

# Employer application to join Discovery Health Medical Scheme in 2022



## Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are applying to become a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

## Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66, [www.discovery.co.za](http://www.discovery.co.za), PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

## Purpose of this form

This document is an application form for an employer group. This application form also contains terms and conditions applicable to your membership (Section 9). Please make sure you read and understand these terms and conditions. This document is valid for 90 days from date of signing it. Make reference to the footnote that indicates the expiry date of the form.

Download the latest version of all forms from [www.discovery.co.za](http://www.discovery.co.za), under Medical Aid > Find important documents and certificates.

## Follow these steps to help us process your application

- Please fill in the form in black ink and print clearly, or complete the form digitally.
- Please sign all the relevant sections. Please sign and date any changes.
- Read and understand the terms and conditions for membership (Section 9) and the Scheme Rules. The full set of Scheme Rules is available on [www.discovery.co.za/medical-aid/scheme-rules](http://www.discovery.co.za/medical-aid/scheme-rules).
- Sign sections 6, 8 and 10.
- Email the completed and signed form to [application@discovery.co.za](mailto:application@discovery.co.za).

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

## 1. About your organisation

When do you want your cover to start?

|   |   |   |   |   |   |   |   |   |   |
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|---|---|---|---|---|---|---|---|---|---|

Name of employer

Registration number

Employer number

VAT number

Branch number

Legal entity, for example (Pty) Ltd, Partnership, etc

## Physical address

Suite/Unit number

Complex name

Street number

Street name

Suburb

Postal code

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

If you do not complete a postal address, we will use your physical address for the post.

PO Box

Private Bag

Box number

Suite

Postnet Suite

Number

Suburb

Postal code

In what industry do you operate? Please tick the applicable block.

Mining and mining resources     Financial Services     Retail     Construction/building     Manufacturing

Hotel/leisure/entertainment     Professional services     Education     Religious organisations     IT

Other (please specify) \_\_\_\_\_

COVID (workman's compensation) registration number \_\_\_\_\_

## 2. Your organisation's contact people

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

Title     Initials

Surname

First name(s) (as in identity document)

ID or passport number           Date of birth

Country of issue  Employee number

Telephone (W)  -           Cellphone     -

Email

### 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 in identity document)

ID or passport number           Date of birth    -    -

Country of issue

Telephone (W)  -           Cellphone     -

Email

## 3. Your organisation's medical scheme membership details

### Name of current medical scheme/s

| Current scheme name/s | Employer membership number | Start date  | End date if already resigned  |
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### Previous medical scheme names

| Previous scheme names | Employer membership number | Start date  | End date  |
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#### 4. Please select your billing method

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

Monthly bill:  Advance  Arrears  
Send monthly bill to:  Email  Post

#### 5. Details of your company's employees

5.1. The total number of permanent staff your company employs

5.2. The total number of main members who will need Discovery Health Medical Scheme cover

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 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 listed above?  Yes  No

5.4. How many of your employees currently belong to a registered South African medical scheme?

#### 6. Banking details for deduction of monthly contributions (if applicable)

**Please note:** We do not accept credit card details and you can only use a South African bank account.

**Please note:** A debit order is compulsory for an employer with 15 or fewer main members.

Bank name

Branch name  Branch code

Account number  Type of account  Cheque  Savings

Name of account holder

We will debit your account on the first working day of the month. If your employer group is not activated in time for the debit order collection and there is an amount outstanding, we will collect that amount in the interim upon activation.

Authorised signatory or signatories on behalf of the employer and employees:

Name and surname  Name and surname   
Designation  Designation

#### 7. Your financial adviser's details (to be completed by your financial adviser)

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 131 of 1998 and licensed by the Financial Services Board in terms of the Financial Advisory and Intermediary Services Act 37 at the date of signing this application form
- 7.2. I am appointed by the employer to provide advice about this application.
- 7.3. I have a valid contract with Discovery Health Medical Scheme and I have made the client aware of the commission I receive from Discovery Health Medical Scheme.
- 7.4. I am responsible for providing the employer and main 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 I give to the employer and main applicant about the completion of this application form and joining Discovery Health Medical Scheme.

Signature of financial adviser



**Please only sign if this information is true, complete and correct.**

## 8. Our Privacy Statement – How we will process and disclose your personal information and communicate with you

### Definitions

**The Scheme/we/us/our** refers to Discovery Health Medical Scheme, registration number 1125, registered with the Council for Medical Schemes.

**Administrator** refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed care organisation for Discovery Health Medical Scheme and a subsidiary of Discovery Limited (registration number 1999/007789/06).

**You and your** refers to the member and the dependants on the medical scheme which may include your spouse, children and other dependants as the case may be.

