

# LIBERTY MEDICAL SCHEME

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## Affidavit confirming dependency of Biological Parent(s)

### SECTION 1 – DETAILS OF PRINCIPAL MEMBER

Membership number*	<input type="text"/>
Member first name(s)*	<input type="text"/>
Member surname*	<input type="text"/>

\*Denotes compulsory information

### SECTION 2 – BIOLOGICAL PARENT(S) DETAILS

Name and Surname	ID number	Relationship to Principal member	Monthly income
<input type="text"/>	<input type="text"/>	<input type="text"/>	R <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	R <input type="text"/>

Note: Fathers-in-law and Mothers-in-law are not accepted.

### SECTION 3 – AFFIDAVIT

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

hereby declare that the above 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
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BENEFICIARIES THAT THE SCHEME WOULD ACCEPT AND DOCUMENTS REQUIRED	
Document(s) Required	Biological Parent of Member ***
Copy of ID/Birth Certificate	√
Copy of Membership Certificate(s)/Affidavit detailing previous membership history *	√
Proof of income if employed ****	√

- \* **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)).