

Employer application to join Discovery Health Medical Scheme in 2024



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, 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, under Medical Aid > Find 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. You can access a list of the approved digital signatures from www.discovery.co.za, under Medical Aid > Find documents and certificates > Application forms.
- 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.
- Sign sections 6, 8 and 10.
- Email the completed and signed form to 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?

D	O	D	M	Y	Y	Y	Y
		1					

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	<input type="checkbox"/>	Hotel/leisure/entertainment	<input type="checkbox"/>
Financial Services	<input type="checkbox"/>	Professional services	<input type="checkbox"/>
Retail	<input type="checkbox"/>	Education	<input type="checkbox"/>
Construction/building	<input type="checkbox"/>	Religious organisations	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	IT	<input type="checkbox"/>

Other (please specify)

COID (workman's compensation) registration number

2. Your organisation's contact people

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

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as in identity document)	<input type="text"/>		
ID or passport number	<input type="text"/>	Date of birth	<input type="text"/>
Employee number	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

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	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as in identity document)	<input type="text"/>		
ID or passport number	<input type="text"/>	Date of birth	<input type="text"/>
Telephone (W)	<input type="text"/>	Cellphone	<input type="text"/>
Email	<input type="text"/>		

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

Previous medical scheme names

Previous scheme names	Employer membership number	Start date	End date

4. Please select your billing method

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)

This employer nominates this financial adviser to act exclusively on behalf of this employer group

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 with:
• my name, physical address, postal address and telephone number
• impartial advice that is in its 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

Date

D	D	M	M	Y	Y	Y	Y
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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

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

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

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.

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 employer contact

Date

D	D	M	M	Y	Y	Y	Y
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The employer contact must sign and date any changes.



Please only sign if you have read and understand this statement

10. Debit order mandate

Debit order mandate

This 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 other 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.
- If the membership or change in account details 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. 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;
- Acknowledge that my bank will treat each payment instruction to pay premiums 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 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 premiums or amounts due that was withdrawn by Discovery Health whilst this Authority and Mandate was in force if such premiums 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: Your membership number

Abbreviated name

Abbreviated name as registered with the bank: DISCPREM

Deduction amount: as per your activation of membership letter

Deduction date: as per section 1 of your membership application form

Payment start date: as per section 1 of your membership application form

Account Holder Signature

Date of signature

D	D	M	M	Y	Y	Y	Y
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Acknowledgement of appointment

Broker House Name: Aon South Africa (Pty) Ltd
 Broker House Code: 1004785125
 Broker Code: 1020031108

I acknowledge and appoint Aon South Africa (Pty) Ltd as my financial advisor for all matters related to my medical scheme membership.

My ID: _____ and membership number: _____

Signed at (Town or City): _____ on yy/mm/dd: _____

I have been informed that there is no additional fee charged by Aon for providing you with healthcare intermediary services. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme. This monthly commission is 3% of the monthly contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus Value Added Tax (VAT).

Permission to process my personal information as well as personal information of all dependents included on my membership application form and I consent to Aon South Africa (Pty) Ltd accessing information listed on the table below.

I give consent for the disclosure of information about me.

Membership number: _____ ID or passport number: _____

Title: _____ Initials: _____ Surname: _____

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

The following information should be made available to my appointed financial advisor as is necessary:

Personal examples	Benefit examples	Financial examples	Medical examples
<ul style="list-style-type: none"> * Name and Surname * Membership number * Date of birth * ID number * Postal Address * Physical address * E-mail Address * Telephone numbers * Cellular Number * Number of dependents 	<ul style="list-style-type: none"> * Plan type * Medical Savings Account (MSA) * Balance Medical Scheme benefits * Spent for the year Accumulated * Medical scheme Savings Account * Medical Savings Carry over from previous year * MSA reimbursement, Scheme Rate or cost * Self-payment Gap * Above Threshold Benefit * Waiting period details * Late joiner penalty indicator * Wellness benefits 	<ul style="list-style-type: none"> * Total Contribution * Contribution breakdown 	<ul style="list-style-type: none"> * Chronic Indicator/ confirmation (Yes/No) * In Hospital Indicator/ confirmation (Yes/No) * Confirmation of claims paid and from what benefit * Claims transaction history * Procedures done in doctor's rooms paid from Hospital Benefit



By signing this letter of appointment , I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd (“Aon”) to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it’s reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Signed at (Town or City): _____ on yy/mm/dd: _____

Signature: _____



Benefits of appointing Aon South Africa Healthcare as your intermediary

Aon Healthcare is committed to providing you with exceptional service at every interaction. We have a team of professional, fully accredited advisors to assist you with all your medical schemes, Gap cover and Primary care enquiries.

Our philosophy is to:



Guide:

our members in selecting the medical scheme, Gap cover insurance or Primary care options aligned to their needs.



Educate:

our members with ongoing training throughout the year, end of year medical schemes and Gap cover benefits and rate changes.



Protect:

the rights of members by applying the Medical Scheme Act and scheme rules when resolving disputes with the medical schemes on behalf of the members.

Catalogue of services and technological platform accessible to our members

- **Microsites:** Provides you with access to voice recorded Induction, Year-end renewal, Year-end launch highlight presentations, brochures, COVID-19 updates, various application forms.
- **Aon Resolution Centre:** Professional assistance with your Medical scheme, Gap cover or Primary care claim resolution, comparison or benefit explanation.
- **Year-end renewal communications:** Access to member letters providing updates on the following:
 - **Alert** - Provides high level summary of benefits and rates changes launched by medical scheme, Gap cover insurance as well as Primary care providers.
 - **Member letter** - Provides comprehensive information in relation to the benefits and rates changes implemented by Medical scheme, Gap cover or Primary care provider.
 - **Guidance letter** - Aon generates guidance letters for members that are under or over insured. The purpose of the guidance letter is to guide a member on selecting an appropriate option aligned to his/her needs.
- **Ad-Hoc Alerts:**
 - Ad-hoc updates pertaining to Medical schemes industry or providers specific updates.

Cost of appointing Aon

We are pleased to inform you that there is **no additional fee** charged by Aon when you appoint Aon Healthcare as your Healthcare intermediary. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme whether you have appointed Aon as broker or not. This monthly commission is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT). In terms of Primary Care Insurance products we earn maximum 3%. Gap Cover Insurance products, we earn commission on a sliding scale from 5% up to 20% depending on policy holder's monthly contributions.

Connect with us

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact. We partner with our client and seek solutions for their most important people and HR challenges. We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to www.aon.co.za

<http://www.facebook.com/Aonhealthcare>
Click "Like" on our page (Aon healthcare)

http://twitter.com/Aon_SouthAfrica
Click "follow" on our profile

Aon Employee Benefits – Healthcare

Aon South Africa Pty Ltd, an Authorised Financial Service Provider, FSP # 20555.

<http://www.aon.co.za/disclaimer>

On all services provided, Aon's Terms & Conditions of Business, as amended from time to time, are applicable and can be found at

<http://www.aon.co.za/terms-of-trade> or will be sent to you upon request.

[Privacy Notice](#)

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Disclaimer:

Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

POPIA

Protection of Personal Information Act 4 of 2013 (POPIA), Medical Schemes are requesting a signed Broker Appointment letter to make certain information available to Aon South Africa (Pty) Ltd.