momentum
medical scheme

Option Selection Form

2025

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 29 November 2024.** The requested changes will be effective from 1 January 2025.
- Momentum Medical Scheme's 2025 benefit and contribution amendments have been submitted to the Council for Medical Schemes and are subject to approval by the Regulator.

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**
Connect hospitals	State facilities
Ingwe Network hospitals	Ingwe Primary Care Network provider
Any hospital	Ingwe Active Network provider

Income

R22 401+ | R17 001 - R22 400 | R11 951 - R17 000 | R9 001 - R11 950

R1 501 - R9 000 | ≤ R1500

*If less than R22 401, 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 Scheme 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

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Registered in terms of the Medical Scheme Act No 131 of 1998

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Declaration of income

2025

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 R22 401 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 the higher of the total amount received by or accrued to, or deemed to have been received by or accrued 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 monthly income 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 do not earn a monthly income 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 these are your only bank accounts. If you are unable to provide proof of annuity or pension income, please provide an affidavit confirming that you are a pensioner.

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
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

2: Details of income (continued)

	Principal member	Spouse or partner
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