**Your personal information** refers to personal information about you, and your employees (as relevant). It includes information about race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the individual amongst other things.

**Process(ing) (of) information** means the lawful and reasonable automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information to ensure that such processing is adequate, relevant and not excessive given the purpose for which it is processed.

**Competent person** means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant for example a parent, legal guardian or a legal representative appointed by a court to manage the finances, property, or estate of another person unable to do so because of mental or physical incapacity.

### How we will process and disclose your personal information and communicate with you

1. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in a manner that is compliant, ethical, adheres to industry best practice and applicable protection of personal information legislation as enacted from time to time.
2. This Privacy Statement applies to you if you engage with us physically through our offices, or virtually through our website (<https://www.discovery.co.za>), email, mobile applications such as the Discovery App, social media platforms, over the phone, or otherwise as may be the case from time to time.
3. When you engage with the Scheme and Administrator, you entrust us with personal information about yourself, your family, and in some cases, your employees. We are committed to protecting your right to privacy. The Scheme and Administrator will keep your personal information confidential.
4. We take protecting your personal information seriously and are continuously developing and updating our security systems, processes and data governance policies.
5. We have a duty to take all reasonably practicable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To enable this, we will always endeavour to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third party data sources. Thus your personal information comprises information you may have given to us yourself or we may have collected from other sources.
6. You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note that the Scheme and Administrator require your acceptance to activate and service your medical scheme membership. If you do not accept these terms and conditions, we cannot activate and service your medical scheme membership.
7. You understand and/or acknowledge that when you include your spouse and/or dependents on your application, we will process their personal information for the activation of the policy/benefit and to pursue their legitimate interest. By submitting your dependents' relevant personal information, you hereby confirm that you are duly authorised to share such information with us. We will furthermore process their information for the purposes and in the manner set out in this Privacy Statement.
8. If you are giving consent for a person under 18 (a minor) you confirm that you are a competent person and that you have authority to give their consent on their behalf.
9. If you share your personal information with any third parties, we will not be responsible for how they use this information nor be responsible for any loss suffered by you or your employer (where applicable).
10. If you are an Employer Group with the Scheme ("the parties"), the parties accept responsibility to the extent that the processing activities of personal information fall under the control of that party and agrees to indemnify the other party/ies against any loss or damage, direct or indirect, that an employee may suffer because of any unauthorised use of the employees' personal information or if a breach of the employees' personal information occur, but only if the processing of that personal information is controlled by that party.
11. You understand, accept and consent that the Scheme and Administrator may process your personal information for the following purposes:
  - 11.1. to verify the accuracy, correctness and completeness of any information provided to the Scheme and Administrator in the course of processing an application for membership or providing services related to the membership;
  - 11.2. for the administration of your health plan;
  - 11.3. for the provision of managed care services to you on your health plan;
  - 11.4. for the provision of relevant information to a contracted third party who requires this information in order to provide a healthcare service to you on your health plan;
  - 11.5. to profile and analyse risk;
  - 11.6. to share your personal information with external health providers for them to assess or evaluate certain clinical information, in the event that you are subject to such a clinical assessment.
12. Examples of when and how we will get and share your personal information include:

- 12.1. Sharing your personal information with your chosen financial adviser during the application process to help the Administrator, if necessary, while we process your membership application;
- 12.2. Getting your personal information with your chosen financial adviser during the application process to help the Administrator, if necessary, while we process your membership application;
- 12.3. If you have joined as a member of an employer group, getting from and sharing with your employer information that is relevant to your application;
- 12.4. By signing this application form, you authorise the Scheme and Administrator to obtain and share information about your creditworthiness with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments, default history and sharing of information for purposes of risk analysis, tracing and any related purposes.
- 12.5. Communicating with you about any changes in your health plan, including your contributions or changes and enhancements to the benefits you are entitled to on the health plan you have chosen;
- 12.6. Transferring your personal information outside the borders of the Republic of South Africa where appropriate, for example to administer international emergency or treatment benefit and Africa Benefit, or if you provide an email address which is hosted outside the borders of South Africa, or for processing, storage or academic research
13. If a third party asks the Scheme and Administrator for any of your personal information, we will share it with them only if:
  - 13.1. you have already given your consent for the disclosure of this information to that third party; or
  - 13.2. we have a legal or contractual duty to give the information to that third party.
14. The Scheme and the Administrator will provide your personal information to any entity with whom you or your dependant/s already have a commercial relationship; or where you or your dependant/s have applied for a product, service or benefit from such an entity. This information will be provided for the purposes specified in your consent which could include the administration of your or your dependant/s products or benefits with such entities.
15. Your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential and all data will be made anonymous to the extent possible and where appropriate. No personal information will be made available to an academic or research party unless that party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of this research, you will not be identified by name.
16. You agree that the Scheme and Administrator may transfer your personal information outside South Africa:
  - 16.1. if you give us an email address that is hosted outside South Africa; or
  - 16.2. to administer certain services, for example, cloud services.
17. If the Scheme or Administrator becomes involved in a proposed or actual amalgamation, transfer or merger, acquisition or any form of sale of any assets, as appropriate, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information.
18. When we share your information, we will ensure that, the company, person or regulatory body (in or outside of South Africa) to whom we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to.
19. You consent and agree that:
  - 19.1. we may process your information, including personal and special personal information, to adhere to South African legislative reporting obligations and to perform transaction monitoring activities;
  - 19.2. we may communicate such personal information to Regulatory Bodies as well as to such governance as may be relevant if required by law and if any Legislative reportable matters are identified.
20. We may process your information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service. You may query the decision made about you.
21. The Scheme and Administrator have the right to communicate with you electronically about any changes on your health plan, including your contributions or changes and improvements to the benefits you are entitled to on the health plan you have chosen.
22. The Scheme and Administrator have a duty to keep you updated about any offers and new products that are made available from time to time. The Scheme, Administrator, any entity of Discovery Limited and/or any contracted third-party service providers may communicate with you about these.
23. You may opt out of Electronic Marketing on [www.discovery.co.za](http://www.discovery.co.za) or the Discovery App. We will store your personal information for the purpose to action this request and action it as soon as reasonably possible.
24. Unless required by law to keep your personal information for a certain period of time or purpose, you agree that the Scheme and Administrator may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-personalise it.
25. Where the Scheme and Administrator are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:
  - 25.1. Legislation applicable to the Scheme and the Administrator:
    - Medical Schemes Act, 1998
    - The Consumer Protection Act, 2008
    - The Protection of Personal Information Act, 2013
    - Electronic Communications and Transactions Act, 2002
    - Promotion of Access to Information Act, 2002
  - 25.2. Legislation specific to Discovery Health (Pty) Ltd only:
    - Financial Advisory and Intermediary Services Act, 2002
26. The Scheme may change this Privacy Statement at any time. The current version is available on [www.discovery.co.za/medical-aid/about-discovery-health-medical-scheme](http://www.discovery.co.za/medical-aid/about-discovery-health-medical-scheme).
27. You have the right to know what personal information the Scheme holds about you. If you wish to receive this information please complete a 'PAIA Form to Request Access to Records' on [www.discovery.co.za/medical-aid/about-discovery-health-medical-scheme](http://www.discovery.co.za/medical-aid/about-discovery-health-medical-scheme) and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information in respect of this request. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.

28. If you believe that the Scheme or Administrator have used your personal information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPIA, but we encourage you to first follow our internal complaints process to resolve the complaint. We explain the complaints and disputes process on the website [discovery.co.za/medical-aid/about-discovery-health-medical-scheme](https://www.discovery.co.za/medical-aid/about-discovery-health-medical-scheme) or contact the Administrator's Information Officer at [privacy@discovery.co.za](mailto:privacy@discovery.co.za). If, thereafter, you feel that we have not resolved your complaint adequately kindly contact the Information Regulator at: The Information Regulator (South Africa) | JD House | 27 Stiemens Street | Braamfontein | PO Box 31533 | Braamfontein | 2017 | Tel: +27 (0) 10 023 5207 | Cell No: +27 (0) 82 746 4173 | [PAIAComplaints@infoeregulator.org.za](mailto:PAIAComplaints@infoeregulator.org.za) and [POPIAComplaints@infoeregulator.org.za](mailto:POPIAComplaints@infoeregulator.org.za)

Signature of main member

Date    -    -

The main applicant must sign and date any changes.



Please only sign if you have read and understand this statement

## 9. Terms and Conditions applicable to Discovery Health Medical Scheme membership

**The Scheme** refers to Discovery Health Medical Scheme, registration number 1125, registered with the Council for Medical Schemes.

**Administrator** refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed care organisation for Discovery Health Medical Scheme and a subsidiary of the Discovery Group.

### ***You and your employees***

In your role as an employer, you are applying for membership of the 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 or partner, and people who are financially dependent on them to their health plan. Please speak to us to find out if this applies to your organisation.

### 9.1. ***Scheme rules for membership***

The rules of the Scheme records the rights and responsibilities for your employees' membership. The rules may change from time to time.

You may ask us for a copy of these rules at any time or view them on our website at [www.discovery.co.za](https://www.discovery.co.za).

When you sign this application form, you confirm that you have read and understood these terms and conditions relevant to this application.

