

Joining the Discovery Health Medical Scheme when moving from another medical scheme in 2016



Thank you for deciding to apply to join the Discovery Health Medical Scheme. This document is an application form for membership. It also contains some rules for membership. Please make sure you read and understand these rules.

Who we are

The Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme that you are applying to become a member of. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

What you must do

- Fill in the form in black ink, using one letter per block. Please print clearly.
- Read and understand the rules for membership (section 13).
- Sign section 7 (if applying to become a KeyCare member), 9, 12, and 13.
- Please make sure the main applicant signs and dates any changes.
- Fax the completed and signed form to **011 539 3000** or email it to **application@discovery.co.za**
- Please attach a copy of each applicant's identity document. We also accept valid passports and birth certificates for children.

Once you send us your application form, here is what will happen:

- If any details are missing or if we need more information for underwriting purposes, we will contact you.
- We will activate your membership and send you or your financial adviser an acceptance letter (if no waiting periods and/or late-joiner penalties are applied). Where you have waiting periods and/or late-joiner penalties, we will issue a counter-offer letter which will indicate any conditions applicable to your membership. You may accept the offer by signing and returning this letter for us to activate your membership.
- We will send you or your financial adviser a welcome letter, SMS or an email to let you know when your application is considered to have been fully and completely made. This date may differ from the date on which you sign the application form.
- You will then get a pack in the post.

If you do not hear from us seven days after sending us your application form, please contact us on 0860 100 345 or your financial adviser.

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

1. Moving from another medical scheme to Discovery Health Medical Scheme

Please complete this section before the rest of the application form. You must answer yes to both questions to complete this application form. If you answer no to either of these questions, you must complete an 'Applying to become a member of Discovery Health Medical Scheme in 2015' application form.

I confirm that all people named on this application:

1. have not had a break in membership of more than 90 days since resigning from that South African medical scheme, and Yes No
2. are currently or have been members of a South African medical scheme for at least the past 24 months. Yes No

2. About yourself (main applicant)

When do you want your cover to start?

2	0	Y	Y	M	M	0	1
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Title Initials Surname

First name(s) (as per identity document)

Preferred name Sex M F Date of birth

Previous or maiden name

Preferred language English Afrikaans

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)

Suite Postnet Suite Number

PO Box Private Bag Box number

Suburb Postal code

8. Your employment details

8.1 If your employer is paying your full contribution or a part of it and we need to debit their account, please complete 8.1:

Name of employer Employer or billing number

Employee number Date of employment Y Y Y Y M M D D

(or PERSAL number for government employees. Please attach a clear copy of your salary slip.)

Branch name Branch number

Please ensure your employer completes this warranty if this application form is not submitted together with an employer application form:

Employer warranty

1. We warrant that the main applicant detailed in section 2 is an employee of our organisation.
2. The Discovery Health Medical Scheme may bill us for the amount due for this member in the same way as it does for our other employees with the Discovery Health Medical Scheme.

Authorised signatory

Name

Designation

8.2 Only complete 8.2 if you own your own business and your business will be paying your contribution:

Name of your business

Registration number VAT number

Telephone Fax

Physical address Postal address

Code Code

9. Your banking details

9.1 Your contributions

If you will be paying your contributions in full, please complete this section:

Please note: we cannot accept credit card account details

Bank name

Branch name

Branch code - - -

Account number

Type of account Cheque Savings

Account holder

Please choose the date you would like us to debit your account
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.

9.2 Your claims refund

Can we use the same account we deduct contributions from to refund your claims? Yes No

If you do not want to use the same banking details for your contributions and claims refunds, please give us the details you would like to use:

Please note: we cannot accept credit card account details

Bank name

Branch name

Branch code - - -

Account number

Type of account Cheque Savings

Account holder

By signing this application, you agree that once claims have been refunded into the bank account you have chosen, the Discovery Health Medical Scheme will not be responsible in any way for the amounts refunded.

Signature of account holder

10. 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

Name	Scheme name	Start date	End date if already resigned	Are they still a member?	Reason for leaving
		Y Y Y Y M M D D	Y Y Y Y M M D D	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:

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

11. Moving from another medical scheme

Please make sure that you have completed section 10.

For any person named on this application form:

1. Have you or any of your dependants been admitted to hospital in the 12 months before this application? Yes No
2. Are you or any of your dependants currently taking regular, ongoing medicine and/or treatment of a medical condition? Yes No
3. Are you or any of your dependants planning to or reasonably expecting to be hospitalised (including for pregnancy) or expecting to receive dental or medical treatment costing more than R2 000 in the next 12 months? Yes No

If you answered **no** to **all** of the above questions, we will not apply any waiting periods.

If you answered **yes** to **any** of the above questions, we will apply a three-month general waiting period to your application.

During these three months, we will only cover claims relating to Prescribed Minimum Benefits according to the Scheme's rules.

