withhold information, this would constitute fraud and will lead to termination of my Momentum Medical Scheme membership. Criminal charges may be brought against me.

By signing this form, I give Momentum Medical Scheme permission to verify my income using all relevant sources, such as credit bureaus.

Signature of principal member		Date	D	D	M	M	Y	Y	Y	Y
Signature of spouse or partner (if he/she is included on this membership)		Date	D	D	M	M	Y	Y	Y	Y
Signature of parent or legal guardian (if the principal member is a minor)		Date	D	D	M	M	Y	Y	Y	Y