



Contact us

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

## Application to join Vitality and/or KeyFIT

Thank you for choosing to join Discovery Vitality. If you have any questions about your application, please call 0860 99 88 77. You may also apply to join Discovery Vitality and/or KeyFIT by calling this number. Please note only members of Discovery Health or Discovery Life can join Vitality and/or KeyFIT.

### How to complete this application form

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administration delays, please ensure this application is completed in full.
- Fax the completed and signed form to **011 539 7347** or email it to **vitalitysales@discovery.co.za**

Please make sure that you sign this form.

Main applicant's surname

Main applicant's ID number

Please choose one or more of the following options:

Vitality  KeyFIT  KeyClub Starter

**KeyClub Starter is available to main members under age 65 on a KeyCare Plan, who are not in the highest income band. Only members on a KeyCare Plan can join KeyFIT.**

### 1. Banking details

Please complete your banking details to confirm your authorisation for Discovery Vitality to deduct a monthly debit order.

Bank name

Branch name  Branch code  -  -  -

Account number  Type of account Cheque  Savings

Name of accountholder

Signature of accountholder

Signature of main applicant

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 application is captured after the date you chose above, your first debit order will go off on the first of the month and then on the chosen date after that.

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. 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 agree 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 to for the disclosure of this information. This will only happen if 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 permission.
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 needs such 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 membership to Vitality, the provision of any services to them as needed, the provision of relevant information to a contracted third party who requires such information to provide a service to them.
4. We may obtain relevant health, general, medical and financial information from Discovery Health (Pty) Ltd and the Scheme to administer the Vitality Programme.
5. We may provide, to any credit bureau or credit provider's industry association, 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.
6. We may communicate to you any changes in your Vitality policy, including any changes in your contributions or any changes or enhancements to the benefits you are entitled to.
7. We would like to keep you updated with information about any offers or new products Discovery may make available from time to time. Please indicate that you agree to receive this information.

Please indicate whether you agree to receive this information from us. Yes  No

Signature of main applicant

## 3. Rules for membership

### Discovery Vitality 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 programme ('Discovery Vitality'), DiscoveryCard and the DiscoveryCard loyalty programme.

### Your contributions to Discovery Vitality are separate

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

### Permission to get information from the Scheme

You specifically give Discovery Vitality permission to get the relevant information from the Scheme to administer the Vitality programme and increase our product offering to you.

### Sharing your information

Discovery Vitality will keep your information and the information about those you apply for confidential. Discovery Vitality may share this information and information about your membership with other relevant parties, including your employer, only if the following two conditions are met:

1. The information is needed only to administer and promote the Vitality programme. This includes asking for and sharing details about your credit standing and the credit standing of those you apply for with any credit bureau in line with the requirements of the National Credit Act.
2. The parties Discovery Vitality shares the information with will agree to keep the information confidential.

**When you sign this application, 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

Signature of main applicant

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