



Income Verification for Existing 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 041-395 4596 or email it to

membership@rumed.co.za

1. MONTHLY EARNINGS IN THE HIGHEST INCOME CATEGORY (IN EXCESS OF R25 000)

(Not required to submit supporting documentation)

2. EARNINGS AND REQUIRED PROOF OF INCOME

	Principal Member	Spouse
1.1 Salary or wages	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>
1.2 Commission or wages	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>
1.3 Pensions or annuities	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>
1.4 Income from investments	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>
1.5 Rental income	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>
1.6 State disability allowance	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>
1.7 Trust distributions	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>
1.8 Other income	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>

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)
Pensioners	A copy of your IT34 (compulsory) Latest pension statement (compulsory) recent pension income letter 3 months bank statements



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 7 Lutman Street
 Richmond Hill | Port Elizabeth | 6001
 P.O. Box 1672 | Port Elizabeth | 6000
 Customer Care: 0860 123 4567
 Email: info@rumed.co.za | www.rumed.co.za

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

3. 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 2018, 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)

Date

Signature of Principal Member



Administered by: **momentum** | **TYB**
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