



Who we are

Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme. 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.

Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za, 1 Discovery Place, Sandton, 2196.

Purpose of the form

If you want to change your health plan to a KeyCare Plan, you need to complete this form. It is important to remember that any changes you make to your health plan will affect your contribution and your benefits. Please read the **KeyCare** Series health plan guide for complete health plan benefit details. You can download the latest version of the KeyCare Series health plan guide from www.discovery.co.za under Medical Aid > Find a document. 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 a document.

What you must do now

- Fill in the form in black ink and print clearly, or complete the form digitally.
- All relevant sections must be physically signed by the main applicant and cannot be signed digitally. The main applicant must sign and date any changes.
- Once completed, please return this form to your human resources or salaries department (if applicable), or fax it to KeyCare on **011 539 7276** or email it to healthinfo@discovery.co.za

Please read this important information before you make the choice to move to a KeyCare Plan.

- If you are registered on the Chronic Illness Benefit, you must contact the Chronic Illness Benefit call centre on **0860 99 88 77** and a pharmacist will help you with medicine choices according to the KeyCare medicine list (formulary).
- You will no longer have access to a Medical Savings Account.
- You will no longer have access to the International Travel Benefit.
- You will have to use a network of specific hospitals and healthcare providers.
- For KeyCare Plus each dependant need to select a KeyCare Network GP
- For KeyCare Start each dependant need to select a KeyCare Start Network GP
- The KeyCare Plus Plan covers chronic medicine, certain day-to-day medical expenses and planned or emergency admissions in the KeyCare Hospital Network. Please read the KeyCare Series health plan guide for complete details.
- The KeyCare Start Plan covers chronic medicine in state facilities, certain day-to-day medical expenses and planned or emergency admissions in our KeyCare Start Hospital Network. The KeyCare Core Plan covers chronic medicine and planned or emergency admissions in the KeyCare Hospital Network. Please read the KeyCare Series health plan guide for complete details.

1. Your membership details (please give your current Discovery Health Medical Scheme membership details)

Main member _____

Membership number

Starting date of KeyCare Plan

2. Please choose your health plan

Plan	Description
<input type="checkbox"/> KeyCare Core	Hospital (KeyCare Hospital Network) and chronic cover only
<input type="checkbox"/> KeyCare Start	Hospital (KeyCare Start Hospital Network), chronic and day-to-day cover
<input type="checkbox"/> KeyCare Plus	Hospital (KeyCare Hospital Network), chronic and day-to-day cover

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 is fraud. This may lead to the termination of your membership and criminal charges may be brought against you.

Income verification will be conducted by the Scheme and Administrator who will verify the income amount declared below with a third party service provider i.e. credit bureau, when considering your membership application. Should there be an inconsistency between the income declared and the verification by the third-party service provider, we may request that an additional form be completed and additional supporting documentation be supplied in order to verify your income. By signing this application form, you give your permission for us to verify your declared income as referred to above.

Please choose your health plan (continued)

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

I declare that this income declaration is true and accurate

Signature of main applicant _____

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

If the highest earner received less than R156 601 for each year, then please provide the following supporting documentation as proof of income for both the main member and spouse/partner:

- 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

Please complete this if you have selected the KeyCare Plus or KeyCare Start Plan.

- For KeyCare Plus please select a GP on the KeyCare GP Network
- For KeyCare Start please select a GP on the KeyCare Start GP Network

If you select a KeyCare Plus plan and live far away from where you work or you often need to work in different towns or provinces, you may need a second GP.

	Name	GP name	Practice number	Second GP name*	Practice number
Main applicant			N N N N N N N N N N		N N N N N N N N N N
Spouse or partner			N N N N N N N N N N		N N N N N N N N N N
Dependant 1			N N N N N N N N N N		N N N N N N N N N N
Dependant 2			N N N N N N N N N N		N N N N N N N N N N
Dependant 3			N N N N N N N N N N		N N N N N N N N N N

Please note: you can only access day-to-day cover and chronic benefits through the KeyCare GP(s) you chose above.

I confirm that the information I have given in this application form is true and correct.

Declaration

I hereby declare that I have read and understood all the available and relevant information relating to the plan option selected above, which has enabled me to make an informed decision with regard to changing my plan option. I understand the rules, benefits and financial implications of the plan option selection.

Signed at (town or city) _____

Signature of main applicant _____ Signature of spouse or partner _____

**⚠ Please only sign if information is true, complete and correct.
The main applicant must sign and date any changes**

Date

Y	Y	Y	Y	M	M	D	D
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Date

Y	Y	Y	Y	M	M	D	D
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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 | Customer Care Centre: 0861 123 267
website: www.medicalschemes.com

Please note that this form expires on 2020/03/31. Up to date forms are always available on www.discovery.co.za under Medical Aid > Find a document

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