

Application to join Vitality



Vitality makes choosing to lead a healthy lifestyle even more rewarding. Vitality offers you a science based behaviour change programme that helps you keep track of your progress towards a healthier you and rewards you for making better choices with a premium range of health, lifestyle, and leisure benefits.

Purpose of the form

Thank you for deciding to apply to join Discovery Vitality (Pty) Ltd. This document is an application form for membership. It also contains some rules for membership. Please make sure you read and understand these rules.

What you must do

- Please complete this form in its entirety, and print clearly
- Read and understand the membership rules
- Sign the application form
- Submit the form by email at vitalitysales@discovery.co.za

Contact us

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

1. Join Vitality

The Vitality contributions for 2024 are:

	Vitality
Member	R359
Member + spouse or dependant	R439
Member + 2 spouse or dependants	R509

Join Vitality Yes

2. Personal details

Main applicant's name and surname

Main applicant's ID number

*Employer Number

Health membership number

*An employer number is only required if your employer will pay for your Vitality contribution.

Vitality membership will not be backdated on activation. Premiums will be billed from the first of the month.

3. Banking details and payment date

If you are paying your own Vitality contribution, please complete this section.

Bank name

Branch name Branch code - -

Account number

Type of account Cheque Savings

Account holder's signature

Signature of main applicant

Please note:

If the Vitality contribution will not be paid from your own bank account, then the account holder must sign above to give consent to their account being debited.

If your membership is not activated in time for the debit order collection, your first contribution will be collected with the next debit order unless it has been paid in the interim.

You confirm that the information provided is for an account in your name and that you have the right to give Discovery Vitality (Pty) Ltd the authority to debit the account on a monthly basis.

You confirm that the account listed above is compliant with the Financial Intelligence Centre Act ("FICA").

4. Our Privacy Statement

When you engage with Discovery, you are entrusting us 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, beneficiaries and life assureds, where applicable. You can view our Privacy Statement on our website or by following the path: www.discovery.co.za/corporate/privacy.

5. Vitality rules for membership

Discovery Vitality (Pty) Ltd is separate from the Scheme and Discovery Health (Pty) Ltd

Discovery Vitality (Pty) Ltd is a separate company from Discovery Health (Pty) Ltd ('the administrator') and 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 programmes ('Discovery Vitality').

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 (Pty) Ltd are separate

The contributions you pay are for Discovery Vitality and are not part of the contributions you pay to your medical 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) 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 application to join Vitality, you confirm that you accepted the rules for membership and the Discovery Privacy Statement and you agree that you, and those you apply for, will be bound by them.

Signed at (town or city)

Signature of main applicant

Date

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