Broker House Name: Aon South Africa (Pty) Ltd
Broker House Code: 1004785125
Broker Code: 1020031108

Application to transfer an existing member to an employer group 2026

Discovery Health Medical Scheme

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.
- Once completed, you can submit your documents on **www.discovery.co.za** under Medical Aid > Get Help > Submit a medical aid document and follow the guided steps through your VirtualAgent. If you are part of an employer group, please return this form to your human resources or salaries department.

1. Main policy holder details

Title | Initials

Surname

First name(s)

ID or passport number | Date of birth (D D M M Y Y Y Y)

Membership number | Employee number

Current plan type

New plan type (if applicable)

Telephone (W) | Cellphone

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. 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)

4. 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.