

Applying to join the Discovery Health Medical Scheme as part of an employer group in 2014



Contact us

Tel: 0860 99 88 77, PO Box 784262, Sandton, 2146, www.discovery.co.za

What you must do

Please go through these steps:

Step 1: Fill in the form in black ink, using one letter per block. Please print clearly.

Step 2: Read and understand the rules for membership.

Step 3: Sign 6, 10 and 11

Step 4: Please make sure the main applicant signs and dates any changes.

Step 5: Fax the completed and signed form to 011 539 3000 or email it to application@discovery.co.za

Step 6: Please attach a copy of each applicant's identity document. We also accept valid passports and birth certificates for children.

When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

If you have any questions, please let us, your employer or your financial adviser know. Once we have assessed your application, we will let you know if you have been accepted and what will happen next.

1. If you already have a Discovery Health Medical Scheme membership

If you are an active main member of the Discovery Health Medical Scheme in the month before the date you want your membership to be effective, please contact us or speak to your employer or financial adviser first to see if we can transfer your membership instead of completing this application. Please complete only this section and sections 10 and 11.

Membership number

Where I have not chosen my own financial adviser, I acknowledge and appoint my employer's contracted financial adviser for all matters relating to my membership of the Discovery Health Medical Scheme.

Signature of main applicant

2. About yourself (main applicant)

When do you want your cover to start? 2 0 Y Y M M 0 1

Title Initials Surname

First name(s) (as per identity document)

Preferred name Sex M F Date of birth Y Y Y Y M M D D

Previous or maiden name

Occupation Tax number

Total monthly earnings R

ID or passport number Country of issue

Telephone (H) (W)

Cellphone Fax

Email

Postal address (Post collected from post box, suite or private bag)

PO Box Private Bag Box number

Suite Postnet Suite Number

Suburb Postal code

If your post is delivered to your street address, please complete these details under physical address.

Physical address:

Suite/Unit number Complex name

Street number Street name

Suburb Postal code

5. Please select your health plan (continued)

Main member R (total monthly earnings)

Please complete this if you have selected the KeyCare Plus or KeyCare Access Plan.

	Name	GP name	Practice number	Second GP name*	Practice number
Main applicant					
Spouse or partner					
Dependant 1**					
Dependant 2**					
Dependant 3**					

* If you live far away from where you work or you often need to work in different towns or provinces, you may need a second GP.

Please only choose a second GP if this applies to you.

** Please make sure that the dependant information you give above is the same as the dependant information in section 4 of this form.

6. Banking details for claims refund

If your contributions will be paid by your employer as a salary deduction, you only need to give us banking details for claim refunds. By signing this application, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will not be responsible in any way for the amounts refunded.

Name of accountholder

Bank name

Account number

Branch name Branch code - - -

Type of account Cheque Savings

Signature of accountholder

7. Previous medical scheme details

Please give us the details of all registered South African medical schemes that you previously belonged to. We will use this information to determine if we need to apply any waiting periods, late-joiner penalty fees, or both. Please give us proof in the form of a membership certificate.

Main applicant

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving										
						Y	Y	Y	Y	M	M	D	D	Y	Y
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												

If all dependants were on the same medical scheme(s) as completed above, please tick here to confirm this.

If any of your dependants applying for cover belonged to different medical schemes, please complete them below:

Spouse or partner

Scheme name	Membership number	Start date	Are they still a member?	End date if they have already resigned	Reason for leaving										
						Y	Y	Y	Y	M	M	D	D	Y	Y
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												

Dependant name

Scheme name	Membership number	Start date	Are they still a member?	End date if they have already resigned	Reason for leaving										
						Y	Y	Y	Y	M	M	D	D	Y	Y
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												

Dependant name

Scheme name	Membership number	Start date	Are they still a member?	End date if they have already resigned	Reason for leaving										
						Y	Y	Y	Y	M	M	D	D	Y	Y
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Yes <input type="checkbox"/> No <input type="checkbox"/>												

11. Discovery Health Medical Scheme rules for membership

11.1 Rules for membership

The rules of the Discovery Health Medical Scheme records your rights and responsibilities for your membership of the Discovery Health Medical Scheme. They may change from time to time. You may ask Discovery Health (Pty) Ltd for a copy at any time.

