

Affidavit Form: Registered Dependants

A Commissioner of Oaths must sign this affidavit.

Main Member Name:	<input type="text"/>
Main Member Surname:	<input type="text"/>
Main Member ID / Passport Number:	<input type="text"/>
Membership Number:	<input type="text"/>
Dependant Name:	<input type="text"/>
Dependant Surname:	<input type="text"/>
Dependant ID / Passport Number:	<input type="text"/>

Tick and complete **ONLY** the column relevant to your dependant:

Dependant child over age 30	Parent / grandparent	Dependant	Life Partner (Domestic Partnership)
<p>I confirm that the dependant specified above is financially dependant* on me.</p> <p>The dependant is: (Please tick)</p> <p><input type="checkbox"/> Employed</p> <p>OR</p> <p><input type="checkbox"/> Not employed.</p> <p>Earns R _____ (gross income) per month from all sources.</p>	<p>I confirm that the dependant specified above is financially dependant* on me</p> <p>(Please tick)</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Grandparent</p> <p>The dependant is: (Please tick)</p> <p><input type="checkbox"/> Employed</p> <p>OR</p> <p><input type="checkbox"/> Not employed.</p> <p>Earns R _____ (gross income) per month from all sources.</p>	<p>I confirm that the dependant specified above is financially dependant* on me and is my or my spouse's/partner's:</p> <p>(Please tick)</p> <p><input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Grandchild <input type="checkbox"/> Biological child with different surname <input type="checkbox"/> Other (please stipulate relationship to you)</p> <p>The dependant is: (Please tick)</p> <p><input type="checkbox"/> Employed and earns R _____ (gross income) per month.</p> <p>OR</p> <p><input type="checkbox"/> Not employed.</p>	<p>I confirm that the dependant specified above is my life partner**.</p> <div style="background-color: #e0f0e0; padding: 10px; margin-top: 20px;"> <p>**A life partner is a person with whom you have a committed and serious relationship, similar to a marriage, based on objective criteria of a shared and common household, irrespective of the gender of either party. Such a dependant will pay adult rates, regardless of age.</p> </div>
<p>*The term 'financially dependant' shall mean that the dependant is not liable for the payment of normal tax in his/her own right, as determined in terms of the Income Tax Act 58 of 1962.</p>			

I, the undersigned, hereby warrant that all information given in this declaration is true, correct and complete in every respect.

Member's signature:

Date:
(DD/MM/YYYY)

A Commissioner of Oaths must complete this section.

Commissioner Name:

Signature: Commissioner of Oaths

STAMP

PROTECTION OF PERSONAL INFORMATION

Old Mutual Staff Medical Aid Fund takes the protection of Personal Information very seriously and for this reason we take all reasonable measures to protect your Personal Information and to keep it confidential. Personal information refers to information that identifies or relates specifically to you, for example, your name, age, gender, health status, identity number and your email address. In short, any information that we know about you will be regarded as your Personal Information.

We use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of medical services claims
- Fraud prevention and detection
- Statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who renders services to us.

You may access the personal information that we hold and request us to correct any errors or to delete this information.