

# Employer application to join Discovery Health Medical Scheme in 2019



## Contact us

Tel (Members): 0860 99 88 77, Tel (Health partners): 0860 44 55 66, PO Box 784262, Sandton, 2146, [www.discovery.co.za](http://www.discovery.co.za)

## Who we are

Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme that you are applying to become a member of. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') 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.

## Purpose of the form

Thank you for deciding to apply to join Discovery Health Medical Scheme. This document is an application form for an employer group. It also contains some rules for membership (Section 9). Please make sure you read and understand these rules. This document is valid for 90 days from 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), on the Employer Zone, under Discovery Health > Product overview

## What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally by using Microsoft Word.
- All relevant sections must be physically signed and cannot be signed digitally. Please sign and date any changes.
- Read and understand the rules for membership (Section 9).
- Sign section 6, 8 and 9.
- Email the completed and signed form to [application@discovery.co.za](mailto:application@discovery.co.za) or fax it to **011 539 3000**.

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

## 1. About your organisation

When do you want your cover to start? 

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

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 \_\_\_\_\_ 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 \_\_\_\_\_

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

Mining and mining resources  Financial Services  Retail  Hotel/leisure/entertainment  IT  Manufacturing

Construction/building  Professional services  Religious organisations  Education

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 \_\_\_\_\_ Initials \_\_\_\_\_ Surname \_\_\_\_\_

First name(s) (as per identity document) \_\_\_\_\_

ID or passport number 

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Date of birth 

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

Country of issue \_\_\_\_\_ Employee number \_\_\_\_\_

Telephone (W) \_\_\_\_\_ Cellphone \_\_\_\_\_

Email \_\_\_\_\_



## Banking details for your monthly contributions (if applicable) (continued)

Your account will be debited on the first working day of the month. If the employer group is not activated in time for the debit order collection, your first premium will be collected with the next debit order unless it has been paid in the interim. After we have received your first debit order and you are paying in advance, you may change your debit order date to a variable debit order date by emailing [administration@discovery.co.za](mailto:administration@discovery.co.za).

Authorised signatory (ies) on behalf of the employer and employees, duly authorised:

Name(s) \_\_\_\_\_ Name(s) \_\_\_\_\_  
Designation(s) \_\_\_\_\_ Designation(s) \_\_\_\_\_

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

Financial adviser's name \_\_\_\_\_ Code \_\_\_\_\_  
Intermediary house \_\_\_\_\_ Code \_\_\_\_\_  
Financial adviser's telephone number (W) \_\_\_\_\_ Lead number \_\_\_\_\_  
Email \_\_\_\_\_  
Bank reference number (if applicable) \_\_\_\_\_ (Mandatory for all ABSA and FNB financial advisers)

### I declare that:

- 7.1. I am an accredited financial adviser in terms of the Medical Schemes Act and licensed by the Financial Services Board in terms of the Financial Advisory and Intermediary Services Act at the date of signing this application form.
- 7.2. I am appointed by the client 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 payable by Discovery Health Medical Scheme.
- 7.4. I am responsible for providing the organisation and its employees with:
  - my name, physical address, postal address and telephone number.
  - impartial advice that is in his or her best interest.
- 7.5. I am accountable for any advice given to the organisation and its employees about completion of this application form and joining Discovery Health Medical Scheme.

Signature of financial advisor \_\_\_\_\_  Please only sign if information is true, complete and correct.

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

### Definitions

**The Scheme** 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.

**You and your** refers to the member and your registered dependants on your medical scheme plan.

**Your personal information** refers to personal information about you, your spouse, your dependants, your beneficiaries, and your employees (as relevant). It includes information about health, financial status, gender, age, contact numbers and addresses.

**Process(ing) (of)** information means the automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information.

**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 or legal guardian.

1. When you engage with the Scheme and Administrator, you trust us with personal information about yourself, your family, and in some cases, your employees. We are committed to protecting your right to privacy.
2. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in line with the Protection of Personal Information Act ("POPIA").
3. 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.