When you sign this application, you confirm that you have read and understood the rules and you agree that you and those you apply for will be bound by them.

Where applicable you also acknowledge and confirm that the financial adviser you or your employer appointed, may communicate with us on all matters relating to this application and your membership of the Discovery Health Medical Scheme.

You give permission that Discovery Health Medical Scheme and Discovery Health (Pty) Ltd can share your medical information and other relevant personal information about you and your dependants with your chosen financial adviser. The information will be shared so that he or she can help Discovery Health (Pty) Ltd if necessary while we process your membership application.

Please speak to your financial adviser or Discovery Health (Pty) Ltd if there is anything you do not understand.

11.2 Who you are applying for

You may apply to join the Discovery Health Medical Scheme on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the Discovery Health Medical Scheme rules. For anyone to be treated as financially dependent for this application, you must have a legal responsibility to provide financially for that dependant. Discovery Health (Pty) Ltd might ask you to give us proof of financial or legal responsibility.

You may be called the principal member or main member in our future communications to you.

11.3 Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

- you have the right to apply for membership and to act for those you apply for in any matter relating to this application.
- you have received permission from your spouse and any dependants over 18 to act for them in any matter relating to this application.

11.4 Giving and getting information

You must give true, correct and complete information

To consider your application for membership, the Discovery Health Medical Scheme must learn more about you and those you apply for. Information about you and those you apply for must be true, correct and complete. This includes the details you give in this application form and in future dealings with Discovery Health Medical Scheme and Discovery Health (Pty) Ltd. It is important that you tell Discovery Health Medical Scheme and Discovery Health (Pty) Ltd about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application. Discovery Health (Pty) Ltd may ask those you apply for who are 18 and older for information and this will be treated as if Discovery Health Medical Scheme had asked you in your role as main member.

Your legal address

We will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

Discovery Health Medical Scheme and Discovery Health (Pty) Ltd may get information about you from other relevant sources

To consider your application for membership, conduct underwriting or risk assessments or to consider a claim for medical expenses, you agree that Discovery Health (Pty) Ltd and the Discovery Health Medical Scheme can get information about you and those you apply for from other relevant sources. These include any entity that is part of Discovery Limited, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. Discovery Health (Pty) Ltd and the Discovery Health Medical Scheme may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you give on this application and in respect of any matter pertaining to or that arose during your membership of the Discovery Health Medical Scheme, is true, correct and complete.

You give your permission that the Discovery Health Medical Scheme and Discovery Health (Pty) Ltd may get any information that is relevant to your application from your employer.

Tell Discovery Health Medical Scheme or Discovery Health immediately if your information changes

You, your employer or your financial adviser must tell Discovery Health Medical Scheme or Discovery Health (Pty) Ltd in writing if any of the information you gave, in your application for membership, changes between the day you sign this document and the day your membership starts. This includes information about your health and the health of those you apply for. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

When the Discovery Health Medical Scheme may cancel your membership/s

The Discovery Health Medical Scheme may cancel any memberships immediately and keep any contributions paid, if you and those you apply for:

- do not give Discovery Health Medical Scheme and Discovery Health (Pty) Ltd information that later turns out to be relevant to this application.
- give Discovery Health Medical Scheme and Discovery Health (Pty) Ltd any information that is not true, correct and complete.
- do not tell Discovery Health Medical Scheme and Discovery Health (Pty) Ltd about any relevant changes (including about your health and the health of those you apply for) between the day you sign this document and the day cover starts.

