

Contact us

Tel (Members): 0860 44 47 79, PO Box 784262, Sandton 2146, www.discovery.co.za

What you must do

- Please fill in the form in black ink and print clearly, or complete the form digitally.
- You must physically sign the hard copy of all the sections that apply to you. We do not accept digital signatures. The main applicant must sign and date any changes.
- Email the completed and signed form to **application@discovery.co.za** or fax it to **011 539 3000**.

1. About you (employer)

Title Surname

First name(s) (according to identity document)

Preferred name

Sex M F Date of birth - -

ID or passport number Country of issue

Cellphone -

Email

Home address

Suite/unit 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 send your post to your physical address.

PO Box Private Bag Box number

Suite Postnet Suite Number

Suburb Post code

2. About your employee

Title Surname

First name(s) (according to identity document)

Preferred name

Sex M F Date of birth - -

ID or passport number Country of issue

Cellphone - Fax

Email

3. About your employee's spouse or partner (only complete if you want to add cover for them)

Title Surname

First name(s) (according to identity document)

Preferred name

Sex M F Date of birth - -

ID or passport number Country of issue

Cellphone -

4. About your employee's dependants (only complete if you want to add cover for them)

Dependant 1

Title Surname

First name(s) (according to identity document)

Preferred name

Sex M F Date of birth - -

ID or passport number Country of issue

Relationship to main member

(For example, mother or child. If your child is not your biological child, please state relationship, such as adopted child, foster child. Please provide legal proof)

Dependant 2

Title Surname

First name(s) (according to identity document)

Preferred name

Sex M F Date of birth - -

ID or passport number Country of issue

Relationship to main member

(For example, mother or child. If your child is not your biological child, please state relationship such as adopted child, foster child. Please provide legal proof)

Dependant 3

Title Surname

First name(s) (according to identity document)

Preferred name

Sex M F Date of birth - -

ID or passport number Country of issue

Relationship to main member

(For example, mother or child. If your child is not your biological child, please state relationship such as adopted child, foster child. Please provide legal proof)

Are you applying for more than three dependants? Yes No

Note: If you are applying for more than three dependants, please add the details on a separate page.

Terms and conditions for cover

1. Key terms used

1.1. "Applicable laws" means all laws, regulations, rules codes of conduct and determinations from regulatory authorities applicable to financial services providers, registered insurers, medical scheme administrators and managed healthcare organisations in relation to the marketing and sales of the Discovery Primary Care product and the services and which applicable laws shall include, but not be limited to:

1.1.1. The Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS Act)

1.1.2. The Long-Term Insurance Act No 52 of 1998 and Policyholder Protection Rules

1.1.3. The Insurance Act 18 of 2017

1.1.4. The Medical Schemes Act 131 of 1998

1.1.5. The Protection of Personal Information Act 4 of 2013

1.2. **“The Act”** means the Long-term Insurance Act, 1998 and any regulation or notice promulgated thereunder.

1.3. **“Discovery Group”** means Discovery Holdings Limited (registration number 1999/007789/06), a public company incorporated in South Africa of which the shares are listed on the JSE Limited.

1.4. **“Discovery Health”** means Discovery Health (Pty) Ltd, registration number 1997/013480/07 and incorporated in accordance with the company laws of the Republic of South Africa that carries on business as a medical scheme administrator and managed healthcare organisation.

1.5. **“Discovery Life”** means Discovery Life Limited, (registration number 1966/003901/06), a public company duly registered and incorporated in terms of the company laws of the Republic of South Africa that carries on business as a registered insurer and financial services provider, and is authorised to conduct business in the field of employer-funded primary healthcare.

1.6. **“Discovery Primary Care”** means a unique employer-funded primary healthcare product governed in terms of the applicable laws provided by Discovery Life to address the needs of employers who wish to provide access to primary healthcare for their domestic worker(s) and to be indemnified against the risk of loss pursuant to the provision of services as set out in the Services Agreement which is outsourced to Discovery Health.

1.7. **“Domestic worker”** means an employee who performs work in a private household and includes a gardener, a person who looks after: children, the aged, the sick and/or the frail and/or disabled person(s) but excludes farm workers.

1.8. **“Services Agreement”** means the Services Agreement entered into between Discovery Life and Discovery Health on 7 June 2019, setting out the services that Discovery Health will render on behalf of Discovery Life in respect of Discovery Primary Care.

1.9. **“You” and “your”** refer to you as the employer who wants to offer this benefit to your domestic worker(s), as set out in this application form.

1.10. **“We”, “us” and “our”** refer to Discovery Life Limited, a public company with limited liability, registered under the company laws of the Republic of South Africa, registration number 1966/003901/06 and where applicable Discovery Health registration number 1997/013480/07, a private company with limited liability registered under the company laws of the Republic of South Africa and carrying on the business as a medical scheme administrator. The main place of business of both companies is 1 Discovery Place, Sandton, Johannesburg 2196.

2. Domestic worker / Primary Care benefit

2.1. Discovery Primary Care's unique employer-funded primary healthcare product governed in terms of the applicable laws, provided by Discovery Life to provide access to primary healthcare for an employer's domestic worker(s) and to be indemnified against the risk of loss pursuant to the provision of services as set out in Services Agreement, the marketing, sales and administration of which has been outsourced to Discovery Health.

2.2. Discovery Health is a provider of medical scheme administration services and a managed healthcare organisation and that, in terms of an agreement with Discovery Life, is authorised to market, sell and administer the product and services as provided for in this agreement.

