

## proof of monthly income

Enquiries: 086 0100 678  
 Fax: 012 336 9532  
 Email: [membership@medihelp.co.za](mailto:membership@medihelp.co.za)  
 Postal address: PO Box 26004, ARCADIA, 0007  
 Website: [www.medihelp.co.za](http://www.medihelp.co.za)

Medihelp has a responsibility to all members of our income-based benefit options to ensure that these options remain viable. This is why you must provide Medihelp with acceptable proof of income to ensure that you pay subscriptions according to the correct income category. **This only applies to members of the Necesses benefit option.**

### The subscription income categories

	Necesses			
Monthly income	R5 000 and less	R5 001 to R7 000	R7 001 to R11 000	R11 001 and more

### New enrolments and benefit options changes

If Medihelp does not know your gross monthly income and that of your spouse/partner (if this person is registered as your dependant) at the time of enrolment on one of these benefit options, you will have to pay subscription according to the benefit option's highest income category. If the highest of your gross monthly income or that of your spouse/partner is less than the income indicated for the highest income category, you may send proof of your gross monthly income to Medihelp to possibly qualify for lower monthly subscription according to a lower income category.

### Proof of income by members of these benefit options

If you are a member of the Necesses benefit option and your subscription is calculated according to one of the lower income categories, you must inform Medihelp by no later than **30 November of every year** of your and your spouse's/ partner's (if applicable) current gross monthly income, even if your monthly income has not changed and your subscription must still be calculated according to the same income category. Medihelp may also in some cases request a member to submit proof of income throughout the year.

If you do not submit proof of income by this date, Medihelp will have no choice but to assume that your financial situation has changed to such an extent that you must pay your monthly subscriptions according to the next higher income category. Subscription adjustments to the next higher income category will apply from your **January premium.**

If your financial situation should change during the course of the year and you request Medihelp to pay subscriptions according to a lower income category, your request can only be considered on receipt of acceptable proof of income and the income declaration form.

### Which income should you declare?

We include a document which explains the various sources from which you and/or your spouse/partner can possibly derive an income, as well as the proof required by Medihelp in each case.

Please read the definition of gross monthly income as indicated in this document – Medihelp cannot accept documentation reflecting your net income.

Remember to give details of your income as well as that of **your spouse/partner** who is registered as your dependant, as Medihelp will use the higher of these two incomes to determine your subscription category. If you do not also provide proof of your spouse's/partner's income, Medihelp will have to calculate your monthly subscription according to the next higher income category.

### Members whose subscriptions are paid by their employer

If your employer is registered as an employer group who receives a monthly account to pay subscriptions on behalf of its employees to Medihelp, it may be that your employer provides Medihelp with your gross monthly income on a monthly basis or on request. If you are unsure whether you or your employer should declare your income to Medihelp, please contact Medihelp's Call Centre.

### Students studying full-time

Students who are principal members of the Necesses benefit option who earn R400 or less per month and who are studying full-time at a **tertiary institution** may qualify to pay their monthly subscription fees according to a lower income category if they can submit proof of their **registration as full-time students**. A separate information document with more guidelines can be obtained from Medihelp's Call Centre.

### Complete the form and return it to us

To prevent delays in calculating your subscriptions, please complete the attached declaration form in full, sign the form and return it to Medihelp with all the necessary documentary proof. You can email it to **membership@medihelp.co.za** or fax it to **012 336 9532**. You can also make use of Medihelp's secured website to declare your income and submit supporting documentation.

Please phone Medihelp's Call Centre on **086 0100 678** if you have any questions.

# explanation of income and acceptable proof of income

## Gross income

“Gross income” includes all forms of remuneration before any deductions, even one-off payments, irrespective of its source.

### **NB: All income must be declared by members.**

**This includes:** Income from investment, income from trusts, income from full-time employment, pension and annuities, income from profession/own business, UIF payments, and allowances from other sources.