11.5 About becoming a member

Discovery Health Medical Scheme might not pay for certain expenses immediately after you become a member

Discovery Health Medical Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before the Discovery Health Medical Scheme starts paying for any general or specific medical conditions. Please speak to your financial adviser or Discovery Health (Pty) Ltd to find out if waiting periods apply to your membership and the memberships of those you apply for.

Resign from current medical schemes when accepted

It is illegal to be a member of more than one medical scheme at the same time. You and those you apply for must resign from your current medical schemes when you receive notice from the Discovery Health Medical Scheme by letter, email or SMS telling you that you and those you apply for have been accepted.

You must ensure contributions are paid on time

As the main member of the Discovery Health Medical Scheme, you are responsible for ensuring that your contributions and the contributions of those you apply for are paid on time every month to avoid suspension of benefits.

Discovery Health (Pty) Ltd and the Discovery Health Medical Scheme may record telephone calls

Discovery Health (Pty) Ltd and the Discovery Health Medical Scheme may record telephone conversations with you and with those you apply for.

The recordings and all information we get during the recordings will be processed and kept as required by law.

11.6 Repaying money owed to the Scheme

Discovery Health Medical Scheme has the right at any time to collect from you any amount that you owe to the Scheme.

We will notify you if there is any amount that you owe to the Scheme. You must repay any medical savings owing if you leave the Discovery Health Medical Scheme.

When you become a member, depending on the plan you chose, you may have money available in advance to use for medical expenses during the year. This money is made available in an account called the 'Medical Savings Account'. If you leave the Discovery Health Medical Scheme before the year is up, you must repay the portion of medical savings you have used that is more than you have paid back to the Discovery Health Medical Scheme over the year.

By signing this form, you agree that any money you owe to the Scheme may be deducted from any future claim payment amounts that are due to be paid to you.

Signature of main applicant

The main applicant must sign and date any changes

Date

2	0		Y	Y	M	M	D	D
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Application to join Vitality or KeyFIT or both



Contact us

Tel: 0860 99 88 77, PO Box 653574, Benmore 2010, www.discovery.co.za

Please complete this form and submit it to us by email at vitalitysales@discovery.co.za or by fax to (011) 539 2509.

Please make sure that you sign this application

Main applicant's name and surname

Main applicant's ID number

Please choose one of the following options:

Vitality KeyFIT Vitality and KeyFIT

Only members with a KeyCare Health Plan can join KeyFIT without joining Vitality as well.

1. Banking details and payment date

If you are paying your own Vitality contribution, please complete this section.

Bank name

Branch name

Branch number - -

Account number

Type of account Cheque Savings

Accountholder

Accountholder's signature

Signature of main applicant

Please note: If you are using someone else's bank account, the accountholder must sign above to confirm and consent to this.

Please note that if your activation request reaches Vitality between the 1st and 15th of the month, the policy will be effective from the first of the current month. If you activate Vitality between the 16th and last day of the month, the policy will be effective from the first of the following month.

Please choose the date you would like us to debit your account (if you are not a government employee):

1st 10th 15th 20th 25th

If your membership is not activated in time for the debit order date you chose above, you will have two separate debit orders in the first month you pay your contribution, because you pay your contribution in advance. The first debit order will be collected on the first day of the month and the second debit order will be collected on the actual date you have chosen in the same month. From then on we, will collect your monthly contribution on the date you have chosen.

If you are a government employee on the PERSAL payroll system, please tick the box below to tell us which day of the month you want us to debit your account.

1st 5th 8th 21st 26th

2. The DiscoveryCard

The DiscoveryCard is a Visa credit card. Vitality members can get cash back, travel savings and a world of convenience through our DiscoveryCard partners.

Would you like to apply for a DiscoveryCard? Yes No

Please note: When assessing your DiscoveryCard application, a credit check will be done. An accredited consultant will phone you to complete the application. A DiscoveryCard will only be issued if you meet the credit approval criteria.

