

This form must be completed by new members who are applying to be on the BonCap option.

**Please note:**

- You are required to attach all the relevant proof of income and other supporting documents to avoid any administration delays
- Should you declare income that is lower than your actual income, it will be considered fraud and will lead to the cancellation of your membership
- We will only verify your spouse/life partner's income if they are a registered dependant on your medical aid.

**Section 1: Main member's details**

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Title:	<input type="text"/>	Surname:	<input type="text"/>
First names:	<input type="text"/>		
Identity number:	<input type="text"/>	Date of birth:	<input type="text"/>
Marital status:	<input type="text"/>	Membership number:	<input type="text"/>
Cellphone:	<input type="text"/>		
Telephone (w):	<input type="text"/>	Telephone (h):	<input type="text"/>
Email:	<input type="text"/>		

**Section 2: Spouse/life partner's details**

Please fill in your spouse/partner's details below. Ensure that all fields are marked clearly and can be read easily.

Title:	<input type="text"/>	Surname:	<input type="text"/>
First names:	<input type="text"/>		
Identity number:	<input type="text"/>	Date of birth:	<input type="text"/>
Cellphone:	<input type="text"/>	Tax number:	<input type="text"/>
Telephone (w):	<input type="text"/>	Telephone (h):	<input type="text"/>
Email:	<input type="text"/>		

**Section 3: Contribution payer's details**

This section must only be completed for members whose premiums will be paid by a third party, for example if your premiums are paid by your parents or children. The third party must fill in their information below and sign the declaration.

Title:	<input type="text"/>	Surname:	<input type="text"/>
First names:	<input type="text"/>		
Identity number:	<input type="text"/>	Date of birth:	<input type="text"/>
Cellphone:	<input type="text"/>	Telephone (h):	<input type="text"/>
Telephone (w):	<input type="text"/>		
Email:	<input type="text"/>		
Bank name:	<input type="text"/>		
Branch name:	<input type="text"/>	Branch code:	<input type="text"/>
Account number:	<input type="text"/>	Account type:	<input type="text"/>
Name of account holder:	<input type="text"/>		

I instruct Bonitas to collect contributions electronically by debit order, using the information above. I understand that transfers cannot be done to and from credit card accounts. I also irrevocably authorise Bonitas to adjust any incorrect transactions and/or correct any electronic transfer of funds errors without prior notice.

**Contribution payer's signature:** \_\_\_\_\_

#### Section 4: Declaration of income

BonCap contributions are income based. We will look at the higher gross monthly income of you or your registered spouse/life partner to calculate your contribution. This income is any fixed remuneration (eg your salary or wages and excludes variable amounts such as commissions, bonuses, allowances and overtime).

Description of income	Main member R per month	Spouse/life partner R per month
Salary or wages		
Commission and other rewards		
Pensions or annuities		
Rental income		
Trust distributions		
Government grants		
State disability allowance		
Interest on investments		
Subsidies of any kind		
Maintenance		
Other income		
<b>Total income</b>	<b>R</b>	<b>R</b>

We also require the documents in the table below to be attached to this form for you and your spouse/life partner. **If the required documents are not submitted with this form, you will be defaulted to the highest income band.**

**Please note:** Bank statements submitted must clearly show the money earned being deposited into the account.

If you	We need
<b>Earn a monthly salary or salary with commission</b>	If you are employed, send your last three months commission statement/payslip or a copy of your most recent tax year's IRP5 certificate.
<b>Get paid weekly/fortnightly wages</b>	Four latest weekly payslips or two latest fortnightly payslips / A letter from your employer/company confirming your income + Your bank statements for the last three months (showing the weekly/fortnightly/monthly income you receive)
<b>Are self-employed</b>	A copy of your latest IT34A (SARS notice of assessment) + A recent letter from an external auditor/accounting firm confirming your income + Your bank statements for the last three months (showing the monthly income you receive)
<b>Are unemployed</b>	Your UIF statement OR A retrenchment letter, dismissal letter or letter of service from your employer + Your bank statements for the last three months (showing the monthly income you receive) + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
<b>Are a minor (including children at primary and secondary school)</b>	A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
<b>Are a full-time student (tertiary education)</b>	Proof of registration from your tertiary institution (student card only will not be accepted) + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
<b>Are a foreign student</b>	A copy of your passport + Proof of registration from your tertiary institution + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
<b>Are a foreign national (a person living in South Africa who is a citizen of another country)</b>	A copy of your passport, your work permit and your contract reflecting your contract period and monthly income + Your bank statements for the last three months (showing the monthly income you receive)
<b>Are temporarily disabled</b>	A copy of your IT34A (SARS notice of assessment) + A full medical report from your doctor + Your disability grant letter or a letter from the Department of Social Development + Your bank statements for the last three months (showing the monthly income you receive)

If you	We need
<p><b>Are permanently disabled</b></p>	<p>Your disability grant letter + Your bank statements for the last three months (showing the monthly income you receive) + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid</p>
<p><b>Earn a Government pension (SASSA)</b></p>	<p>Your most recent SASSA pension statement or a SASSA pension income letter (that is not older than six months) + Bank statement clearly highlighted the grant received, that is not older than 3 months</p>
<p><b>Earn any other pension</b></p>	<p>Your most recent pension statement or a pension income letter (not older than 6 months) + Your bank statements for the last three months (showing the monthly income you receive) + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid</p>

**Section 5: Declaration**

By signing this form, you declare that the information given is true and correct and that you give Bonitas Medical Fund permission to verify the declared income of you and your spouse/partner. Declaring income lower than your actual income is fraud. This will lead to the immediate cancellation of your membership and you will not be able to join Bonitas Medical Fund again.

**Main member's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Spouse/partner's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_