Application to transfer an existing member to an employer group 2025

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us
Tel (Members): **0860 99 88 77**, Tel (Health partners): **0860 44 55 66**, PO Box 784262, Sandton, 2146 **www.discovery.co.za**, 1 Discovery Place, Sandton, 2196.

Purpose of the form

If you are an existing Discovery Health Medical Scheme main member transferring to another employer, you need to complete this form. This form may only be used if you have had no break in cover between your current membership and joining your new employer. Make reference to the footnote that indicates the expiry date of the form. Download the latest version of all forms from **www.discovery.co.za**, under Medical Aid>Find documents and your certificates.

What you must do

- Fill in the form in black ink and print clearly or complete the form digitally. You can view the list of approved digital signature providers on **www.discovery.co.za** under Medical Aid > Find documents and certificates > Application forms.
- The main applicant must sign and date any changes.
- Email the completed and signed form to **administration@discovery.co.za**.

1. Main policy holder details

Title		Initials	
First name(s)			
Surname			
Membership number		Employee number	
Current plan type			
New plan type (if applicable)			
ID or passport number		Date of birth	D D M M Y Y Y Y
Telephone (W)		Cellphone	
Current email			
New email (if applicable)			

2. New employer details

Employer name		Date of employment	D D M M Y Y Y Y
Employer number		Effective date of transfer	D D M M Y Y Y Y
Branch name		Branch number	

3. Appointment of financial adviser (to be completed by employer)

Financial advisers play an important role in advising employers and members about medical schemes, the benefits they offer and providing guidance to members on how to navigate matters related to accessing their healthcare.

Financial adviser to advise you as the employer

As an employer, you can nominate a financial adviser to act on your behalf to advise you regarding this application and any other matter regarding membership to a medical scheme on terms that you may agree with the financial adviser. If you make such a nomination, your nominated financial adviser must fill out the section below.

Financial adviser to advise your employees

A financial adviser can be appointed to provide advice to your employees regarding this application and/or matters related to their membership to the Scheme. However, only financial advisers contracted to the Scheme can provide advice to your employees.

Please note:

The Scheme will pay the financial adviser for services rendered to members (your employees) in accordance with the provisions set out in the Medical Schemes Act and its Regulations.

There are two ways in which a financial adviser can be appointed to advise your employees.

Please select your preferred option:

Member-choice arrangement

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) Alternatively, you can designate a specific financial adviser(s) to act on behalf of your employees if your terms and conditions for employment permit and/or does not preclude this. In terms of this option, your employees may not use the services of any other financial adviser unless you expressly consent to the employees changing their financial adviser. ☐

If you choose this option, the financial adviser that you wish to 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 you choose option 2 above)

Financial adviser's name		Code	
Intermediary house		Code	
Financial adviser's telephone number (W)		Lead number	
Email			
Bank reference number (if applicable)		(Mandatory for all ABSA and FNB financial advisers)	

I declare that:

3.1 I am an accredited financial adviser according to the Medical Schemes Act 131 of 1998 and licensed by the Financial Services Board according to the Financial Advisory and Intermediary Services Act 37 at the date of signing this application form ☐

3.2 I hereby seek approval from the Scheme for my:

3.2.1 Nomination by the employer to give advice about this application. ☐

3.2.2 Designation to give advice according to the above employer financial adviser arrangement. ☐

3.3 I have a valid contract with Discovery Health Medical Scheme and will adhere to the terms and conditions set out in the contract. ☐

3.4 I have made the employer aware of the commission I receive from Discovery Health Medical Scheme. ☐

3.5 I am responsible for providing the employer and its employees:

- My name, physical address, postal address and telephone number. ☐
- Impartial advice that is in its best interest. ☐

3.6 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. ☐

4. Employer warranty (employer contact person to complete)

I acknowledge the transfer of the policyholder to the employer group.

Employer contact name	
Designation	
Signature of employer contact	

Date D D M M Y Y Y Y

5. Our Privacy Statement – How we will 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

Date D D M M Y Y Y Y

6. Rules of membership

When you sign this document, you confirm that you have read and understood the rules of membership and you agree that all information

provided on this form is correct. The full set of Scheme Rules is available on **www.discovery.co.za/medical-aid/scheme-rules**. You acknowledge and appoint the financial adviser contracted by your employer from time to time for all matters related to your membership.

Should you not want to appoint the financial adviser contracted by your employer, please contact your employer. The new employer will explain the terms of employment of their company.

Signed at (town or city) ______________________ on D D M M Y Y Y Y

Signature of policy holder ______________________

Please only sign if this information is true, complete an correct.

Discovery Health Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows:
Email: complaints@medicalschemes.co.za | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.co.za | Physical address: Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157

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