



MEDICAL AID DECLARATION FORM

This form is mandatory and must be completed by:

- Employees whose salary exceeds the *Annual Medical Threshold* and who are not members of Montego's Group Discovery Medical Fund but are covered under their spouse's / life partner's Medical Aid.

If you are no longer a dependant on your spouse's Medical Aid, it is your responsibility to inform HR immediately.

Name(s) & Surname:		Employee Number:	
Position:		Department:	
Total Guaranteed Package (TGP):		R	
Spouse / Life Partner's Medical Aid Details:			
Medical Fund name:			
Medical Fund number:			
The main member of the Medical Fund:			

SIGNATURE: EMPLOYEE

DATE