



### 3. Income verification

#### IMPORTANT NOTICE:

**Declaring income lower than your actual income is fraud. This may lead to the termination of your membership and criminal charges may be brought against you.**

Income verification will be conducted by the Discovery Health Medical Scheme and Discovery Health, who will verify the income amount declared below with a third party service provider i.e. credit bureau, when considering your membership application. Should there be an inconsistency between the income declared and the verification by the third-party service provider, we may request that an additional form be completed and additional supporting documentation be supplied in order to verify your income. By signing this application form, you give your permission for us to verify your declared income as referred to above.

Income is considered as: The higher of the main member's or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance in terms of any statutory social assistance programme.

	Main member	Spouse or partner
Total earnings over the last 12 months	R	R
Occupation		

I declare that this income declaration is true and accurate.

Signature of main applicant



**Please only sign if information is true, complete and correct.**

If the highest earner received less than R165 601 for each year, then please provide the following supporting documentation as proof of income for both the main member and spouse/partner:

- Last 3 months' (90 consecutive days) bank statements; **and**
- If employed, your last 3 months' payslips and commission schedules, or most recent tax year's IRP5 certificate
- If student, proof of enrolment at academic institution
- If self-employed, most current financial statements
- If pensioner, proof of annuity and/or employer pension and/or State Older Person's Grant
- If unemployed, UIF certificate.

**Please complete this if you have selected the KeyCare Plus or KeyCare Start Plan.**

- **For KeyCare Plus please select a GP on the KeyCare GP Network.**
- **For KeyCare Start please select a GP on the KeyCare Start GP Network (you may only select one GP per person).**

If you select a KeyCare Plus Plan and live far away from where you work or you often need to work in different towns or provinces, you may need a second GP.

	Name	GP name	Practice number	Second GP name	Practice number
Main applicant					
Spouse or partner					
Dependant 1					
Dependant 2					
Dependant 3					

**Please note:** you can only access day-to-day cover and chronic benefits through the KeyCare GP(s) you chose above. I confirm that the information I have given in this application form is true and correct.

**Declaration**

I hereby declare that I have read and understood all the available and relevant information relating to the plan option selected above, which has enabled to make an informed decision with regard to changing my plan option. I understand the rules, benefits and financial implications of the plan option selection.

Signed at (town or city)

Signature of main applicant

Date   -   -

Signature of spouse or partner

Date   -   -



**Please only sign if information is true, complete and correct.**

**The main applicant must sign and date any changes.**