2.3. Discovery Life is a registered long-term insurer and financial services provider.

2.4. You on behalf of your domestic worker(s) accept the terms and conditions applies to their benefits.

3. Your cover only starts when:

3.1. We write to let you know or on the date you have requested cover to start

3.2. After we have received the first premium on the date it is due.

4. Your policy contract is made up of all of these documents:

4.1. This application form and any application form to change your policy

4.2. The policy schedule

4.3. Any changes to your policy contract

4.4. Any underwriting documents (for example, health, lifestyle and occupation questionnaires)

4.5. Any reinstatement documents

We will email your welcome pack (policy schedule, welcome letter and Plan Guide) to you.

It is your responsibility to ensure that this product meets your financial needs. You may request a copy of any document that has been given to us during this application.

5. You have 31 days to object to any policy contract terms

You have 31 days from the date that you receive your policy contract to tell us if you have any objections. If we do not receive an objection in this time, we are entitled to treat the absence of objection as your acceptance of the terms and conditions as they stand. You do not have the right to object to any terms and conditions after the 31-day period is over. If you do object, we may change the terms of the contract but we are not obliged to do so.

6. You confirm you have given relevant, complete and true information

6.1. By signing this application form, you give a formal promise (called a warranty) that:

6.1.1. You have given us and will continue to give us true and complete information of all other documents submitted now and in the future and this will constitute a condition precedents to the payment of benefits in accordance with the policy.

6.1.2. The information is true and complete.

6.2. You understand that if you have not given us all the relevant, true and complete information, we may do any one or more of the following:

6.2.1. Cancel your policy from the date we find out about the false or missing information. We will not refund any premiums in this case.

6.2.2. Treat your policy as if it were never taken out (known as voiding from the start date). We will refund any premiums you have paid, less our expenses and any claims, for example the costs to issue the policy and commission.

6.2.3. Revise your policy to align it with the terms we would have given to you had we known the true and complete information. This could include increasing your premiums, removing or reducing policy benefits, adding exclusions or adding loadings.

7. You confirm we may do legal checks

The law requires us to check and confirm certain information about you and the other lives to be assured, including identities, addresses and bank account details. This information is referred to as FICA verification information. By signing this agreement, you authorise Discovery

Limited and FirstRand Bank Limited to use FICA verification information. You agree that this authority applies to all future applications for assurance with us including any changes you make to this policy. You acknowledge that this authorisation cannot be withdrawn or cancelled and that it will continue after your death.

8. You confirm we may collect premiums

8.1. You may cancel your permission

You may cancel the permission for us to collect premiums from your bank account, but this may lead to the eventual cancellation of your policy if you do not give us new bank account details or if you stop paying premiums when they become due. However, you cannot claim any refund of any premium that we have collected from your bank account while you legally owed the premiums to us in terms of the policy contract.

8.2. You agree to tell us if any details of your bank account change

We are not responsible for any harm or loss that you might suffer because the bank account details are incorrect or if they have changed and Discovery Life has not been notified.

8.3. Changing bank account details if there is a transfer of rights

If you transfer your rights in this policy to another person (known as a cession), then you must tell us whether or not we may continue to collect premiums from your bank account or if the person to whom you transferred the policy will pay the premiums. If you do not tell us to stop collecting premiums from your bank account, we will continue to do so, and we will not be legally responsible for any harm or damage that flows from this.

8.4. If someone else pays the premiums

8.5. If someone other than you pays the premiums on your policy, you confirm that you have obtained their permission to do so. On behalf of that person, you give us permission to obtain any information relating to him or her from any one or more of the following:

8.4.1 Any credit bureau

8.4.2 Any life assurance or credit providers industry association

8.4.3 Any other association of an industry in which we operate

This includes information related to that premium payer's creditworthiness, credit history, financial history, personal information, judgement history and default history.

It is your responsibility to verify the banking details of the premium payer, for example giving us a cancelled cheque, a bank letter or a copy of a bank statement.

9. Who to contact with complaints

If you have a complaint about advice you have received or if you believe you did not receive enough information about the products, please contact our compliance department at compliance@discovery.co.za

Warranty

1. I have read and understood the contents of this application form.
2. I confirm, on behalf of my domestic worker(s), that the personal statement included is complete and true. I understand that the statement, along with the proposal for insurance and any other documents, will be the basis for the proposed insurance contract. Knowing I cannot change my mind, I, on behalf of my employee, authorise and request any doctor, healthcare provider, other person or institution who may possess or later get any information about my employees' health, to disclose such information to Discovery. I agree that this request will remain in force after my death.
3. I warrant and confirm that I have the necessary consent and authority to act for and on behalf of my domestic worker(s).
4. I agree to be bound by the terms and conditions of this application form, the Discovery Primary Care Guide, the Policy Schedule, and any servicing alteration requests, when read together, make up the contract.
5. Discovery will not be responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of applications and transactions. Discovery will not be liable to make good or compensate me or any third party for any damages (whether direct or consequential), losses, claims or expenses. It is my responsibility to ensure that this application form, any instructions that are part of the application form and subsequent instructions submitted electronically by fax or email to Discovery, have been received by Discovery. I acknowledge that Discovery does not consider a fax confirmation or printed copy of a sent email as proof of it receiving the document or instruction.
6. I understand that if I have breached the warranty contained above, that Discovery can declare the benefits issued to me void and that I will forfeit any contributions paid.

Signature of employer

Date

Y	Y	Y	Y
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M	M
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D	D
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The main applicant must sign and date any changes.



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