

# LIBERTY MEDICAL SCHEME

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Private Bag X35  
Claremont, 7735  
Contact Centre 0860 002 163  
Membership fax 021 673 9587  
www.libmed.co.za

## Affidavit confirming dependency of Adult Dependant(s)

### SECTION 1 – DETAILS OF PRINCIPAL MEMBER

Membership number\*

Member first name(s)\*

Member surname\*

\*Denotes compulsory information

### SECTION 2 – ADULT DEPENDANT(S) DETAILS

Name and Surname	ID number	Relationship to Principal member	Place of study (if applicable)	Monthly income
				R
				R
				R
				R
				R

### SECTION 3 – AFFIDAVIT

I,  (name), the undersigned, ID number   
 of   
 (address),

hereby declare that the above Adult Dependant(s) reside(s) with me and is/are financially dependent on me and do not receive a regular remuneration that is equal to or more than the tax threshold per annum for persons below the age of 65 years.

Signature of Principal member \_\_\_\_\_

Signed and sworn by the deponent at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
having the knowledge and understanding of the contents of this affidavit.

Commissioner of Oath \_\_\_\_\_ Capacity/Designation \_\_\_\_\_

COMMISSIONER OF OATH  
STAMP

BENEFICIARIES THAT THE SCHEME WOULD ACCEPT AND DOCUMENTS REQUIRED				
Document(s) Required	Biological Siblings of Member ***	Adult Children, incl Step-children and Adopted ***	Step-children ***	Adopted Children *****
Copy of ID/Birth Certificate	√	√	√	√
Copy of Membership Certificate(s)/Affidavit detailing previous membership history *	√	√		
Proof of income if employed ****	√	√		
Proof of Studies (current proof of registration at a recognised educational institution)	√	√		
Copy of the Doctor's disability report				
Proof of legal Adoption				√
Affidavit confirming that dependant resides with member and is responsible for Legal duty of family care and support				√

\* Copy of Membership Certificate(s)/Affidavit detailing previous membership history (registration date, benefit date, resignation date, any/all waiting periods and exclusions, all registered dependants). Membership cards or copies thereof will not be accepted. If not attached, the Late Joiner Penalty may apply.

\*\* LMS Affidavit templates are available on [www.libmed.co.za](http://www.libmed.co.za).

\*\*\* Subject to Annual Review

- **Biological Parents of Member:** Fathers-in-law and mothers-in-law are not accepted
- **Biological Siblings:** Biological siblings > 21 will be charged adult rates
- **Adult Children, incl. Stepchildren:** > 21 and up to and including the age of 26 will be charged adult rates unless a full-time student at a recognised institution or disabled.

\*\*\*\* Proof of income must be provided as follows:

- Copy of dependant's most recent payslip or salary advice or government grant card
- Commission statements for the last 12 months
- Copy of dependant's latest SARS income tax return
- Written confirmation of income from dependant's human resources department, on a company letterhead
- If unemployed, your Unemployment Insurance Fund (UIF) blue book or a discharge certificate from your previous employer or affidavit stating "zero income".

\*\*\*\*\* **Member's own newborn children:** If registration with LMS takes place within 30 days of the birth no waiting period is imposed. (The "Dependant Registration form" is available on the website: [www.libmed.co.za](http://www.libmed.co.za)).

\*\*\*\*\* **Adopted Children:** No waiting period is imposed if registration with LMS is completed within 30 days of the adoption. (The "Dependant Registration form" is available on the website: [www.libmed.co.za](http://www.libmed.co.za)).