

NETWORK - CONFIRMATION OF INCOME

SECTION 1: PRINCIPAL MEMBER'S DETAILS (This is very important)

Membership Number
 Full Name
 Company Name
 Telephone Number ID Number
 Email Address
 Postal Address Postal Code

This address is required to forward your Certificate of Membership

I reside (please tick one) in your own house with parents with family in a retirement village/home
 (please specify)

Contribution Payer's Details - to be completed if the Principal Member is not the contribution payer

ID Number
 Full Name
 Postal Address Postal Code
 Relationship to Applicant

Contribution Payer's Signature Date - - 2 0

SECTION 2: INCOME DECLARATION

Your Network contributions depend on the higher of the income of you and your spouse or partner. Income 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 earned on active and passive investments, including rental income from leasing properties and distributions received from a trust.

Important notice about declaring your income

Declaring income lower than your actual income is fraud. This will lead to the immediate cancellation of your membership. By signing your application form to join the Network Option, you give us permission to verify your declared income using all relevant sources.

	PRINCIPAL MEMBER	SPOUSE/PARTNER
	R per annum	R per annum
Salary		
Bonus		
Commission		
Allowances		
Interest		
Government grants		
Pension		
Subsidy		
Other Income		
Total Income	R	R

SECTION 2: INCOME DECLARATION (continued)

I declare that the income and information that I have provide is true and correct.

Main Applicant's Signature	<input type="text"/>	Spouse or Partner's Signature	<input type="text"/>	Date	<input type="text" value="D"/>	<input type="text" value="D"/>	-	<input type="text" value="M"/>	<input type="text" value="M"/>	-	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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SECTION 3: PROOF OF INCOME

Please provide your latest 3 months' bank statements or the following supporting documents as proof of income for you and your spouse/partner:

- If employed - payslip or most recent tax year's IRP5 certificate
- If student, formal proof of enrolment at academic institution (student cards are not considered as proof).
- If pensioner - proof of annuity and employer pension or State Older Person's Grant
- If you do not have the above mention documents then please provide last three months bank statements.

**Topmed Medical Scheme reserves the right to list members who are found guilty of comitting unethical behaviour, abuse, collusion or fraud with the Board of Healthcare Funders Fraud Management Unit and with a Credit Bureau.
This information can be viewed by all of the medical schemes that have a contract with the Board of
Healthcare Funders Forensic Management Unit.**