

Employer application to join the Discovery Health Medical Scheme in 2017



Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za

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, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is responsible for the administration of your membership on behalf of the Scheme.

Purpose of the form

Thank you for deciding to apply to join the Discovery Health Medical Scheme.

This application contains some rules for membership. Please make sure you read and understand these rules.

What you must do

- Fill in the form in black ink and please print clearly.
- Read and understand the rules for membership (section 9).
- Sign section 6, 8 and 9.
- Email the completed and signed form to application@discovery.co.za or fax it to **011 539 3000**.

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

1. About your organisation

When do you want your cover to start?

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Name of employer _____

Registration number _____ VAT number _____

Employer number _____ Branch number _____

Legal entity, for example (Pty) Ltd or partnership _____

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

Suite Postnet Suite Number _____

PO Box Private Bag Box number _____

Suburb _____ 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 _____ Code _____

In what industry do you operate? Please tick the relevant block below:

Mining and mining resources Financial services Retail Hotel/leisure/entertainment IT Manufacturing

Construction/building Professional services Religious organisation Education

Other (please specify) _____

Workman's compensation (COID) registration number _____

2. Your organisation's contact people

2.1. Executive (Financial director, Senior director, Managing director)

Title _____ Initials _____ Surname _____

First name(s) (as per identity document) _____

ID or passport number _____ Country of issue _____

Date of birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 Employee number _____

Telephone (W) _____ Cellphone _____

Email _____

Your organisation's contact people (continued)

2.2. **Primary payroll administrator** (This is the main employer contact person who is authorised to deal with us and send us financial and other changes for your employees.)

Title _____ Initials _____ Surname _____
 First name(s) (as per identity document) _____
 ID or passport number _____ Country of issue _____
 Date of birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 Employee number _____
 Telephone (W) _____ Cellphone _____
 Email _____

2.3. **Secondary payroll administrator** (This is the primary payroll administrator's assistant or substitute who is authorised to deal with us and send us financial and other changes for your employees.)

Title _____ Initials _____ Surname _____
 First name(s) (as per identity document) _____
 ID or passport number _____ Country of issue _____
 Date of birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 Employee number _____
 Telephone (W) _____ Cellphone _____
 Email _____

3. Your organisation's medical scheme membership details

Name of current medical scheme

Current scheme name	Employer membership number	Start date	Are you still a member?	End date if you have already resigned
		Y Y Y Y M M D D	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y Y Y Y M M D D

Previous medical scheme names

Previous scheme names	Employer membership number	Start date	End date
		Y Y Y Y M M D D	Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D

4. Please select your billing method

Please note: advance billing is compulsory for an employer with 15 or fewer main members.

Monthly bill: Advance or Arrears

Send monthly bill by: Email Fax Post

5. Details of your company's employees

5.1. The total number of permanent staff employed by your company _____

5.2. The total number of main members to be covered by the Discovery Health Medical Scheme _____

5.3. Will this Scheme be compulsory for:

5.3.1. All employees? Yes No

5.3.2. A defined group, for example, directors, administration, blue-collar workers? Yes No

5.3.3. If it is compulsory for a 'defined group', please give more information _____

5.3.4. Will the Scheme be compulsory for all future employees of the employer group or the defined group as listed above? Yes No

5.4. How many of your employees are currently covered by a registered South African medical scheme? _____

6. Banking details for your monthly contributions

You can only use a South African bank account.

Please note: banking details are compulsory for an employer with 15 or fewer main members.

Bank name _____

Branch name _____ Branch code _____

Account number _____

Type of account Cheque Savings

Account holder _____

Banking details for your monthly contributions (*continued*)

We will debit your account on the first working day of the month. If the employer group is not activated in time for the debit order collection, your first premium will be collected with the next debit order unless it has been paid in the interim. After we have received your first debit order, you may change your debit order date to a variable debit order date by emailing administration@discovery.co.za.

Authorised signatory(ies) on behalf of the employer and employees, duly authorised:

Names _____
Designations _____

7. Your financial adviser's details

Financial adviser's name _____ Code _____
Intermediary house _____ Code _____
Financial adviser's telephone number (W) _____ Lead number _____
Email _____
Bank reference number (if applicable) _____ (Mandatory for all ABSA and FNB financial advisers)

I declare that:

- 7.1. I am an accredited financial adviser in terms of the Medical Schemes Act and licensed by the FSB in terms of the FAIS Act at the date of signing this application form.
- 7.2. I am appointed by the client to provide advice about this application.
- 7.3. I have a valid contract with the Discovery Health Medical Scheme and I have made the client aware of the commission payable by the Discovery Health Medical Scheme.
- 7.4. I am responsible for providing the applicant with:
 - my name, physical address, postal address and telephone number.
 - impartial advice that is in his or her best interest.
- 7.5. I am accountable for any advice given to the client about completion of this application form and joining the Discovery Health Medical Scheme.

Financial adviser's signature _____

8. Permission to process and disclose personal information

Discovery Health Medical Scheme (registration number 1125) is administered by Discovery Health (Pty) Ltd (registration number 1997/013480/07).