12. Fair Collection Notice – how we will process and disclose your Personal Information and communicate with you

1. This Fair Collection Notice ("Notice") explains how we obtain, use, disclose and otherwise process personal information, which may include health and financial information ("Personal Information"), as required by the Protection of Personal Information Act ("POPIA").
2. Acceptance of these terms and conditions is voluntary, but is a requirement for activation and servicing of your medical scheme membership. If you do not accept these terms and conditions, we cannot activate and service your membership.
3. Please note:
 - a. We may amend this Notice from time to time. Please check our website periodically to inform yourself of any changes;
 - b. You have the right to object to the processing of your Personal Information;
 - c. Should you believe that we have utilised your Personal Information contrary to applicable law, you will first resolve any concerns with us. If you are not satisfied with such process, you have the right to lodge a complaint with the Information Regulator, once established.
4. Discovery Health Medical Scheme and the administrator (we/us) will keep any information, including Personal Information relating to yourself and your dependants and/or beneficiaries, supplied to us in this application or collected from other sources ("Your Personal Information") confidential.

You confirm that when you provide us with your Personal Information, your dependants and/or beneficiaries have provided you with the appropriate permission to disclose their Personal Information to us for the purposes set out below and any other related purposes. In the event of you providing information and signing consent on behalf of a minor (person younger than 18 years old) you confirm that you are a competent person and authorised to do so on their behalf.
5. You agree to us processing and disclosing your Personal Information in the following manner:

We may collect, collate, process, store and disclose your Personal Information:

 - a. For the administration of your health plan;
 - b. For providing managed care services to you or any dependant/s on your health plan;
 - c. For providing relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependant/s on your health plan;
 - d. To profile and analyse risk;
 - e. For academic research conducted by any company within the Discovery Group and/or contracted research and survey providers in South Africa as well as outside the borders of the Republic.
6. If asked to do so, we will share your Personal Information with a third party if you have already given your consent for the disclosure of this information to such third party or if a contractual relationship exists in terms of which we are obliged to provide the information to such third party.
7. We will provide your Personal Information to any other entity within the Discovery Group with whom you or your dependant/s already have a relationship or where you or your dependants have applied for a product or benefit from such entity. This information will be provided for the administration of your or your dependant's products or benefits with other entities within the Discovery Group.
8. We may provide any credit bureau or credit providers industry association with any information about your consumer credit record, including personal information about any judgement or default history.
9. We and any entity within the Discovery Group will keep you updated on information about any offers or new products Discovery may make available at any time. Please contact us if you do not wish to receive any telephonic direct marketing information from us.
10. If we want to share your information for any other reason, we will do so only with your permission.
11. You have the right to request a copy of the Personal Information we hold about you. To do this, simply complete the 'Data Subject Request Form' on www.discovery.co.za/legal and specify what information you would like. We will take all reasonable steps to confirm your identity before providing details of your Personal Information.
12. You have the right to contact and ask us to update, correct or delete your Personal Information.
13. You agree that we may retain your Personal Information until such time as you request us to destroy them (unless we are obliged by law to retain it, regardless of such request).
14. If the Scheme, the administrator or Discovery (Ltd), as the holding company of the administrator, becomes involved in a proposed or actual merger, acquisition or any form of sale of some or all its assets, we may use and disclose your Personal Information to third parties in connection with the evaluation of the transaction. The surviving company, or the acquiring company in the case of a sale of assets, would have access to your Personal Information which would continue to be subject to this Notice.
15. Discovery Health Medical Scheme and the administrator are required to collect and retain information in terms of the following legislation (amongst others):
 - 15.1 The Medical Schemes Act, 1998
 - 15.2 The Consumer Protection Act, 2008
 - 15.3 The Protection of Personal Information Act, 2013
 - 15.4 Electronic Communications and Transactions Act, 2002
 - 15.5 Promotion of Access to Information Act, 2000

Legislation specific to the administrator only:

 - 15.6 Financial Advisory and Intermediary Services Act, 2002

Please note that any such Data Subject Request may be subject to a payment of a legally allowable fee.

Signature of main applicant



Please do not sign incomplete forms.

13. Discovery Health Medical Scheme rules for membership

13.1: Who "we" are

Discovery Health Medical Scheme, registration no 1125, registered with the Council for Medical Schemes.
Discovery Health (Pty) Ltd, registration number 1997/013480/07, the administrator and managed care organisation for Discovery Health Medical Scheme, an authorised financial services provider.

13.2 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 us 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 this application and your membership of the Discovery Health Medical Scheme.

You give permission that we 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 us 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.

13.3 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 responsibility to provide financially for that dependant. We 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.

13.4 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.

13.5 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 us. It is important that you tell us 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. We may ask those you apply for who are 18 and older for more information about themselves.

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 the administrator may record telephone calls

We 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.

Discovery Health Medical Scheme and the administrator 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 we 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. The administrator 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 we may get any information that is relevant to your application from your employer.