4. The Scheme and Administrator will keep your personal information confidential. You may have given us this information yourself or we may have collected it from other sources. If you share your personal information with any third parties, we will not be responsible for any loss suffered by you or your employer (where applicable).
5. You understand 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. We will furthermore process their information for the purposes set out in this Privacy Statement.
6. If you are an employer, you agree to indemnify the Scheme and Administrator against any loss or damage, direct or indirect, that an employee suffers because of any unauthorised use of your employees' personal information.
7. 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 for them.
  - You agree that the Scheme and Administrator may process your personal information for the following purposes:
  - To verify the accuracy, correctness, completeness of any information provided (or not) to the scheme in the course of processing an application for membership or a benefit or processing a claims
  - for the administration of your health plan;
  - for the provision of managed care services to you on your health plan;
  - 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;
  - to profile and analyse risk;

## Our Privacy Statement (continued)

- to share your personal information with external health specialists for them to assess or evaluate certain clinical information, in the event that you are subject to such a clinical assessment.

Examples of how this will happen include:

- 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;
  - Getting 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 processing of 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; 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;
  - 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;  
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. We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to if a third party asks the Scheme and Administrator for any of your personal information, we will share it with them only if:
    - you have already given your consent for the disclosure of this information to that third party; or
    - we have a legal or contractual duty to give the information to that third party.
8. The Scheme and the Administrator will provide your personal information to any other entity within the Discovery Group with whom you or your dependant/s already have a relationship; or where you or your dependant/s have applied for a product, service or benefit from such entity. This information will be provided for the administration of your or your dependant/s products or benefits with other entities within the Discovery Group.
9. The Scheme and Administrator may share and combine all your personal information for any one or more of the following purposes:
  - market, statistical and academic research; and
  - to customise our benefits and services to meet your needs.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 a third party unless that third 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. If we want to share your personal information for any other reason, we will do so only with your permission.
10. 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.

- 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.
- 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.
- 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 within the Discovery Group and contracted third-party service providers may communicate with you about these.
- Please let the Administrator know if you do not wish to receive any direct telephonic marketing.
- 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.  
We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
- 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.
- 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:
  - Medical Schemes Act, 1998
  - The Consumer Protection Act, 2008
  - The Protection of Personal Information Act, 2013
  - Electronic Communications and Transactions Act, 2002
  - Promotion of Access to Information Act, 2002Legislation specific to Discovery Health (Pty) Ltd only:
  - Financial Advisory and Intermediary Services Act, 2002
- You agree that the Scheme and Administrator may transfer your personal information outside South Africa:
  - if you give us an email address that is hosted outside South Africa; or
  - to administer certain services, for example, cloud services.When we share your information to administer certain services, we will ensure that any country, company or person that we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to.
- 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.
- The Scheme may change this Privacy Statement at any time. The current version is available on [www.discovery.co.za](http://www.discovery.co.za).
- 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 [www.discovery.co.za](http://www.discovery.co.za). Contact details for the Information Regulator: The Information Regulator (South Africa) | SALU Building | 316 Thabo Sehume Street | Pretoria | Tel: 012 406 4818 | Fax: 086 500 3351 | [inforeg@justice.gov.za](mailto:inforeg@justice.gov.za)

Signature of main applicant \_\_\_\_\_

Date 

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

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

## 9. 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.

### 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 join 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. 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 form, you confirm that you have read and understood the rules 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.

The information will be shared so that he or she 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 that 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 with those they apply for. The recordings

and all information we get during the recordings will be processed and kept 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 for medical tests, 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 in time, you must pay within three days of the payment due date. If you do not pay within three days, the Scheme may suspend or cancel the memberships of your employees and those they join with. During any period of suspension, we will not be responsible for paying medical expenses.

#### 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 be employed by you

Applicants for membership must be employed by you on the date that cover starts. If an applicant is not employed by you on the date that 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

You acknowledge that 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.

Signed at (town or city) \_\_\_\_\_ on 

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

Authorised signatory(ies) \_\_\_\_\_ Authorised signatory(ies) \_\_\_\_\_

On behalf of the employer and employees, duly authorised

Name(s) \_\_\_\_\_ Name(s)) \_\_\_\_\_

Designation(s) \_\_\_\_\_ Designation(s) \_\_\_\_\_



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

Discovery Health Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS).

The CMS contact details are as follows: Email: [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com) | Customer Care Centre: 0861 123 267

website: [www.medicalschemes.com](http://www.medicalschemes.com)

This form expires on 2020/03/31. Download the most up to date forms from [www.discovery.co.za](http://www.discovery.co.za) > Employer Zone> Discovery Health > Product overview

DHMSNB09