



INCOME VERIFICATION FOR EXISTING EXPLORER MEMBER

Income to declare includes, but is not limited to, average monthly earnings over the last 12 months from guaranteed earnings, guaranteed allowances, company contributions and variable pay or commissions from employment (including self-employment and informal employment), pension and annuity proceeds, interest or dividends earned on active and passive investments, rental income from leasing properties and distributions received from a trust.

Important Notice:

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 the Scheme again.

What you must do now

Step 1: Fill in all the relevant sections below in black ink, writing one letter in a block. Please print clearly.

Step 2: Please sign this form.

Step 3: Attach all relevant proof of income and other supporting documents we ask for in each section to avoid any administrative delays.

Step 4: Fax the completed and signed form with your proof of income to 086 743 0677 or email it to membership@suremedhealth.co.za

SECTION A - MONTHLY EARNINGS IN THE HIGHEST INCOME CATEGORY (IN EXCESS OF R15 000)

(Not required to submit supporting documentation)

SECTION B - EARNINGS AND REQUIRED PROOF OF INCOME

| | Principal Member | Spouse |
|--------------------------------|------------------|--------|
| 1.1 Salary or wages | R | R |
| 1.2 Commission or wages | R | R |
| 1.3 Pensions or annuities | R | R |
| 1.4 Income from investments | R | R |
| 1.5 Rental income | R | R |
| 1.6 State disability allowance | R | R |
| 1.7 Trust distributions | R | R |
| 1.8 Other income | R | R |

SECTION C - EARNINGS AND REQUIRED PROOF OF INCOME

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

| Income Type | We will require: |
|----------------|--|
| Monthly salary | A copy of your latest IT 34 (compulsory) Latest payslip (compulsory) Letter from your company or employer confirming your monthly income or 3 months bank statements |
| Weekly wages | A copy of your latest IT34 (compulsory) Your last four payslips (compulsory) Letter from your company or employer confirming your monthly income or 3 months bank statements |
| Self-employed | A copy of your IT34 (compulsory) |



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|-------------------|---|
| Pensioners | A copy of your IT34 (compulsory) Latest pension statement (compulsory) Recent pension income letter 3 months bank statements |
| Full-time student | Proof of registration at a recognized education facility and 3 months bank statements |
| Unemployed | Last copy of IT34 (compulsory) UIF Statement (compulsory) Retrenchment letter and 3 months bank statements |

SECTION D - DECLARATION

Please sign this form to confirm that all the information you have given about your income is correct and that you allow Suremed Health to verify the income declared.

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

Should we not receive your proof of income by 31 December 2019, your membership will be suspended and we will therefore not pay any medical claims on your behalf until verification is received by the Scheme.

Membership Number

Tax Number
(Principal Member)

Signature of Principal Member _____ Date