

LIBERTY MEDICAL SCHEME

We care. **For you**

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Affidavit confirming dependency of Life Partner

SECTION 1 – DETAILS OF PRINCIPAL MEMBER

Membership number*

Member first name(s)*

Member surname*

*Denotes compulsory information

SECTION 2 – AFFIDAVIT

I, (name), the undersigned, ID number
 of
 (address),
hereby declare the following in respect of my Life Partner
 (name), ID number

We have been in a committed and permanent relationship based on mutual dependency and we share a common household since

Y Y Y Y M M D D

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	Life Partner
Copy of ID/Birth Certificate	√
Copy of Membership Certificate(s)/Affidavit detailing previous membership history *	√

- * **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.**
- *** **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).
- ***** **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).