

Discovery Gap Cover Option Change Declaration 2026



Contact us

Tel: **0860 99 88 77**, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

Discovery Gap Cover is a **non-life insurance policy**, underwritten by Discovery Insure Ltd, and administered by Discovery Health registration number 2009/011882/06, a licensed insurer and an authorised financial services provider. This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

What you are declaring

You are declaring your and your dependant(s)' health status for Discovery Gap Cover.

"Discovery Gap Cover" refers to either Discovery Gap Comprehensive, Discovery Gap Core or Discovery Gap Active option.

How to complete the form

- Complete the form in black ink. Please print clearly.
- Please ensure the main member of the Scheme signs this form, and initials any changes, where applicable.
- Email the completed and signed form to gapcover@discovery.co.za.
- Please include a copy of each applicant's identity document. We also accept valid passports and birth certificates for children.

When you sign this form, you confirm that the information you have given is true and correct.

1. Declaration from the main applicant (this person is also the main member of the scheme)

Your policy number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Surname	<input type="text"/>														
First name(s) (as per identity document)	<input type="text"/>														
Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>														

Please choose the Discovery Gap Cover plan that you are changing to:

Gap Comprehensive

Gap Core

Gap Active

Please state any diagnosis, symptoms, conditions or disorders that you or your dependants have sought advice for or suffering from:

Patient name	Condition	Date
		D D M M Y Y Y Y
		D D M M Y Y Y Y
		D D M M Y Y Y Y
		D D M M Y Y Y Y
		D D M M Y Y Y Y
		D D M M Y Y Y Y
		D D M M Y Y Y Y
		D D M M Y Y Y Y

I (first name and surname)

declare that my dependants and I do not intend seeking medical advice, care or treatment in the next eight weeks.

If you are unable to sign the declaration, please give complete details of any changes in your health.

2. Privacy Statement:

When you engage with Discovery, 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 lives assured, where applicable.

You can view and read our Privacy Statement on our **website** or follow this path: www.discovery.co.za and scroll to the bottom of the screen. Under 'ABOUT US' click on the Privacy link.

By signing this application form, you agree to, and understand, our Privacy Statement.

Signed at (town or city)

Signature of main applicant

Date

D	D	M	M	Y	Y	Y	Y
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**Please do not sign incomplete forms.
The applicant must sign and date any change.**