

# Application to change the main member on Discovery Health Medical Scheme 2023



## 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

This document is an application form to change the main member on an existing Discovery Health Medical Scheme membership. It also contains some rules for membership. Please make sure you read and understand the 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).

## What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally.
- All relevant sections must be signed by the main applicant. The main applicant must sign and date any changes.
- Read and understand the rules for membership (section 10).
- Sign section 4 to 9.
- Submit your documents by using the 'Get Help' tool on [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Get Help > Submit a document.
- This form must be submitted together with a copy of your ID or passport and your banking statement that is not older than 3 months.

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

## 1. About the new main member

Effective date of the new main member	<input type="text" value="D D - M M - Y Y Y Y"/>		
Membership number	<input type="text"/>		
Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text" value="D D - M M - Y Y Y Y"/>
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Previous or maiden name (where applicable)	<input type="text"/>		
Tax number	<input type="text"/>	Occupation	<input type="text"/>
ID or passport number	<input type="text"/>	Country of issue	<input type="text"/>
Telephone (H)	<input style="width: 100px;" type="text" value=" - "/>	Telephone (W)	<input style="width: 100px;" type="text" value=" - "/>
Cellphone	<input style="width: 100px;" type="text" value=" - "/>		
Email	<input type="text"/>		
Postal address (Post collected from post box, suite or private bag)			
<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	Box number	<input type="text"/>
<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet Suite	Number	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>

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

### Physical address

Suite/Unit number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>

### 2. Details of previous main member

If you need to change the main member due to the death of the previous main member, please attach a certified copy of the death certificate.

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	
Date of birth	<input type="text"/>	-	<input type="text"/>
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>
	Widowed <input type="checkbox"/>		
ID or passport number	<input type="text"/>	Country of issue	<input type="text"/>
Telephone (W)	<input type="text"/>	Telephone (H)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

### We need to get the following information according to Section 18 of the Income Tax Act 1962:

Are you financially dependent on the new main member?  Yes  No

Please specify your monthly income R

Are you disabled?  Yes  No Are you a full-time student?  Yes  No

### 3. About your employer (applicable to new main member)

Employer name	PERNOD RICARD	Date of employment	<input type="text"/>
Employee number	<input type="text"/>		
Branch name	JOHANNESBURG	Branch number	01

### 4. If you have a KeyCare Plan

Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member's or registered spouse or partner's earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance in terms of any statutory social assistance programme.

#### IMPORTANT NOTICE:

**Declaring income lower than your actual income constitutes fraud. This will lead to the immediate termination of your membership and criminal charges may be brought against you. If your income is not declared, your income verification status will default to the highest income band. It is your responsibility to provide accurate income information otherwise the Scheme may not be in a position to refund the excess amount paid by you.** By signing this application form, you give your permission for us to verify your declared income using all relevant internal and external sources.

	Main member	Spouse or partner
Total earning over the last 12 months	R	R
Occupation	R	R

I declare that this income declaration is true and accurate.

Signature of new main member



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

If you are applying in your private capacity and the highest earner earned less than R165 612 for each year, then please provide the following supporting documentation as proof of income:

- Last 3 months' (90 consecutive days) bank statements; and
- If employed, your last 3 months' payslips and commission schedules, or most recent tax year's IRP5 certificate
- If student, proof of enrolment at academic institution
- If self-employed, most current financial statements
- If pensioner, proof of annuity and/or employer pension and/or State Older Person's Grant
- If unemployed, UIF certificate.

If you are applying through an employer group and you have earned less than R165 612 for each year, then please provide the following supporting documentation as proof of income:

- Last month's payslip
- Letter of engagement from employer.

## 5. Your banking details

### 5.1. Your contributions

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

**Please note: We cannot accept credit card account details and only South African banking details are accepted.**

**If we are debiting a third party account, the main member must sign next to the account holder.**

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Type of account	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings
Account holder	<input type="text"/>		
Account holder's physical address (own/3rd party/trust/company)	<input type="text"/>		
	<input type="text"/>		
Account holder contact details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account holder email address	<input type="text"/>		

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).