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

You, your employer or your financial adviser must tell us 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 membership if you and those you apply for:

- do not give us information that later turns out to be relevant to this application.
- give us any information that is not true, correct and complete.
- do not tell us 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.

13.6 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 to us 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. The Scheme has the right to amend monthly contributions and benefits from time to time.

13.7 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.

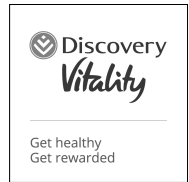
Signature of main applicant

Date Y Y M M D D

The main applicant must sign and date any changes

 Please do not sign incomplete forms.

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.

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 Discovery Card

Discovery Card is a Visa credit card which boosts Vitality rewards. Vitality members get better savings and bigger rewards. Get the Card and Get Rewarded.

Would you like to apply for a Discovery Card? Yes No

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

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

3. Vitality contributions for 2016

	Vitality	KeyFIT	Vitality and KeyFIT
Member	R199	R43	R215
Member + spouse or dependant	R239	R53	R259
Member + 2 or more dependants	R269	R65	R299

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

This Fair Collection Notice ("Notice") explains how Discovery Vitality (Pty) Ltd, a company of the holding company Discovery Ltd, (we/us) obtain, use, disclose and otherwise process personal information, which may include health and financial information ("Personal Information"), as required by the Protection of Personal Information Act ("POPIA"). Acceptance of these terms and conditions is voluntary, but is a requirement for activation and servicing of your policy. If you do not accept these terms and conditions, we cannot activate and service your policy. Discovery Vitality (Pty) Ltd (we/us) will keep any information, including Personal Information relating to yourself and your dependants and/or beneficiaries, supplied to us in this application or collected from other sources ("Your Personal Information") confidential. You confirm that when you provide us with Your Personal Information, your dependants and/or beneficiaries have provided you with the appropriate permission to disclose their Personal Information to us for the purposes set out below and any other related purposes. In the event that you are signing a Vitality consent form on behalf of a minor (person younger than 18 years old) you confirm that you are a competent person and authorised to provide such consent on their behalf.

We may collect, collate, process, store and disclose Your Personal Information for the following purposes:

- The administration of the Vitality programme;
- The provision of any services that you or any dependant on your Vitality policy may require;
- 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
- Academic research by any company within the Discovery Group and/or by contracted research and survey providers in South Africa as well as outside the borders of the Republic.

Please note:

- We may amend this Notice from time to time. Please check our website periodically to inform yourself of any changes;
- You have the right to object to the processing of Your Personal Information;
- Should you believe that we have utilised Your Personal Information contrary to applicable law, you will first resolve any concerns with us. If you are not satisfied with such process, you have the right to lodge a complaint with the Information Regulator, once established.
- We will only share Your Personal Information if it is requested by a third party to whom you have already given your consent 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.
- We will provide Your Personal Information to any other entity within the Discovery Group where you or your dependant/s already have a relationship, or have applied for a product or benefit from, such entity. This information will be provided for the administration of your or your dependant/s products or benefits.
- We may obtain relevant health information from Discovery Health (Pty) Ltd and the Scheme to administer the Vitality Programme.
- 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, and judgement or default history in accordance with the requirements of the National Credit Act and Regulations.
- We may communicate any changes in your Vitality policy to you, including any changes in your contributions or any changes/enhancements to the benefits you are entitled to.
- Discovery Vitality (Pty) Ltd and any entity within the Discovery Group 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 telephonic direct marketing from us.
- You have the right to request a copy of the Personal Information we hold about you. To do this, simply complete the 'Data Subject Request Form' on www.discovery.co.za and specify what information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information. Please note that any such Data Subject Request may be subject to a payment of a legally allowable fee.
- You have the right to contact and ask us to update, correct or delete your personal information.
- You agree that Discovery Ltd may transfer Your Personal Information outside the borders of the Republic of South Africa if you provide an email address which is hosted outside the borders of South Africa. We may also need to transfer your personal information to another country for processing, storage or academic research. We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to.
- You agree that Discovery Ltd may retain Your Personal Information until such time as you request us to destroy them (unless we are obliged by law to retain it, regardless of such request) If Discovery Ltd becomes involved in a proposed or actual merger, acquisition or any form of sale of some or all its assets, we may use and disclose Your Personal Information to third parties in connection with the evaluation of the transaction. The surviving company, or the acquiring company in the case of a sale of assets, would have access to Your Personal Information which would continue to be subject to this Notice.
- Discovery Vitality is also required to collect and retain information in terms of the following legislation:
 - The Electronic Communications and Transactions Act (ECT)
 - The Financial Intelligence Centre Act (FICA)
 - The Financial Advisory and Intermediary Services Act (FAIS)
 - The National Credit Act (NCA)
 - The Consumer Protection Act (CPA); amongst others.

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'), Discovery Card and the Discovery Card 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 accepted 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

Signature of main applicant

The main applicant must sign and date any changes