TFG MEDICAL AID SCHEME

Administered by Discovery Health

Contact details
Tel: 0860 123 077 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

Income verification for existing members

Income verification may be conducted to determine whether you are registered on the correct income band. Income is considered as: The higher of the main member 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 received from any statutory social assistance programme.

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

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 TFG Medical Aid Scheme again.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please sign section 3 (the main member and spouse or partner dependants must sign where applicable).
3. Attach all relevant proof of income and other supporting documents we ask for in each section to avoid any administrative delays.
4. Once complete, please fax this form and all supporting documents with your proof of income to 011 539 7227 or email it to **incomeupdate@discovery.co.za**

1. Financial Information

Your financial information

Membership number

1. SARS reference number

(Please include your letter from SARS that confirms this reference number)

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)

3. Do you own a car that is financed? Yes ☐ No ☐

Spouse or partner's financial information

4. SARS reference number

(Please include your spouse or partner's letter from SARS that confirms this reference number)

5. Does your spouse or partner own his or her own residential property? Yes ☐ No ☐

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)

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Please note that this form expires on 31/03/2023. Up to date forms are available on www.tfgmedicalaidscheme.co.za.
Alternatively members can phone 0860 123 077 and health professionals can phone 0860 44 55 66.

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)

6. 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)

2. Earnings and required proof of income

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.)

We require the last three (3) months' (90 consecutive days) bank statements. For all of the below clearly highlight and indicate on the bank statement the source of income whether it is for example, rent, pension or annuity income.

	Main member	Spouse or partner
1. Salary or wages	R	R
2. Commission and other rewards	R	R
3. Pensions or annuities	R	R
4. Interest on investments	R	R
5. Rental income	R	R
6. State disability allowance	R	R
7. Trust distributions	R	R
8. Other income	R	R

3. Declaration

Please sign this form to confirm that all the information you have given about your income is correct.

By signing here, you also confirm that you know what the consequences are of giving us information that is not true and correct.

Signature of main member Date D D M M Y Y Y Y

Signature of spouse or partner Date D D M M Y Y Y Y