Application to join Vitality or KeyFIT or both



Contact us Tel: 0860 99 88 77, F	Tel: 0860 99 88 77, PO Box 653574, Benmore 2010, www.discovery.co.za																																				
Please complete this form and submit it to us by email at vitalitysales@discovery.co.za or by fax to (011) 539 2509.																																					
Please make sure that you sign this application																																					
Main applicant's nar	ne and	d sur	nar	me		I																										П					
Main applicant's ID r	Main applicant's ID number Please choose one of the following ontions:																																				
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 and payment date																																					
f you are paying your own Vitality contribution, please complete this section.																																					
Bank name																																					
Branch name						\perp																		Br	and	ch r	nun	nbe	r			-[- [
Account number						\perp																		Ту	ре	of a	acc	our	nt		Ch	equ	e [] :	Sav	ing	s 🗌
Accountholder			\Box		L	\perp																									_		\Box				
Accountholder's signature															Si	gn	atuı	e of	ma	in a	арр	lica	nt														
Please note that if y the current month. I month.	Please note: If you are using someone else's bank account, the accountholder must sign above to confirm and consent to this. Please note that if your activation request reaches Vitality between the 1st and 15th of the month, the policy will be effective from the first of the current month. If you activate Vitality between the 16th and last day of the month, the policy will be effective from the first of the following																																				
1st _ 10th _		:h _	_			1 <u> </u>	•		th [_																											
If your membership you pay your contrib and the second debi contribution on the	oution, it orde	, bec er wil	aus II be	se yo	ou lle	pay cted	y y	our d	cont	ribu	ıtioı	n in	ad	van	ice.	Th	e fii	st d	ebit	or	der	will	l b	e co	olle	cte	d c	n tl	he '	first	da	y of	the	e m	ont	h	
If you are a governmyour account. 1st	nent er 8th	•	•	e on 21st				SAL 26th	. ,	roll	syst	tem	n, pl	eas	se ti	ck	the	box	bel	ow	to	tell	us	wh	ich	ı da	у с	f th	ie r	non	th	/ou	wa	nt u	is to	o de	ebit
2. The Discover	yCar	d																																			
The DiscoveryCard is partners. Would you like to ap Please note: When a the application. A Di	oply fo assessi	r a D ing y	Disco our	ove r Dis	ry(Card	d? yCa	Yes	s 🗌 appl	N icat	lo [ion,] , a d	crec	lit c	chec	ck v	will	oe d	one	. Aı	n a																
You give consent to																						app	olic	cati	on	pro	ce	SS	Ye	s 🗌	ľ	No []				
3. Vitality conti	ributi	ions	; fo	or 2	:01	L 4																															
			_		Τ.	***	12.				1/		_				3.636	. 1 **	_	1.11																	

	Vitality	KeyFIT	Vitality and KeyFIT
Member	R169	R36	R179
Member + spouse or dependant	R199	R44	R215
Member + 2 or more dependants	R225	R55	R249

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

Discovery Vitality (Pty) Ltd hereinafter referred to as "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 and 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, store and disclose 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 require,
 - For the provision of relevant information to a contracted third party who require such information to render a service to you or any dependant on your Vitality policy and only if such contracted third party agrees to keep the information confidential; and
 - For academic research.
- 3. We will provide your personal and health information to any other entity within the Discovery Group where you or your dependant/s already have a relationship or where you or your dependant's have applied for a product or benefit. This information will be provided for the administration of your or your dependant/s products or benefits.
- 4. 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 required, the provision of relevant information to a contracted third party who require such information to render a service to them.
- 5. We may obtain relevant health information from Discovery Health (Pty) Ltd and the Scheme to administer the Vitality Programme.
- 6. We may provide to any credit bureau or credit providers 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 judgement or default history in accordance with the requirements of the National Credit Act and regulations.
- 7. We may communicate to you any changes in your Vitality policy, including any changes in your contributions or any changes/enhancements to the benefits you are entitled to.
- 8. Discovery Vitality (Pty) Ltd and any entity within the Discovery Group of companies as well as contracted third party service providers will keep you updated on information about any offers for new products Discovery may make available at any time. Please contact us if you do not wish to receive any direct marketing information from us.

Signature of main applicant		

5. Vitality rules for membership

Discovery Vitality and KeyFIT are 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 Discovery Vitality (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 Discovery Vitality, on which your Vitality benefits are calculated on a monthly basis.

When you sign this ap	•	•			m t	hat y	ou l	nave	rea	d aı	nd u	ınde	rsto	od tl	ne ru	ıles	for ı	mem	bers	hip a	and	you	agre	e th	at
Signed at (town or city)														T		\Box		\neg	n [2 0	V	V	M	ЛГ	Л

Signed at (town or city)										J		U	- '	1 171	IVI	L
Signature of main applicant					The main	appli	cant	must	sign	and	date	e ar	ıy ch	nange	es.	