

Contact us

Tel (members): 0860 99 88 77, Tel (health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

The Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme. This is a non-profit organisation, registered with the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Definition of income

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 form of financial assistance in terms of any statutory social assistance programme.

Important notice:

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

What you must do now

- Fill in the form in black ink and print clearly, or complete the form digitally.
- Please sign section 4 (the main applicant and spouse or partner dependants must sign where applicable). All relevant sections must be physically signed and cannot be signed digitally.
- Attach all relevant proof of income and other supporting documents we ask for in each section to avoid any administrative delays.
- Fax the completed and signed form with your proof of income to **031 557 7349** or submit your documents using the "Get Help" option when you log on to www.discovery.co.za under Medical Aid > Get Help or email it to keycareincome@discovery.co.za

1. Membership and financial information

Your financial information

Membership number

1.1. SARS reference number

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

1.2. 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)

1.3. 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

1.4. SARS reference number

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

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

If "Yes",

4. Declaration

Please sign this form to confirm that all the information you have given about your finances, income and assets 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 applicant

Date

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Signature of spouse or partner

Date

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