

## 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 the form

All international students taking up studies in South Africa must comply with the Visa Regulations which requires that all international students wishing to take up studies in South Africa must be in possession of appropriate medical cover with a registered South African medical scheme for the duration of their studies. Thank you for deciding to apply to join the Discovery Health Medical Scheme. This document is an application form for membership for international students. The information requested in this application form is required to enable the Scheme to process your membership application and to help in the administration of your membership as well better administer the affairs of the Scheme.

This application form also contains terms and conditions applicable to your membership (Section 8). 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 documents and your certificates.

## What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally. You can access a list of the approved digital signatures from [www.discovery.co.za](http://www.discovery.co.za), under Medical Aid > Find documents and certificates > Application forms.
- All relevant sections must be signed by the main applicant. The main applicant must sign and date any changes.
- Read and understand terms and conditions for membership (Section 8) and the Scheme Rules. The full set of Scheme Rules is available [here](#).
- Provision is made in this form for you and your dependants to provide information relating to your race. This information is required by the Council for Medical Scheme for statistical purposes only. You are not compelled to provide this information.
- Email your completed and signed form to [application@discovery.co.za](mailto:application@discovery.co.za)
- Please attach a copy of your passport, letter of acceptance from the academic institution where you will be studying in South Africa and proof of payment (see banking details section) and use your passport number as the reference number when paying the contribution.

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

- You will be contacted if any details are missing or if more information is required for underwriting purposes and to process your application.
- You (and your financial adviser, if you have chosen one) will receive a message 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.
- If standard terms of acceptance are offered (no waiting periods or late-joiner penalties), your membership will be activated and you (or your financial adviser if you appointed one) will receive a welcome letter. For any non-standard terms, a counter-offer letter will be issued, which will indicate any conditions applicable to your membership (waiting periods and/or late-joiner penalties). You may accept the offer by signing and returning this letter to activate your membership. Once we receive your acceptance, you or your financial adviser will receive a welcome letter.

If you do not hear from the Scheme seven days after submitting 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 terms and conditions (section 8 of this form) for membership and agree to them.**

## 1. About yourself (main applicant)

When do you want your cover to start? 

D	O	D	1	M	M	Y	Y	Y	Y
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Membership end date 

D	D	M	M	Y	Y	Y	Y
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 Number of months (minimum of 6 months)

Please note: you need to pay your full contributions upfront for your membership.

Title 

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 Initials 

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First name(s)

Surname

Gender M  F

Race African  Coloured  Indian/Asian  White  Other

*You are not compelled to provide this information. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes*

Do not want to disclose race

Date of birth         Previous or maiden name

Marital status  Institution

ID or passport number  Telephone (H)

Telephone (W)       Phone Number

Email

**Physical address** while in South Africa

Suite/Unit number  Complex name

Street number  Street name

Suburb  Post 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 post.

PO Box  Private Bag Box number

Suite  PostNet Suite Number

Suburb  Post code

**Please select a GP on the KeyCare GP Network.**

	Name	GP name	Practice number
Main applicant			<input type="text"/>

**2. Adding a dependant (if applying for cover)**

If you have a dependant you would like to add to your membership, please complete an Application to add dependants form. Download the latest version of all forms from [www.discovery.co.za](http://www.discovery.co.za), under Medical Aid > Find documents and your certificates.

**3. Banking details to pay your contributions to Discovery Health Medical Scheme**

Bank First National Bank  
 Account holder Discovery Health Medical Scheme - DHMS 360 International Students  
 Branch name FNB Corporate Account Services - Johannesburg  
 Branch code 255005  
 Account number 62509784238  
 Type of account Cheque  
 Swift code FIRZAJJ  
 Reference number When making a payment, include your passport number as your reference number

You will be required to pay for your full contribution amount for the elected time of cover. All additional charges and fees in relation to the payment of your contributions will be for your own account.

As part of Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holders residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirement and will not be used to update the contact details we have on system, if you wish to update any contact details please visit [www.discovery.co.za](http://www.discovery.co.za).

#### 4. Your banking details for your claims refund (South African bank account only)

Bank name	<input type="text"/>		
Branch name	<input type="text"/>		
Branch Code	<input type="text"/>		
Account holder	<input type="text"/>		
Type of account	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	Account number <input type="text"/>

If we are paying a third party bank account, the main member must insert the ID number of the third party.

If third party bank details, please insert the third party ID number

If the third party bank account is a Joint account, Company account or Trust account please provide proof of bank account. Refer to Annexure A at the back of the application form for the proof of bank account required.

By signing this application, you agree that once claims have been refunded into the bank account you have chosen, Discovery Health Medical Scheme will not be responsible in any way for the amounts refunded and you understand that you may not transfer, assign, pledge or cede the payment or receipt of any benefit by or from the Scheme to any person and if you do or attempt to do so, the Scheme may withhold, suspend or discontinue the payment of such benefit.

Signature of account holder



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

#### 5. Your financial adviser's details

Do you want an adviser? Yes  No

Please complete this section if you already have a financial adviser

Financial adviser's name	<input type="text"/>	Code	<input type="text"/>
Intermediary house	<input type="text"/>	Code	<input type="text"/>
Financial adviser's telephone number (W)	<input type="text"/>	Lead number	<input type="text"/>
Email	<input type="text"/>		
Bank reference number (if applicable)	<input type="text"/>	(Mandatory for all ABSA and FNB financial advisers)	

#### Declaration

I declare that I have read, understood and agree to the broker declaration on [www.discovery.co.za/portal/rules](http://www.discovery.co.za/portal/rules).

