Application to join Vitality or KeyFIT or both

Discovery Vitality

Contact us

Tel: 0860 99 88 77, PO Box 653574, Benmore, 2010, www.discovery.co.za

Please make sure that you sign this application

Main applicant's surname

Main applicant's ID number

Please choose one of the following options:

☐ Vitality ☐ KeyFIT ☐ Vitality and KeyFIT

Only members with a KeyCare Health Plan can join KeyFIT without joining Vitality as well.

1. Banking details

If you are paying your own Vitality contribution, please complete this section.

Bank name

Branch name

Branch number – –

Account number

Type of account Cheque ☐ Savings ☐

Accountholder

Accountholder's signature

Signature of main applicant

Please note: If you are using someone else's bank account, the accountholder must sign above to confirm and consent to this.

Please choose the date you would like us to debit your account (if you are not a government employee):

1st ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐

If your membership is not activated in time for the debit order date you chose above, you will have two separate debit orders in the first month you pay your contribution, because you pay your contribution in advance. The first debit order will be collected on the first day of the month and the second debit order will be collected on the actual date you have chosen in the same month. From then on we will collect your monthly contribution on the date you have chosen.

If you are a government employee on the PERSAL payroll system, please tick the box below to tell us which day of the month you want us to debit your account.

1st ☐ 5th ☐ 8th ☐ 21st ☐ 26th ☐

2. The Discovery credit card

The DiscoveryCard is a Visa credit card. Vitality members can get cash back, travel savings and a world of convenience through our DiscoveryCard partners.

Would you like to apply for a Discovery credit card? Yes ☐ No ☐

Please note: When assessing your DiscoveryCard application, a credit check will be done. An accredited consultant will phone you to complete the application. A DiscoveryCard will only be issued if you meet the credit approval criteria.

I give consent to Discovery Vitality to share my information with DiscoveryCard to facilitate this applicaiton process.

3. Vitality contributions for 2012

	Vitality	KeyFIT	Vitality and KeyFIT
Member	R136	R29	R145
Member + spouse or dependant	R158	R36	R172
Member + 2 or more dependants	R167	R45	R193

Vitality HealthStyle (Pty) Ltd is an authorised financial services provider.

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4. Permission to process and disclose information and to communicate with you

We will keep your information and the information about those you apply for confidential. You consent to us processing and disclosing your information in the following manner:

1. We will only share your personal and/or health information or the information of any dependant on your Vitality policy if it is requested by a third party who you have already given your consent. The party that we share the information with agrees to keep the information confidential. If we want to share your information for any other reason, we will do so only with your consent.
2. We may collect, collate, process and store your personal information, as contained in all sections of this application and any information that is provided to use after the inception of your Vitality policy:
   - For the administration of the Vitality programme,
   - For the provision of any services that you or any dependant on your Vitality policy may need,
   - For the provision of relevant information to a contracted third party who require's the information to provide a service to you or any dependant on your Vitality policy and only if such contracted third party agrees to keep the information confidential.
3. When providing us with personal information about a dependant on your Vitality policy, you confirm that they have provided you with appropriate permission to disclose that information to us. This includes consent to the administration of their Vitality membership, the provision of any services to them as required, the provision of relevant information to a contracted third party who require such information to provide a service to them.
4. We may obtain relevant health information from Discovery Health (Pty) Ltd and the Scheme to administer the Vitality programme.
5. We may provide any information relating to your creditworthiness or any consumer credit information including but not limited to credit history, financial history, personal information and judgment or default history to any credit or credit provider's industry association.
6. We may communicate with you about any changes in your Vitality policy, including any changes in your contributions or any changes to the benefits you are entitled to.
7. We would like to keep you informed of any offers or new products the Discovery group might have from time to time. Please indicate if you do not wish to be notified of these offers or products. Please tick: Yes ☐ No ☐

Signature of main applicant

5. Vitality Rules for membership

Discovery Vitality and KeyFIT is separate from the Scheme and administrator

Discovery Vitality is a separate company from Discovery Health (Pty) Ltd ('the administrator') and the Discovery Health Medical Scheme (referred to as 'the Scheme'). It is formally registered under the name Vitality HealthStyle (Pty) Ltd, (registration number 1999/007736/07) and takes care of the administration of the Vitality and KeyFIT programmes ('Discovery Vitality'), DiscoveryCard and the DiscoveryCard loyalty programme.

Rules of the Vitality programme

A full set of rules is available on www.discovery.co.za or you can call Discovery Vitality on 0860 99 88 77. In the event of a conflict between what is set out here, on our website and the rules of Vitality, the rules will always apply.

Your contributions to Discovery Vitality are separate

The contributions you pay are for Discovery Vitality and are not part of the contributions you pay to the Scheme.

Cancellation of Vitality membership

Please give notice on the first day of the month if you wish to cancel your Vitality membership in that month. Otherwise, your membership will only end on the last day of the next month. You must be a member of Vitality at the time of the *Billing Cycle (not the time of the transaction) in order to be eligible for your reward.

*Billing Cycle refers to the date decided by Vitality on which your Vitality benefits are calculated on a monthly basis.

When you sign this application to join Vitality, you confirm that you have read and understood the rules for membership and you agree that you and those you apply for will be bound by them.

Signed at (town or city) on 2 0 Y Y M M D D

Signature of main applicant **The main applicant must sign and date any changes**

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