You give consent to Discovery Vitality to share information with DiscoveryCard to facilitate this application process Yes No

3. Vitality contributions for 2014

	Vitality	KeyFIT	Vitality and KeyFIT
Member	R169	R36	R179
Member + spouse or dependant	R199	R44	R215
Member + 2 or more dependants	R225	R55	R249

4. Permission to process and disclose information and to communicate with you

Discovery Vitality (Pty) Ltd hereinafter referred to as “we” will keep your information and the information about those you apply for confidential. You agree to us processing and disclosing your information in the following manner:

1. We will only share your personal and/or health information or the information of any dependant on your Vitality policy if it is requested by a third party who you have already given your consent to for the disclosure of this information and the party that we share the information with agrees to keep the information confidential. If we want to share your information for any other reason, we will do so only with your permission.
2. We may collect, collate, process, store and disclose your personal information, as contained in all sections of this application and any information that is provided to use after the inception of your Vitality policy:
 - For the administration of the Vitality Programme,
 - For the provision of any services that you or any dependant on your Vitality policy may require,
 - For the provision of relevant information to a contracted third party who require such information to render a service to you or any dependant on your Vitality policy and only if such contracted third party agrees to keep the information confidential; and
 - For academic research.
3. We will provide your personal and health information to any other entity within the Discovery Group where you or your dependant/s already have a relationship or where you or your dependant’s have applied for a product or benefit. This information will be provided for the administration of your or your dependant/s products or benefits.
4. When providing us with personal information about a dependant on your Vitality policy, you confirm that they have provided you with appropriate permission to disclose that information to us. This includes consent to the administration of their membership to Vitality, the provision of any services to them as required, the provision of relevant information to a contracted third party who require such information to render a service to them.
5. We may obtain relevant health information from Discovery Health (Pty) Ltd and the Scheme to administer the Vitality Programme.
6. We may provide to any credit bureau or credit providers industry association any information relating to your creditworthiness or any consumer credit information including but not limited to credit history, financial history, personal information and judgement or default history in accordance with the requirements of the National Credit Act and regulations.
7. We may communicate to you any changes in your Vitality policy, including any changes in your contributions or any changes/enhancements to the benefits you are entitled to.
8. Discovery Vitality (Pty) Ltd and any entity within the Discovery Group of companies as well as contracted third party service providers will keep you updated on information about any offers for new products Discovery may make available at any time. Please contact us if you do not wish to receive any direct marketing information from us.

Signature of main applicant

5. Vitality rules for membership

Discovery Vitality and KeyFIT are separate from the Scheme and administrator

Discovery Vitality is a separate company from Discovery Health (Pty) Ltd (‘the administrator’) and the Discovery Health Medical Scheme (referred to as ‘the Scheme’). It is formally registered under the name Discovery Vitality (Pty) Ltd, (registration number 1999/007736/07) and takes care of the administration of the Vitality and KeyFIT programmes (‘Discovery Vitality’), DiscoveryCard and the DiscoveryCard loyalty programme.

Rules of the Vitality programme

A full set of rules is available on www.discovery.co.za or you can call Discovery Vitality on 0860 99 88 77. In the event of a conflict between what is set out here, on our website and the rules of Vitality, the rules will always apply.

Your contributions to Discovery Vitality are separate

The contributions you pay are for Discovery Vitality and are not part of the contributions you pay to the Scheme.

Cancellation of Vitality membership

Please give notice on the first day of the month if you wish to cancel your Vitality membership in that month. Otherwise, your membership will only end on the last day of the next month. You must be a member of Vitality at the time of the *billing cycle (not the time of the transaction) in order to be eligible for your reward.

*Billing Cycle refers to the date decided by Discovery Vitality, on which your Vitality benefits are calculated on a monthly basis.

When you sign this application to join Vitality, you confirm that you have read and understood the rules for membership and you agree that you and those you apply for will be bound by them.

Signed at (town or city)

on

2	0	Y	Y	M	M	D	D
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Signature of main applicant

The main applicant must sign and date any changes