#### I declare that:

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

Signature of financial adviser

Signature of main applicant



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

## 6. Legal guardian in South Africa

(Only complete this section if the applicant is younger than 18 years.)

I, \_\_\_\_\_ born on 

D	D	M	M	Y	Y	Y	Y
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, hereby confirm that

I am the guardian/parent of \_\_\_\_\_ (name and surname of minor) for the duration of his/her stay in South Africa.

Residential address

							Code	
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Cellphone number

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ID or passport number

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Email address

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Signed at

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Signature of guardian

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

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

When you engage with Discovery Health Medical Scheme, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependants, beneficiaries and life assureds, where applicable. To view and read our Privacy Statement, please follow this link: <https://www.discovery.co.za/medical-aid/about-discovery-health-medical-scheme> and scroll to, "YOUR PRIVACY IS IMPORTANT TO US" click on the **Privacy Statement** link.

Signature of main member

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Date

D	D	M	M	Y	Y	Y	Y
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The main applicant must sign and date any changes.



Please only sign if you have read and understand this statement

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

### Definitions

**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.

Do you agree that we may send you direct electronic marketing from time to time

No, thank you  Yes, I agree

### 8.1. Scheme rules for membership

The rules of the Scheme record your rights and responsibilities for your membership. They may change from time to time. You may as us for a copy of these rules at any time or view these rules on [www.discovery.co.za](http://www.discovery.co.za).

When you sign this application, you confirm that you have read and understood these terms and conditions and you agree that you and those you apply for will be bound by these and Scheme Rules.

Where applicable you also acknowledge and confirm that you, your financial adviser, or your employer, may communicate with us on this application and your membership of the Scheme.

You give permission that the Scheme or Administrator can share your medical information and other relevant Personal Information about you and your dependant/s 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 the Administrator if there is anything you do not understand

### 8.2. Who you are applying for

You may apply to join the 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 Scheme rules, as referred to above. For anyone to be treated as financially dependent for this application, you must have a responsibility to provide financially for that dependant. The Scheme or Administrator 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.

### 8.3. 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/partner and any dependant(s) over 18 to act for them in any matter relating to this application.

#### 8.4. **Giving and getting information**

##### **You must give true, correct and complete information.**

To consider your application for membership, the 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**

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 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.

##### **The Scheme and Administrator may get information about you from other relevant sources**

The Scheme and Administrator may (at any time and on an ongoing basis) obtain your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus or industry regulatory bodies (“relevant sources”) and further process such information to consider your membership application, to conduct underwriting or risk assessments, or to consider a claim for medical expenses, to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers or financial advisers). We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete.

You give your permission that the Scheme and Administrator may get any information that is relevant to your application from your employer.

##### **Tell the Scheme or Administrator immediately if your information changes**

You, your employer or your financial adviser must tell the Scheme or Administrator 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 Scheme may cancel your membership/s**

The 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.

Providing false information may lead to criminal charges being brought against you. You will have to pay any amount owing to the Scheme as a result of this cancellation.

##### **Monitor for possible non-disclosure.**

To exclude the possibility of non-disclosure of material information, for the first 12 months we will monitor membership in the following cases:

- a) Claims of new beneficiaries with less than 24 months continuous medical scheme membership and with less than 90 days break, immediately prior to date of application.
- b) When an application is made for membership or admission for a person who was not a beneficiary of a medical scheme for a period of at least 90 (ninety) days preceding the date of application.

In accordance with the Medical Schemes Act, we implore new applicants to disclose true and complete information to the Scheme. It is always better to disclose too much than too little.

Please note that if membership is subject to the above-mentioned 12-month monitor period, the Scheme may request additional medical history upon receiving a claim and/or a request for authorisation. In this case, the Scheme will only confirm benefits once it is satisfied with the additional information received.

#### 8.5. **About becoming a member**

##### **The Scheme might not pay for certain expenses immediately after you become a member**

The Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before the Scheme starts paying for any general or specific medical conditions. We will advise if any waiting periods apply. Please speak to your financial adviser or the Administrator with regard to any waiting periods applicable 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 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 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 with prior notification.

**8.6. Repaying money owed to the Scheme**

The Scheme has the right at any time to collect from you any amount that you owe. 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 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 allocated to an account called the 'Medical Savings Account'. If you leave the 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 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. You will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number DISCSETTLE will be used.

Signature of main applicant

Date 

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

## 9. Third Party Bank details

Please attach the relevant proof of bank account if you providing a third party bank account for claims refund.

**THIRD PARTY ACCOUNT** (e.g. spouse, aunt, uncle, friend, father, son)

- Proof of the account (bank statement or bank letter not older than three months)
- A copy of the third party's (account holder) ID, Passport or Driver's Licence
- A copy of the main members ID, Passport or Driver's Licence

**JOINT ACCOUNT**

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, Passport or Driver's Licence of each of the joint

**COMPANY ACCOUNT**

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, Passport or Driver's Licence of the signatories who have authority to sign on behalf of the company
- A letter of authority stating that the account can be used including the details of the signatory and stating the membership details for which the bank account will be used. The letter must be dated, signed by an authorized person on behalf of the company and it must contain the membership or policy number(s)
- A copy of the company's certificate of registration
- A copy of the main members ID, Passport or Driver's Licence

**TRUST ACCOUNT**

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, Passport or Driver's Licence of each of the trustees of the account
- A copy of the Trust's certificate of registration
- A copy of the Trust resolution, showing the The resolution must be dated, signed by an authorized person on behalf of the Trust and it must contain the membership or policy number(s)
- A copy of the main members ID, Passport or Driver's Licence

If you are completing the request on behalf of the main member, please include proof that you have obtained the necessary authority (example, Letter of Authority or Letter of Executorship).