We will debit your account on the first working day of the month. If your membership is not activated in time for the debit order collection, your first contribution will be collected with the next debit order unless it has been paid in the interim. Once your account is paid up to date, you may change your debit order date to a variable debit order date by contacting us on 0860 99 88 77.

### 5.2. 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. We no longer issue cheques. If no details are provided it will impact your claims payment. If we are paying a third party bank account, the main member must insert the ID or passport number of the third party.**

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

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

ID or passport 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, the Scheme will not be responsible in any way for the amounts refunded.

Signature of account holder

Signature of main member

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

## 6. Your financial adviser's details

Please choose one of the following options: I choose to remain with the current intermediary from the employer of previous main member   
I would like to choose a new intermediary

**Should you not wish to appoint an intermediary, please accept the intermediary waiver below**

Intermediary waiver: I select to continue without financial advice from any financial adviser and understand that this decision will have no impact on my monthly contribution

Accept intermediary waiver

**Please complete the section below with the new intermediary details, if the second option is selected above**

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)

## 7. Authorisation

I, am duly authorised to appoint the financial adviser and intermediary house mentioned above, I also give the Discovery companies consent to share with my appointed adviser all policy information, including personal and underwriting information necessary to ensure the efficient administration, assessing of claims and to ensure that Discovery complies with all relevant legislation on an ongoing basis. I understand and accept that this consent can be revoked at any time failing which Discovery shall be entitled to continue sharing such information with the appointed individuals until termination of such policy.

Signature of new main member

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

## 8. Advisers information (if applicable)

I,  have been appointed as the principal adviser on record for  
clients name,  with policy number

In terms of the provisions made in Section 7 (4) of the Financial Sector Conduct Authority General Code of Conduct for Authorised Financial Services . Providers and Representatives, I confirm that I will complete a review of the above client's portfolio at policy annual review date as set out in this agreement.

NB: Principal adviser must sign the form and declaration.

Advisers signature



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

## 9. 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;
  - 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

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](http://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@inforegulator.org.za](mailto:PAIAComplaints@inforegulator.org.za) and [POPIAComplaints@inforegulator.org.za](mailto:POPIAComplaints@inforegulator.org.za)

Signature of main member

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

## 10. Discovery Health Medical Scheme rules for 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.

**Discovery Group** refers to Discovery Limited, registration number 1999/007789/06, including all subsidiaries of the group. Subsidiaries in the Group are authorised financial services providers.

### 10.1. 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 ask 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 rules and you agree that you and those you apply for will be bound by them.

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

### 10.2. 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.

### 10.3. 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.

#### 10.4. ***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, entities that are part of Discovery Group 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. 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.

#### 10.5. ***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.

### **10.6. 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.

## **11. Debit order mandate**

This signed authority and mandate refers to the application on the signed date ("the agreement")

I/We, 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 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.

### **Reference number**


This Agreement reference numbers are DISC PREM, DISCSETTLE, MEDXPRESS

Deduction date: as per signed contract

Deduction amount: as per signed contract

Payment due date: as per signed contract

Signature of bank account holder  Date   -   -

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


**In addition to the above terms, the policyholder must agree to the following**

1. I confirm that I have the right to give Discovery Health Medical Scheme the authority to debit such account on a monthly basis.
2. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by Discovery Health Medical Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
3. I hereby authorise Discovery Health Medical Scheme to verify the banking details as provided above for the purposes of setting up the debit order, in need.
4. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
5. I confirm that if I miss a contribution collection date I authorise that Discovery Health Medical Scheme may deduct a double debit of my contributions the following month.

I,  (full name (s) and surname, according to your identity document), as the main member, give Discovery Health Medical Scheme permission to change my banking details.


Signed at (town or city)  on   -   -

Signature of new main member  Date   -   -

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

Signature of previous main member\*  Date   -   -

\* If the previous main member's signature cannot be obtained, please state the reason.

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

**This form is only a complete application when it contains all the information we need to fully process your application. We take the date on which we receive the complete application as the application date, and not the date on which you sign the form.**