

Employer application on behalf of its employees joining Discovery Health Medical Scheme in 2026



Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider. It is the administrator and managed care organisation for Discovery Health Medical Scheme and it administers 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 form must be completed by an employer to apply for its employees to join the Scheme. This application form also contains the terms and conditions of membership (Section 9). Please make sure you read and understand these terms and conditions as well as our Privacy Statement (Section 8) which explains how we'll process your personal information. This document is valid for 90 days from date of signing it. Please see the footnote for the form's expiry date.

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.
- Email the completed and signed form to application@discovery.co.za.

When you sign this application, you confirm that you have read, understood and agree to the terms and conditions of this form for membership as well as the Privacy Statement.

1. About your organisation

When do you want your cover to start?

Name of employer

Registration number Employer number

VAT number Branch number

Legal entity (for example (Pty) Ltd, partnership, etc)

Physical address

Unit/Suite number Complex name

Street number Street name

Suburb

City Postal code

Postal address

If you don't supply a postal address, we'll use your physical address for the posted items.

PO Box Private bag Box number

Suite PostNet Suite Number

Suburb

City 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"/>	Information technology	<input type="checkbox"/>

Other (please specify)

COID (Compensation Fund) registration number

2. Your organisation's contact people

2.1. Financial Manager, City Manager, CFO, etc

Title Initials

Surname

First names (as in identity document)

ID or passport number

Designation Telephone (W)

Cellphone

Email

2.2. **Primary payroll administrator** (This is the main contact person who is authorised to deal with us and send us financial and other changes for your employees.)

Title Initials

Surname

First name(s) (as in identity document)

ID or passport number

Telephone (W) Cellphone

Email

3. Your organisation's medical scheme membership details

Details of current medical schemes

Current scheme names	Employer membership number	Start date	End date if already resigned

Details of previous medical schemes

Previous scheme names	Employer membership number	Start date	End date

1) Your employees can appoint a financial adviser of their choice. If you choose this option, your employees can contact the Scheme to provide the details of the selected financial adviser.

Employer-financial adviser arrangement

2) You can designate a specific financial adviser(s) to act on behalf of your employees if your terms and conditions of employment allow for this. In this option, your employees may not use the services of any other financial adviser unless you expressly agree to this. If you choose this option, the financial adviser that you designate must fill out the section below. Note that the Scheme reserves the right to approve or decline this designation.


Financial adviser's details (to be completed by the financial adviser if nominated and designated)

Financial adviser's name	<input type="text"/>	Code	<input type="text"/>
Intermediary house	<input type="text"/>	Code	<input type="text"/>
Financial adviser's contact number (W)	<input type="text"/>	Lead number	<input type="text"/>
Email	<input type="text"/>		
Bank reference number (if applicable)	<input type="text"/>	(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 request approval from the Scheme of my:
 - 7.2.1. Nomination by the employer to provide advice about this application.
 - 7.2.2. Designation to provide advice in terms of the above employer-financial adviser arrangement.
- 7.3. I have a valid contract with Discovery Health Medical Scheme and will adhere to the terms and conditions set out in the contract.
- 7.4. I have made the company (employer) aware of the commission I receive from Discovery Health Medical Scheme.
- 7.5. I am responsible for providing the employer and its employees with:
 - 7.5.1. My name, physical address, postal address and telephone number
 - 7.5.2. Impartial advice that is in their best interest.
- 7.6. I am accountable for any advice I give to the employer and its employees about the completion of this application form and joining Discovery Health Medical Scheme.


Signature of financial adviser	<input type="text"/>	Date	<input type="text"/>
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 Please only sign if this information is true, complete and correct.

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

When you engage with Discovery Health and Discovery Health Medical Scheme, you are entrusting both 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 and beneficiaries, where applicable. You can view and read our Privacy Statement on www.discovery.co.za > **MEDICAL AID** > **About Discovery Health Medical Scheme**.