You also confirm that the contracted financial adviser you appointed may communicate with the Scheme or Administrator on all matters relating to this application and membership of your employees to the Scheme. Your employees need to give permission that the Scheme or Administrator can share their medical information and other relevant personal information about them and their dependants with the contracted financial adviser. We will share the information so that the financial adviser can help us if necessary while we process your employees' membership applications. Please speak to your financial adviser or the Administrator if there is anything you do not understand.

### 9.2. ***Giving and getting information***

#### **You must give 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 relating to your employees and those they apply for to be relevant to this application, it is important to tell the Scheme about it during the application process. We may ask your employees and those that they apply for who are 18 years or older for more information about themselves.

#### **Your legal address**

The Scheme or Administrator 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.

#### **The Scheme and Administrator may record telephone calls**

The Scheme and Administrator may record telephone conversations with your employees and those they apply for. We will process and keep the recordings and all information we get during the recordings as required by law.

### **The Scheme or administrator may get information directly from your employees**

The Scheme and Administrator can get information directly from your employees and those they join with who are over the age of 18. This includes asking them to have certain medical tests done, either before or during their membership with the Scheme.

### **Tell the Scheme or Administrator 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 must tell the Scheme or Administrator in writing what the changes are. Any changes may influence the terms the Scheme offers you and your employees. 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, if you, your employees or those they 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 health changes or other relevant changes between the date you sign this document and the date cover starts.

### **9.3. Payment of contributions**

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

You will be able to identify the debit order for your monthly contributions on your bank statement. The reference number DISC PREM will be used.

### **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 in be your employ***

Applicants for membership must be in your employ on the date cover starts. If an applicant is not in your employ on the date 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.

#### ***Tell us if an employee leaves***

You must tell the Scheme or Administrator immediately when an employee leaves your company or when an employee's spouse, partner or any dependant ends their membership with the Scheme. We will then adjust the amount of contributions you must pay.

#### ***Waiting periods and late-joiner penalties***

The Scheme may impose waiting periods and late-joiner penalties on employees. Any underwriting exemption will depend on you complying with the requirements set by the Scheme from time to time.

Signature of main member

**The main applicant must sign and date any changes**

Date   -   -



**Please only sign if you have read and understand this statement**

## 10. Debit order mandate

The signed authority and mandate refers to the application on the signed date ("the Agreement")

I, the undersigned:

- Warrant that the account information I have provided above is an account in my name and that the information furnished by me/us in this Authority and Mandate is true and correct:
- Authorise Discovery Health to issue and deliver payment instructions to my bank, recorded above, for the collection by Discovery Health from the bank account (or any bank or branch to which I may transfer my account) any amounts due under or in terms of this application on condition that the sum of such payment instructions will never exceed my obligations as framed in the Agreement which shall commence on the date that cover starts as requested on the application form and shall continue until this Authority and Mandate is terminated by me by giving Discovery Health no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this Authority and Mandate.
- Confirm that the payment instructions mentioned above must be issued on the first working day of the month. If the membership is not activated in time for the debit order collection and there is an amount outstanding Discovery Health can collect that amount in the interim, upon activation. If I change the date of the debit order after activation, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- Authorise Discovery Health to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this Agreement.
- Acknowledge that my bank account will treat each payment instruction to pay contributions or amounts due under this Agreement to Discovery Health as if each payment instruction came from me personally as the account holder.
- Undertake to advise Discovery Health in writing of any changes to my account details and acknowledge that Discovery Health will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my failure to notify Discovery Health of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in funds to meet my obligations under or in terms of the Agreement.
- Know and understand that the withdrawals hereby authorized will be processed through a computerized system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the Agreement so as to enable me to identify this membership;
- Acknowledge that although this Authority and Mandate may be terminated by me, such termination does not necessarily terminate this Agreement . In the event of such termination I am not entitled to any refund of any contributions or amounts due that was withdrawn by Discovery Health whilst this Authority and Mandate was in force if such contributions or amounts were legally owing to Discovery Health in terms of the Agreement;
- Acknowledge that by signing this Authority and Mandate I am bound by the payment terms applicable to this Agreement.
- Acknowledgment that this Authority may be assigned to a third party if this agreement is also assigned to a third party. Reference number

This Agreement reference number: System generated reference **number**

### Abbreviated name

Abbreviated name: DISC PREM

Deduction amount – as per signed contract

Payment start date – as per signed contract

Signed at (town or city)

Date

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



**Please only sign if information is true, complete and correct.**

Authorised signatory/signatories

Authorised signatory/signatories

On behalf of the employer and employees, duly authorised

Name and surname

Name and surname

Designation

Designation