

INCOME VERIFICATION FORM

myFED



E-MAIL TO:
myfedupdate@fedhealth.co.za

OR MAIL COMPLETED FORM TO:
Fedhealth Medical Scheme
Private Bag X3045
Randburg
2125

FEDHEALTH
CUSTOMER CONTACT
CENTRE:
0860 002 153

Income is considered as the income of the highest earner per household. 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 (this includes self-employment and informal employment), pension and annuity proceeds, interest earned on active and passive investments, rental income from leasing properties and distributions received from a trust.

Please Note:

Should you declare income lower than your actual income, it will be considered fraud and will lead to the immediate cancellation of your membership. You will then not be able to join Fedhealth Medical Scheme again.

What you are required to do

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

Step 2: Please sign section 5 (the main member and spouse or partner dependants must sign where applicable).

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

Step 4: e-mail it to myfedupdate@fedhealth.co.za

SECTION 1 DETAILS OF PRINCIPAL MEMBER

Membership no.		E-mail address	
First name/s		Preferred name	
Initials and surname		Nationality	
ID number		Passport number, if no ID	
Country of issue of passport			

SECTION 2 FINANCIAL INFORMATION

Your financial information

- 2.1 SARS reference number
(Please include your letter from SARS that confirms this reference number)
- 2.2 Do you own your own residential property? Yes ☐ No ☐
If yes,
a. What is the current bond repayment, if the property is financed? R
(Please include your most recent bond statement – not older than three months)
b. What is the municipal value of the property? R
(Please include your most recent statement of municipal rates and taxes – not older than three months)
- 2.3 Do you own a car that is financed? Yes ☐ No ☐
(Please include your most recent statement or invoice – not older than three months)

Spouse or partner's financial information

- 2.1 SARS reference number
(Please include your spouse or partner's letter from SARS that confirms this reference number)
- 2.2 Does your spouse or partner own his or her own residential property? Yes ☐ No ☐
If yes,
a. What is the current bond repayment, if the property is financed? R
(Please include your most recent bond statement – not older than three months)
b. What is the municipal value of the property? R
(Please include your most recent statement of municipal rates and taxes – not older than three months)
- 2.3 Does your spouse or partner own a car that is financed? Yes ☐ No ☐
(Please include your most recent statement or invoice – not older than three months)

SECTION 3 INCOME AND REQUIRED PROOF

Please give your **total** earnings, from all of the sources below, over the last 12 months:
(Declare "R0" next to a source if you do not get income from that source.)

	Main member	Spouse or partner
3.1 Salary or wages	R	R
3.2 Commission and other rewards	R	R
3.3 Pensions or annuities	R	R
3.4 Interest on investments	R	R
3.5 Rental income	R	R
3.6 State disability allowance	R	R
3.7 Trust distributions	R	R
3.8 Other income	R	R

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

Match the number next to the source of income above with the number given below.

- 3.1 Last three (3) months' (90 consecutive days) bank statements and:
 • If you are employed, send your last three (3) months' payslips, or most recent tax year's IRP5 certificate.
 • If you are a student, send your enrolment certificate from the academic institution.
 • (We do not accept student cards as proof.)
 • If you are self-employed, send your most recent audited income statement.
 • If you are unemployed, send your UIF certificate.
- 3.2 Last three (3) months' (90 consecutive days) bank statements and:
 • If you are employed, send your last three (3) months' commission schedules, or most recent tax year's IRP5 certificate.
- 3.3 Last three (3) months' (90 consecutive days) bank statements and:
 • Proof of annuity and employer pension or State Older Person's Grant.
- 3.4 For each investment producing income, include a recent statement showing the interest earned – not older than three (3) months.
- 3.5 Bank statement, clearly highlighting the **rent** you received, that is not older than three (3) months.
- 3.6 Bank statement, clearly highlighting the **grant** received, that is not older than three (3) months.
- 3.7 Bank statement, clearly highlighting the **money** received from the trust, that is not older than three (3) months.
- 3.8 Official statement of income that is not older than three (3) months.

SECTION 4 ASSETS

Please give the details of all the active and passive investments on which you earn interest and/or investment income, and details of all the properties on which you earn rental income.

(Declare "R0" next to a source if you do not get income from that source.)

	Main member	Spouse or partner
4.1 Total market value of property on which you earn rental income (not the value of the property you live in)	R	R
4.2 Total market value of other investments	R	R

Please send us the following documents as proof of the investments that you have declared above:

(Match the number next to the source of income above with the number given below.)

- 4.1 Most recent municipal rates and taxes statement, that isn't older than three (3) months.
 4.2 Most recent investment statement(s).

SECTION 5 DECLARATION

This section must be completed

Please sign this form to confirm that all the information you have given about your finances, income and assets is true and correct.
 By signing here, you also confirm that you know what the consequences are of giving Fedhealth Medical Scheme information that is not true and correct.

I consent that the Scheme may collect, use, process, retain and share my and my dependant's personal information for the purpose of providing Medical Scheme benefits and managed healthcare services. This includes the collecting and sharing of my personal information with the Scheme's partners and facilities who are essential to the administration and membership process.*

* You can access more details on the Protection of your Personal and Health Information on www.fedhealth.co.za. When you accept these terms and conditions you will allow us to provide your family with the full range of our Medical Scheme services.

Signature of main member: Date :

Signature of spouse or partner: Date :