You hereby warrant that you, as the employer, have obtained consent from your employees to collate, collect, process, store and disclose information pertaining to their membership of Discovery Health Medical Scheme.

Authorised signatory(ies) on behalf of the employer and employees, duly authorised:

Names _____
Designations _____

9. Rules for membership

9.1. *About the parties*

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. You and your employees.

In your role as an employer, you are applying for membership of the Discovery Health Medical Scheme for your employees. In this document and future communication, you are referred to as ‘you’ and ‘your’ or as ‘the employer’.

Your employees might be able to add their spouse, partner and people who are financially dependent on them to their health plans. Please speak to us to find out if this applies to your organisation.

The rules for membership

The rules of the Discovery Health Medical Scheme record the rights and responsibilities for your employees’ membership of the Scheme. They may change from time to time. You may ask us for a copy of them at any time.

When you sign this application form, 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. You also confirm that the contracted financial Adviser you appointed may communicate with us on all matters relating to this application and membership of your employees to the Discovery Health Medical Scheme.

9.2. *Giving and getting information*

You must give us true, correct and complete information

For the Scheme to consider the application for your employees’ membership, the Scheme must learn more about you, your employees and those they join with. Information about you, your employees and those they join with must be true, correct and complete. This includes the details you give in this document and future information given to us by anyone in your organisation or a financial adviser acting for you. Even if you or your employees do not consider a medical condition, symptom or illness to be relevant to this application, it is important to tell the Scheme about it during the application process.

The Scheme may get information directly from your employees

We and the Scheme can get information direct from your employees and those they join with who are over the age of 18. This includes asking for medical tests, either before or during their membership with the Scheme.

Tell the Scheme about changes right away

If any of the information you gave as part of this application changes between the date you sign this document and the date cover starts, you or your employee concerned must tell us or the Scheme in writing what the changes are. Any changes may influence the terms

the Scheme offers you. The Scheme needs advance notice of any administrative changes such as cancellation of membership as we do not accept backdated changes.

The Scheme may cancel membership if information is not true, correct and complete

The Scheme may cancel the membership of any of your employees immediately, if you, your employees or those they apply for:

- don’t 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 health changes or other relevant changes between the date you sign this document and the date cover starts.

Providing false information may lead to criminal charges being brought against your employees.

Your employees will have to pay any amounts due to Discovery Medical Scheme as result of this cancellation.

9.3. *Payment of contributions*

You must pay monthly contributions for your employees by the payment due date. If you do not pay in time, you must pay within three days of the payment due date. If you do not pay within three days, the Scheme may suspend or cancel the memberships of your employees and those they join with. During any period of suspension, the Scheme will not be responsible for paying medical expenses.

9.4. *Conditions for cover*

Cover starts on formal acceptance

Cover for each employee starts on the date specified on the notice of acceptance the Scheme sends to them.

Applicants must be employed by you

Applicants for membership must be employed by you on the date that cover starts. If an applicant is not employed by you on the date that this contract starts, the Scheme will not give notice of acceptance to this applicant until the applicant is employed.

Resigning from current medical schemes when accepted

It is illegal to be a member of more than one medical scheme at the same time. Your employees and those they join with must resign from their current medical schemes when they receive notice of acceptance from the Scheme.

9.5. *Tell us if an employee leaves*

We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes. We will then adjust contributions you must pay.

You agree that you are responsible for any losses that the Scheme may suffer because you did not give us this information.

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

Date  Please do not sign incomplete forms.

Authorised signatory(ies) on behalf of the employer and employees, duly authorised:

Names _____
Designations _____

Discovery Health Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows: Email: complaints@medicalschemes.com | Customer Care Centre: 0861 123 267 | website: www.medicalschemes.com

Employer application for Vitality or KeyFIT

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 to application@discovery.co.za or by fax to (011) 539 3000.

1. About Vitality

Vitality will help your employees to get healthier by giving them the knowledge, tools and motivation to improve their health. Apart from the fact that a healthy life is generally more rewarding, it's been clinically proven that Vitality members have a lower healthcare cost than non-Vitality members. So, get your employees to join today and start the journey to a healthier company.

Please make sure that you sign this application

Name of employer _____

Employer representative's name and surname _____

Employer representative's ID number _____

2. Vitality payment and banking details

Select payment method.

The employer will facilitate payment of Vitality and/or KeyFIT e.g. employer subsidises Vitality or deducts the Vitality premium via their payroll

Note: The banking details used to pay for Vitality will be as per those for the Health scheme
or

Vitality and/or KeyFIT will be paid for by the individual employees.

3. Your organisation's Vitality or KeyFIT details

Vitality and/or KeyFIT* will be paid for all employees.

Vitality and/or KeyFIT* individually selected by each employee.

Notification: Email Fax

*Only employees on a KeyCare Plan can join KeyFit on its own (without Vitality).

4. Vitality contributions for 2017

	Vitality	KeyFIT	Vitality and KeyFIT member
Member	R219	R47	R239
Member + spouse or dependant	R265	R57	R289
Member + 2 or more dependants	R296	R71	R329

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. Your employees 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 rewards.

*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

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Signature of main applicant _____ **The main applicant must sign and date any changes.**