KeyCare income verification affidavit 2026

Discovery Health Medical Scheme

Contact details

Tel: **0860 99 88 77**, PO Box 784262, Sandton 2146, **www.discovery.co.za**

What we see as income

We define income as the amount a person earns or gets each month. We use the income of the main member **or** that of their registered spouse or partner, whichever is the highest. When we calculate the total income, we add the person's:

- Earnings, commission and rewards from employment.
- Interest from investments.
- Income from leasing of assets or property.
- Distributions received from a trust, pension and provident fund.
- Any form of financial assistance from any social-assistance programme from the government.

Important notice about declaring your income

Saying to us that your income is lower than what it actually is, is fraud. If this happens, we will immediately cancel your membership and we may bring criminal charges against you.

What you must do now

- Fill in the form in black ink (print clearly) or fill in the form digitally.
- Sign all relevant sections.
- Attach all relevant proof of income and other supporting documents that we ask for in each section to avoid administrative delays.
- Submit your documents using the 'Ask Discovery' option when you log in to **www.discovery.co.za**.

Your membership number 8 4 9 5 3 0 0 9 0

1. Details about the main member

I, Brett Kolesky , declare that

(Full name and surname of the main member)

a) I do not have any active bank accounts registered in my name ☐

b) I am unemployed or have never been employed ☐

c) I am self-employed and have no audited income statements ☐ Monthly income R . ☐☐

d) I receive income support from family ☒ Monthly income R . ☐☐

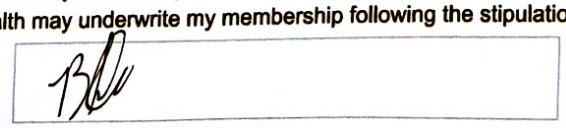
e) I have the following deposits that show on my bank statement that I want to declare:

Date	Amount	Reason*
D 1 D 8 M 0 2 Y 2 0 2 6	R 6 0 0	Support From mothe / Father
D 1 D 0 M 0 2 Y 2 0 2 6	R 1 8 0 0	Loan
D D M M Y Y Y Y	R	
D D M M Y Y Y Y	R	
D D M M Y Y Y Y	R	
D D M M Y Y Y Y	R	

**A reason can be income, sale of something, family support, etc.*

I declare that:

- I am applying for membership or continuation of membership on Discovery Health Medical Scheme's KeyCare plan.
- I accept that Discovery Health may from time to time investigate my income to confirm if the information I give is still true and correct. If Discovery Health, at its discretion, thinks that the information is not valid at any time, I must give them the relevant supporting documents that they ask for. Discovery Health may ask for any extra supporting documents.
- I accept that Discovery Health may underwrite my membership following the stipulations of the Medical Schemes Act.

Main member's signature  Date D 2 3 M 0 6 Y 2 0 2 6

Please note that this form expires on 31/03/2027. Updated forms are always available at www.discovery.co.za under **Medical Aid > Find documents and certificates.**

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dependant on the member

(Full name and surname of the spouse) , declare that

a) I do not have any active bank accounts registered in my name ☐

b) I am unemployed or have never been employed ☐

c) I am self-employed and have no audited income statements ☐ Monthly income R . ☐

d) I receive income support from family ☐ Monthly income R . ☐

e) I have the following deposits that show on my bank statement that I want to declare:

Date	Amount	Reason*
D D M M Y Y Y Y	R	
D D M M Y Y Y Y	R	
D D M M Y Y Y Y	R	
D D M M Y Y Y Y	R	
D D M M Y Y Y Y	R	
D D M M Y Y Y Y	R	

**A reason can be income, sale of something, family support, etc.*

I declare that:

- I am applying for membership or continuation of membership on Discovery Health Medical Scheme's KeyCare plan.
- I accept that Discovery Health may from time to time investigate to confirm if the information I give is still true and correct. If Discovery Health, at its discretion, thinks that the information is not valid at any time, I must give them the relevant supporting documents they ask for. Discovery Health may ask for any extra supporting documents.
- I accept that Discovery Health may underwrite my membership following the stipulations of the Medical Schemes Act.

Spouse's signature Date D D M M Y Y Y Y

3. Commissioner of oaths

I certify that the above signature is the true signature of the person making this affidavit and that they have acknowledged to me that they know and understand the contents of this affidavit, which has been signed and sworn to me at

(place) SA Police 120 Main rd Walmer Port Elizabeth on 23 06 2026

Commissioner of oath's signature (Victor 0461398 W/O

SA Police
Walmer
120 Main rd
Port Elizabeth
Warrant officer

STAMP

SOUTH AFRICAN POLICE SERVICE
P.O.BOX 5019, WALMER 6065
2026 -06- 23
WALMER
SOUTH AFRICAN POLICE SERVICE