

Declaration of income

2024

Membership number

Please submit the completed form and supporting documents to us via email at [mhmembership@momentum.co.za](mailto:mhmembership@momentum.co.za).

Important information:

On the Ingwe and Fusion Options, 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 the Ingwe Option; or
- if you wish to join the Ingwe Option or Fusion Option, and
- your income, or your spouse or partner's income if he/she is included on your membership, is less than:
- R16 101 per month for the Ingwe Option, or
- R22 201 per month for the Fusion Option.

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](mailto:mhmembership@momentum.co.za).

To calculate your contributions, we define income as the higher of the total amount received by or accrued to, or deemed to have been received by or accrued 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	R
Commission and other monetary rewards, such as incentives, overtime and allowances	R	R
Income from provision of services and/or goods	R	R
Income from investments, including interest and dividends	R	R
Income from leasing of assets or property	R	R
Income from trust/s	R	R

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

R									
R									
R									

R								
R								
R								

[illegible][illegible][illegible][illegible]

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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### 3: Declaration

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

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Date	D	D	M	M	Y	Y	Y	Y
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**Date**

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**Date**