Affidavit: Factual Dependency Form – Student Review

gems
Government Employees Medical Scheme

Please ensure that all applicable sections are completed in full, and that you provide all necessary supplementary documentation

Submit the completed form to GEMS via any of the following channels:

Fax: 0861 00 4367 **E-mail:** enquiries@gems.gov.za **Post:** GEMS, Private Bag X782, Cape Town 8000

Section 1: Main Member Details

I, the undersigned **(Applicant)**

ID / Passport Number Membership Number

Persal/employee/pension Number hereby declare that my dependant listed below is:

Please select the option relevant to you by marking it with an "X"	
Studying and he/she is under the age of 28 years. He/she is factually depending on me for family care and support. He/she is not self-sufficient. Please attach proof of registration at a recognised tertiary institution (Current academic year).	
Not studying anymore, he/she is factually depending on me for family care and support. He/she is not self-sufficient.	
Mentally/physically disabled (please include doctor's report)	
Terminate my dependant, not factually dependent on main member	

Section 2: Dependant Details

Dependant code	Dependant full first name	Dependant surname	Dependant ID Number	Relationship to member

Section 3: Declaration

I know and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

Thus declared on this day of 20 at *(Place)*

Signature of Main Member _____ Date D D M M Y Y Y Y