momentum
medical scheme

Option Selection Form

2023

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 18 November 2022.** The requested changes will be effective from 1 January 2023.

Member details

Member number | Employee number

Title | Initial/s | Surname

ID number | Cellphone number

Email

Option choice

Ingwe Option

Hospital provider	Chronic and Day-to-day provider
State hospitals	Ingwe Primary Care Network provider
Ingwe Network	Ingwe Primary Care Network provider
Any hospital	Ingwe Active Network provider

Income

- R15 326+
- R10 776 - R15 325
- R8 151 - R10 775
- R826 - R8 150
- ≤ R825

*If less than R15 326, please complete the **Declaration of Income**

GP's practice number

GP's name

Evolve Option — **Hospital provider** Evolve Network — **Chronic provider** State

Custom Option

Hospital provider	Chronic provider	
Any hospital	Any	State
Associated hospitals	Associated GP and Courier Pharmacies	

Incentive Option — **Savings: 10%**

Hospital provider	Chronic provider	
Any hospital	Any	State
Associated hospitals	Associated GP and Courier Pharmacies	

Extender Option — **Savings: 25%**

Hospital provider	Chronic provider	
Any hospital	Any	State
Associated hospitals	Associated GP and Courier Pharmacies	

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

- At the claims accumulation rate
- At up to 200% of the Momentum Medical Scheme Rate

Summit Option — **Hospital provider** Any — **Chronic and Day-to-day provider** Freedom-of-choice

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 **Date** D D M M Y Y Y Y

Employer approval (to be completed if your employer pays your contributions)

Name

Designation

Signature of authorised person **Date** D D M M Y Y Y Y

Employer stamp

Momentum Medical Scheme 201 uMhlanga Ridge Boulevard Cornubia 4339 PO Box 2338 Durban 4000 South Africa
Client Service and Authorisation 0860 11 78 59 member@momentumhealth.co.za momentummedicalscheme.co.za
Registered in terms of the Medical Scheme Act No 131 of 1998

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Declaration of income

2023

Membership number

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 R15 326 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	R
Commission and other monetary rewards, such as incentives, overtime and allowances	R	R
Income from provision of services and/or goods	R	R
Income from investments, including interest and dividends	R	R
Income from leasing of assets or property	R	R
Income from trust/s	R	R

2: Details of income (continued)

	Principal member	Spouse or partner
Income from pension funds, provident funds, retirement annuities and/or annuities	R	R
Social assistance allowance, such as old age pension or disability grants	R	R
Other income - please provide a short description	R	R
Total gross monthly income	R	R
Income tax reference number[1]		
Date of last tax return submitted	D D M M Y Y Y Y	D D M M Y Y Y Y

[1]Please 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** D D M M Y Y Y Y
Signature of spouse or partner **(if he/she is included on this membership)**		**Date** D D M M Y Y Y Y
Signature of parent or legal guardian **(if the principal member is a minor)**		**Date** D D M M Y Y Y Y

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