



## INCOME VERIFICATION FOR EXISTING SHUTTLE MEMBER

The rules of the Scheme refer to 'income' as: The total **gross** monthly earnings from all sources. If a spouse or partner is registered as a dependent on the Scheme, then 'income' is the **higher** of member or spouse/partner's income.

Income to declare includes, but is not limited to, average monthly income over the last 12 months from earnings, 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.**

**Please follow the steps:**

**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:** Submit the completed and signed form with all required supporting documents to the following email address: **membership@suremedhealth.co.za**

### SECTION A - MONTHLY EARNINGS IN THE HIGHEST INCOME CATEGORY (IN EXCESS OF R30 000)

YES  NO

(If YES, 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 ( <b>Preferred</b> ) <b>If above is not available:</b> Latest pay slip with IRP5 or Letter from your company or employer confirming your monthly income. <b>And 3 months bank statements. (Compulsory)</b>
Weekly wages	A copy of your latest IT34 ( <b>Preferred</b> ) <b>If above is not available:</b> Your last four pay slips or letter from your company or employer confirming your monthly income. <b>And 3 months bank statements. (Compulsory)</b>
Self-employed	A copy of your IT34 ( <b>Compulsory</b> ) Confirmation in writing from your external auditor of your income together with 3 months bank statements.
Pensioners	A copy of your IT34 ( <b>Preferred</b> ) <b>If above is not available:</b> Latest pension statement <b>And 3 months bank statements. (Compulsory)</b>
Full-time student	Proof of registration at a recognized education facility ( <b>Compulsory</b> ) 3 months bank statements ( <b>Compulsory</b> )
Unemployed	3 months bank statements ( <b>Compulsory</b> ) <b>And Affidavit confirming unemployment. (Compulsory)</b> UIF Statement Retrenchment letter

## 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 **30 November 2023**, your membership will be **defaulted to the highest income bracket**.

Membership Number

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Tax Number  
(Principal Member)

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Cell Number  
(Principal Member)

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Signature of Principal Member

Date

Y	Y	Y	Y	M	M	D	D
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