

OVER-AGE DEPENDANT AFFIDAVIT

PLEASE COMPLETE FORM IN BLOCK LETTERS

1. PERSONAL PARTICULARS

PRINCIPAL MEMBER

Membership number	<input type="text"/>		
Title	<input type="text"/>	Initials	<input type="text"/>
Full name and surname	<input type="text"/>		
ID/Passport number	<input type="text"/>	Contact number	<input type="text"/>
Residential address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Email address	<input type="text"/>		

DEPENDANT

Provisions of the Protection of Personal Information Act 4 of 2013 (POPIA), which came into effect from 1 July 2020, requires that all medical schemes communicate directly with dependants who are 18 years and older. Therefore, please provide the contact details for each applicable dependant below.

***If the dependant is not living with you, please provide their postal address.**

Title	<input type="text"/>	Initials	<input type="text"/>	Dependant code	<input type="text"/>
Full name and surname	<input type="text"/>				
ID/Passport number	<input type="text"/>	Contact number	<input type="text"/>		
Postal address*	<input type="text"/>				
	<input type="text"/>	Postal code	<input type="text"/>		
Email address	<input type="text"/>				

2. DECLARATION

I, the undersigned, do hereby make an oath and state that:

- The contents contained herein are true and correct.
- I have provided this affidavit whilst being of sound mind and under no coercion and/or duress.
- I am an adult of full legal capacity.
- I hereby state that the above-named dependant is my immediate family member for whom I am liable for care and support as he/she is currently:
 - a) **Studying**
Please provide proof of registration from an accredited tertiary institution.
 - b) **Physically or mentally challenged**
Please provide a recent doctor's report confirming disability.
 - c) **Unemployed**
Please provide an affidavit stating that your dependant aged 23 years is unemployed and financially dependent on you.

2. DECLARATION (CONTINUED)

- I further declare that the nett monthly income (after deductions) earned by the abovenamed dependant is R per month.

Signature of principal member

Date

DD/MM/YYYY

3. COMMISSIONER OF OATHS

I hereby certify that the deponents signed this affidavit and swore acknowledgement that they knew and understood the contents hereof, had no objection to taking this oath, considered this oath to be binding on their conscience and uttered the words: "I swear that the contents of this declaration are true, so help me God."

The regulations contained in the Government Notice R1258 dated 21 July 1972 (as amended) have been complied with.

Full name and surname

Designation

Signature of Commissioner of Oaths

Date

DD/MM/YYYY

COMMISSIONER OF OATHS STAMP

DISCLAIMER:

PG Group Medical Scheme reserves the right to list members who, in the opinion of the Scheme's Administrator, Momentum Health Solutions (Pty) Ltd Fraud and Ethics Committee, have behaved unethically towards the Scheme, abused their benefits, perpetrated fraud or colluded with others to perpetrate fraud against the Scheme, on the TransUnion Credit Bureau. This information may be viewed by all medical schemes that participate in the Board of Healthcare Funders' (BHF) Forensic Management Unit.



Administered by Momentum Health Solutions (Pty) Ltd

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