## Calculation of monthly income

- Annual gross income is divided by 12 to calculate the average gross monthly income (e.g. income indicated on your IRP5 or ITA34)
- The average of three months’ gross income is accepted as a representation of a year’s average gross monthly income (e.g. as indicated on three months’ salary advices).
- Irregular income: The monthly average is calculated by dividing the total gross income earned in a year by 12.
- Annual single payments (e.g. 13th cheque) are divided by 12 to calculate the monthly average.
- Weekly wages are multiplied by 52 and then divided by 12 to calculate the monthly equivalent.
- Employer contributions (e.g. pension fund contributions) are not taken into account.
- Once-off pension payments are not taken into account.

## Pensioners

*This includes:*

- Pensions and annuities

*Acceptable proof of income:*

- Most recent tax assessment – ITA 34
- Past three months’ pension payment advices. If you have fewer than three months’ proof, please also supply the past three months’ bank statements\*
- SASSA documents must be accompanied by the past three months’ bank statements\*

## Income from full-time employment

*This includes:*

- Basic salary, overtime and commission
- Bonuses (all types, e.g. 13th cheque, production bonus etc.)
- Allowances (all types, e.g. car/travelling, cell phone etc.)
- Fringe benefits (e.g. company car)

*Acceptable proof of income:*

- Past three months’ official pay slips
- Most recent tax assessment – ITA 34
- IRP 5 of previous tax year
- Past three months’ commission statements and bank statements\* indicating commission deposits
- An official appointment letter by an employer, not older than three months, which indicates the member’s gross monthly income

## Unemployed

*This include:*

- Individuals who earn no income from a vocation/ profession/business or individuals who receive an allowance

*Acceptable proof of income:*

- UIF payments
- Past three month’s bank statements\*

## Self-employed

*This includes:*

- Income from vocation/profession, as well as total income from business and irregular income

*Acceptable proof of income:*

- Most recent tax assessment – ITA 34
- Letter of auditor/accountant/tax adviser
- Past three months’ commission and bank statements\*

## Income from investments

*This includes:*

- Interest, dividends and rental income

*Acceptable proof of income:*

- Letter of auditor/accountant/tax adviser
- Most recent tax assessment – ITA 34
- IT3(a) and past three months’ bank statements\*
- Rental income – rental agreement and three months’ bank statements\*

## Income from trusts

*Acceptable proof of income:*

- Latest tax assessment – ITA 34

## Full-time students at a tertiary institution

*This include:*

- Full-time students at tertiary institutions, who are members in their own right

*Acceptable proof:*

- A notice or letter of confirmation on an official letterhead from the institution where the member is registered as a full-time student
- Proof of income applicable to individuals

*\*Only the past three months’ official bank statements indicating the account holder’s initials and surname will be accepted.*

*Please indicate clearly on the bank statements which payment(s) refer to your income.*

*Medihelp can require additional proof other than the above.*

# proof of income declaration

Enquiries: 086 0100 678  
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## Instructions:

1. Please complete sections 1 and 2 in black ink and sign the form.
2. **Consult the "Explanation of Income" form for details of acceptable proof of income.**
3. Attach the required proof and return the documents with this form to Medihelp.

## 1. membership details

Member No	<input type="text"/>	ID/passport No	<input type="text"/>
Title	<input type="text"/> Mr <input type="text"/> Mrs <input type="text"/> Ms <input type="text"/> Other (specify)	Initials	<input type="text"/>
Surname		<input type="text"/>	
Contact details:	Tel No <input type="text"/>	Email address	<input type="text"/>

## 2. declaration of income

"Monthly income" means the gross monthly income before any deductions.

If you do not earn an income, please indicate below at "Occupation" that you **do not earn an income**.

Occupation	Member		
	Spouse/partner		
Source of income	Average monthly income		
	Member	Spouse/partner	
Income from full-time employment (salary etc.)			
Pension(s) /Annuity(ies)			
Income from vocation/profession/business			
Unemployed (e.g. UIF payments)			
Income from investment (rental income, interest, dividends)			
Income from trusts			
Other: _____			
<b>TOTAL</b>			

### Please remember:

- Your application to pay the subscriptions for a lower income category can only be considered on receipt of a **duly completed and signed declaration form** with the relevant proof.
- The Rules of Medihelp stipulate that committing a fraudulent act, such as providing false information about your actual income, may result in the termination of your membership.

**I confirm that I have declared all my income and that the information is true and accurate.**

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Date