



## PROOF OF INCOME DECLARATION FORM

Kindly submit the completed form and the required supporting documentation to membership@bpmas.co.za by **31 May** to **avoid being defaulted to the highest income category.**

### MEMBER INFORMATION

Full Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
 ID/passport Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

I hereby declare that my total gross monthly income:

is in the highest income category. **(No supporting documentation required)**

is less than the highest income category as indicated below.

Source of Income	Gross Amount
1.1 Salary or wages	R
1.2 Commission or wages	R
1.3 Pensions or annuities	R
1.4 Income from investments	R
1.5 Rental income	R
1.6 State disability allowance	R
1.7 Trust distributions	R
1.8 Other income	R
<b>TOTAL GROSS MONTHLY INCOME</b>	<b>R</b>

Please submit copies of the following documents to validate the income that you have declared above.

Source of Income	Required supporting documentation
Monthly salary	Your latest ITA34 <b>(Compulsory)</b> Your latest pay slip with IRP5 or A letter from your company or employer confirming your monthly income. <b>And 3 months bank statements. (Compulsory)</b>
Weekly wages	Your latest ITA34 <b>(Compulsory)</b> Your last four pay slips or A letter from your company or employer confirming your income. <b>And 3 months bank statements. (Compulsory)</b>
Self-employed	Your latest ITA34 <b>(Compulsory)</b> Confirmation in writing from your external auditor of your income <b>And 3 months bank statements. (Compulsory)</b>
Pensioners	Your latest ITA34 <b>(Compulsory)</b> Latest pension statement <b>And 3 months bank statements. (Compulsory)</b>
Full-time student	Proof of registration at a recognised education facility <b>(Compulsory)</b> <b>And 3 months bank statements (Compulsory)</b>
Unemployed	3 months bank statements <b>(Compulsory)</b> UIF Statement Retrenchment letter <b>And Affidavit confirming unemployment. (Compulsory)</b>

- I, the undersigned, declare that the information provided above is true and correct to the best of my knowledge.
- I understand that the medical aid scheme may request additional documentation to verify my income status.
- I confirm that I allow the Scheme and its Administrators to verify the income declared.
- I understand that declaring income lower than my actual income is fraud. This will result in the immediate cancellation of my membership, and I will not be permitted to join the Scheme again.

Member signature

Date