

Option Selection Form

2022

Important notes:

- You only need to complete this form if you want to change your current option and/or choice of provider. Please make sure that all the selections for your chosen option are completed. Incomplete information will cause a delay in the processing of your option change.
- If your employer pays your contributions, please submit the fully completed form to your HR or Payroll department.
- If you are an individual member, please send the fully completed form to the Momentum Medical Scheme membership department via email at mhmembership@momentum.co.za.
- Please make sure that this form reaches Momentum Medical Scheme by **no later than 19 November 2021**. The requested changes will be effective from 1 January 2022.

Member details

Member number	<input type="text"/>	Employee number	<input type="text"/>
Title	<input type="text"/> Initial/s <input type="text"/> Surname <input type="text"/>		
ID number	<input type="text"/>	Cellphone number	<input type="text"/>
Email	<input type="text"/>		

Ingwe Option <input type="checkbox"/>	Hospital provider	Chronic and Day-to-day provider	Income
	State hospitals	Ingwe Primary Care Network provider	R14 601+
	Ingwe Network	Ingwe Primary Care Network provider	R10 251 - R14 600
	Any hospital	Ingwe Active Network provider	R7 751 - R10 250
			R776 - R7 750
			≤ R775
GP's practice number	<input type="text"/>		<small>*If less than R14 601, please complete the Declaration of Income</small>
GP's name	<input type="text"/>		

Evolve Option <input type="checkbox"/>	Hospital provider Evolve Network	Chronic provider State
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Custom Option <input type="checkbox"/>	Hospital provider	Chronic provider
	Any hospital <input type="text"/>	Any <input type="text"/> State <input type="text"/>
	Associated hospitals <input type="text"/>	Associated GP and Courier Pharmacies <input type="text"/>

Incentive Option <input type="checkbox"/>	Hospital provider	Chronic provider	Savings: 10%
	Any hospital <input type="text"/>	Any <input type="text"/> State <input type="text"/>	
	Associated hospitals <input type="text"/>	Associated GP and Courier Pharmacies <input type="text"/>	

Extender Option <input type="checkbox"/>	Hospital provider	Chronic provider	Savings: 25%
	Any hospital <input type="text"/>	Any <input type="text"/> State <input type="text"/>	
	Associated hospitals <input type="text"/>	Associated GP and Courier Pharmacies <input type="text"/>	

How would you like us to pay your day-to-day claims?

<input type="text"/> At the claims accumulation rate	<input type="text"/> At up to 200% of the Momentum Medical Scheme Rate
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Summit Option <input type="checkbox"/>	Hospital provider Any	Chronic and Day-to-day provider Freedom-of-choice
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Declaration

I confirm that I understand the benefits offered under the option I have selected and agree to be bound by the Rules applicable thereto. I agree to pay the relevant contribution according to the option and providers I have selected.

Signature of principal member	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer approval (to be completed if your employer pays your contributions)

Name

Designation

Signature of authorised person	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer stamp	<input type="text"/>								

Declaration of income

2022

Membership number

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Please submit the completed form and supporting documents to us via email at mhmembership@momentum.co.za.

Important information:

On the Ingwe Option, the higher of your or your spouse/partner's gross income, if he/she is included on your membership, is used to calculate the contributions you pay.

You only need to complete this form if you are a member of, or if you wish to join the Ingwe Option, and your income or your spouse or partner's income, if he/she is included on your membership, is less than R14 601 per month.

If your income changes while you are a member of Momentum Medical Scheme, you need to let us know within 30 days by emailing us at mhmembership@momentum.co.za.

To calculate your contributions, we define income as any amount received by or payable to you, your spouse or partner (if he/she is included on your membership). Income includes, but is not limited to, the following:

- the average of the past twelve months' salary, commission or rewards arising from employment or self-employment (whether this employment is in the formal or informal sector);
- any amounts arising from the provision of services and/or goods, such as part-time or contract work, freelancing or temporary employment;
- all interest and dividend income;
- any amounts arising from leasing of assets or property;
- any payments received from a pension fund, provident fund, retirement annuity or annuity;
- any distributions received from a discretionary or vested trusts;
- any amounts received from a social assistance programme, such as old age pension or disability grants;
- all other income received.

1: Proof of income

Please provide us with the following documents as proof of income. Please note that the documents are required for you and your spouse or partner, if he/she is included on your membership.

- If you are employed, copies of your latest payslip or IRP5 certificate. If you earn a variable income, copies of your last 3 months' payslips.
- If you earn income from the provision of services and/or goods, copies of your last 3 months' statements for all your bank accounts, as well as an affidavit confirming your employment status and that these are your only bank accounts.
- If you are self-employed, copies of the latest audited financial statements of your company and the last 3 months' statements of all of your and your company's bank accounts, as well as an affidavit confirming you are self-employed and that these are your and your company's only bank accounts.
- If you are unemployed, proof of your UIF registration, copies of your last 3 months' statements for all your bank accounts, as well as an affidavit confirming that you are unemployed and that these are your only bank accounts.
- If you are a student, proof of your full time studies at a registered academic institution.
- If you are a pensioner, proof of annuity or pension income (a letter from SASSA will be accepted) and copies of your last 3 months' statements for all your bank accounts, as well as an affidavit confirming that you are a pensioner and these are your only bank accounts.

2: Details of income

Please confirm the gross monthly income.

Please provide a Rand amount for each category. If not applicable, please use R0.

	Principal member	Spouse or partner
Salary or wages	R <input type="text"/>	R <input type="text"/>
Commission and other monetary rewards, such as incentives, overtime and allowances	R <input type="text"/>	R <input type="text"/>
Income from provision of services and/or goods	R <input type="text"/>	R <input type="text"/>
Income from investments, including interest and dividends	R <input type="text"/>	R <input type="text"/>
Income from leasing of assets or property	R <input type="text"/>	R <input type="text"/>
Income from trust/s	R <input type="text"/>	R <input type="text"/>

2: Details of income (continued)

Income from pension funds, provident funds, retirement annuities and/or annuities

Social assistance allowance, such as old age pension or disability grants

Other income - please provide a short description

Principal member

R

R

R

R

Spouse or partner

R

R

R

R

Total gross monthly income

Income tax reference number¹

Date of last tax return submitted

¹Please provide proof of your income tax reference number.

3: Declaration

I confirm that all the information supplied here is true and correct.

I understand that should I make a false declaration, and/or omit or withhold information, this would constitute fraud and will lead to termination of my Momentum Medical Scheme membership. Criminal charges may be brought against me.

By signing this form, I give Momentum Medical Scheme permission to verify my income using all relevant sources, such as credit bureaus.

Signature of principal member

Date

Signature of spouse or partner
(if he/she is included on this membership)

Date

Signature of parent or legal guardian
(if the principal member is a minor)

Date