Signature of employer contact	<input type="text"/>	Date	<input type="text"/>
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 Please only sign if you have read and understood this statement.

9. Terms and Conditions of 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 financial dependants 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 set out 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 about this application and your employees' Scheme membership. 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'll 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 don't understand.

9.2. **Giving and getting information**

9.2.1. **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 don't 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.

9.2.2. **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 we need 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.

9.2.3. **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'll process and keep the recordings and all information we get during the recordings, as required by law.

9.2.4. **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.

9.2.5. **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 don't accept backdated changes.

The Scheme may cancel membership if information isn't true, correct and complete. The Scheme may cancel the membership of any of your employees, if you, your employees or those they apply for:

- Don't give us information that later turns out to be relevant to this application
- Give us any information that isn't true, correct and complete
- Don't 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 don't pay by the due date, you must pay within three days of the payment due date. If you don't 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 won't be responsible for paying medical expenses. You can identify the debit order for your monthly contributions on your bank statement by the reference name DISC PREM.

9.4. **Conditions for cover**

9.4.1. **Cover starts on formal acceptance**

Cover for each employee starts on the date specified in the notice of acceptance that the Scheme sends to them.

9.4.2. **Applicants must in be your employ**

Applicants for membership must be in your employ on the date cover starts. If an applicant isn't in your employ on the date this contract starts, the Scheme won't give notice of acceptance to this applicant until the applicant is employed.

9.4.3. **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.

9.4.4. **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'll then adjust the amount of contributions you must pay.

9.4.5. **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 understood this statement.**

10. Debit order mandate

This signed Authority and Mandate refers to the application on the signed date ("the Agreement").

I, the undersigned:

- 10.1. Warrant that the account information I have provided above is an account in my name and that the information I've supplied in this Authority and Mandate is true and correct.
- 10.2. Authorise Discovery Health to issue and deliver payment instructions to my bank, recorded above, to collect from the bank account (or any other bank or branch to which I may transfer my account) any amounts due in terms of this application. This is on condition that the sum of these payment instructions will never exceed my obligations as outlined in the Agreement. The Agreement will start on the date that cover starts as requested on the application form. It will continue until I terminate this Authority and Mandate by giving Discovery Health no less than 20 ordinary working days' written notice, or immediately without notice if I instruct my bank to withdraw this Authority and Mandate.
- 10.3. If the membership or change in account details isn't 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 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.
- 10.4. Acknowledge that my bank will treat each payment instruction to pay contributions or amounts due under this Agreement to Discovery Health as if each payment instruction came from me personally as the accountholder.
- 10.5. Will inform Discovery Health in writing of any changes to my account details. I acknowledge that Discovery Health won't be held responsible or liable for any claim, loss or harm that I or any third party may suffer because of me providing incorrect banking details in this document, or if the bank account is in the name of another person or entity because I didn't notify Discovery Health of a change in banking details, or if the bank account has insufficient funds to meet my obligations under the Agreement.
- 10.6. Know and understand that the withdrawals authorised will be processed through a computerised 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 in the Agreement so I can identify this membership.
- 10.7. Acknowledge that although I may terminate this Authority and Mandate, such termination doesn't necessarily terminate this Agreement. In the event of such termination, I am not entitled to any refund of any contributions or amounts due that were withdrawn by Discovery Health whilst this Authority and Mandate was in force if such contributions or amounts were legally owing to Discovery Health in terms of the Agreement.
- 10.8. Acknowledge that by signing this Authority and Mandate I am bound by the payment terms of this Agreement.
- 10.9. Acknowledge that this Authority may be assigned to a third party if this Agreement is also assigned to a third party.

Reference number of this Agreement: Your membership number

Abbreviated name as registered with the bank: DISCPREM

Deduction amount: According to your activation of membership letter

Deduction date: According to Section 1 of your membership application form

Payment start date: According to Section 1 of your membership application form

Accountholder signature

Date

D	D	M	M	Y	Y	Y	Y
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