



## ***MEDICAL BENEFITS SCHEME***

### **DECLARATION**

Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Type of Business if (changed): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Statement for the year 20 \_\_\_\_\_

Attachments *(please list here if applicable)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

I ..... declare the above information to be true and correct  
*(please print)*

.....  
**Signature**

.....  
**Date**



MEDICAL BENEFITS SCHEME

Self -Employed Statement of Acknowledgement Re Declaration

Name of Self-Employed: \_\_\_\_\_

MBS Registration #: \_\_\_\_\_ Previous MBS Registration #: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_

Address: \_\_\_\_\_

Declaration Period: \_\_\_\_\_ Monthly Earnings: \_\_\_\_\_

I ..... hereby acknowledge that I have not provided any financial documentation to substantiate my declaration for the specific period.

I ..... further acknowledge that the Medical Benefits Scheme Representative explained that for all future declarations, I must provide all requisite financial records to substantiate my submission. Failure to submit financial records to substantiate my submission will result in MBS assessing my monthly contributions.

NB: It is a contravention of the MBS ACT 2010, Part II Section 36, to provide false information to the Medical Benefits Scheme. Any such person is liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for one (1) year.

Name of Self-Employed (print) Signature Date

Official Use

Recommendations/Comments:.....

.....

.....

Processed By: ..... Date: .....

Comments:.....

.....

Verified by: ..... Date: .....