

Choosing KeyCare as your health plan 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.

Purpose of the form

If you are an existing member of Discovery Health Medical Scheme and you choose to change to a KeyCare plan, you need to complete this form. It is important to remember that any changes you make to your health plan will affect your contribution and your benefits. Please read the KeyCare Series Health Plan Guide for complete health plan benefit details. You can download the latest version of the KeyCare Series Health Plan Guide from www.discovery.co.za under Medical Aid > Get Help > Find documents and certificates. 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 > Get Help > Find documents and certificates.

What you must do now

- 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.
- All relevant sections must be signed by the main applicant. 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 our Virtual Agent. If you are part of an employer group, please return this form to your human resources or salaries department.

Please read this important information before you make the choice to move to a KeyCare plan.

- If you are registered on the Chronic Illness Benefit (CIB), you must contact the Chronic Illness Benefit (CIB) call centre on **0860 99 88 77** and a consultant will confirm if your current medicines will be covered according to the KeyCare medicine list (formulary).
- You will no longer have access to a **Medical Savings Account (MSA)**.
- You may no longer have access to certain benefits including international benefits.
- You will have to use a network of specific hospitals and healthcare providers.
- For KeyCare Plus each dependant needs to select a KeyCare Network GP.
- For KeyCare Start each dependant needs to select a KeyCare Start Network GP
- For KeyCare Start Regional each dependant needs to select the KeyCare Start Regional network GP in their area.
- The KeyCare Plus Plan covers chronic medicine, certain day-to-day medical expenses and planned or emergency admissions in the KeyCare Hospital Network. Please read the KeyCare Series Health Plan Guide for complete details.
- The KeyCare Start Plan covers chronic medicine, oncology and renal dialysis treatment in state facilities, certain day-to-day medical expenses and planned or emergency admissions in our KeyCare Start Hospital Network. Please read the KeyCare Series Health Plan Guide for complete details.
- The KeyCare Start Regional Plan covers oncology and renal dialysis treatment in state facilities, certain day-to-day medical expenses through referral by the KeyCare Online Practice and planned or emergency admissions in our KeyCare Start Regional Hospital Network. Please read the KeyCare Series Health Plan Guide for complete details.
- The KeyCare Core Plan covers chronic medicine and planned or emergency admissions in the KeyCare Hospital Network. Please read the KeyCare Series Health Plan Guide for complete details.

1. Your membership details (please give your current Discovery Health Medical Scheme membership details)

| | | | | | | | | | | |
|-------------------------------|---|---|---|---|---|---|---|---|--|--|
| Main member | | | | | | | | | | |
| Membership number | | | | | | | | | | |
| Starting date of KeyCare Plan | D | D | M | M | Y | Y | Y | Y | | |

2. Please choose your health plan

| Plan | | Description |
|------------------------|--------------------------|----------------------------------------------------------------------------------|
| KeyCare Core | <input type="checkbox"/> | Hospital (KeyCare Hospital Network) and chronic cover only |
| KeyCare Start | <input type="checkbox"/> | Hospital (KeyCare Start Hospital Network), chronic and day-to-day cover |
| KeyCare Start Regional | <input type="checkbox"/> | Hospital (KeyCare Start Regional Hospital Network), chronic and day-to-day cover |
| KeyCare Plus | <input type="checkbox"/> | Hospital (KeyCare Hospital Network), chronic and day-to-day cover |

3. Income verification

IMPORTANT NOTICE:

Declaring income lower than your actual income is fraud. This may lead to the termination of your membership and criminal charges may be brought against you. If your income is not declared, your income verification status will default to the highest income band. It is your responsibility to provide accurate income information otherwise the Scheme may not be in a position to refund the excess amount paid by you.

Income verification will be conducted by the Discovery Health Medical Scheme and Discovery Health, who will verify the income amount declared below with a third party service provider i.e. credit bureau, when considering your membership application. Should there be an inconsistency between the income declared and the verification by the third-party service provider, we may request that an additional form be completed and additional supporting documentation be supplied in order to verify your income. By signing this application form, you give your permission for us to verify your declared income as referred to above.

Income is considered as: The higher of the main member's or registered spouse or partner's gross earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any financial assistance in terms of any statutory social assistance programme.

| | Main member | Spouse or partner |
|----------------------------------------|------------------------|------------------------|
| Total earnings over the last 12 months | R <input type="text"/> | R <input type="text"/> |
| Occupation | | |

I declare that this income declaration is true and accurate.

Signature of main applicant



Please only sign if information is true, complete and correct.

If you are applying to KeyCare Plus/KeyCare Core and the highest earner earns less R191 892 or KeyCare Start/KeyCare Start Regional and the highest earner earns less R291 012, then please provide the following supporting documentation as proof of income:

- Last 3 months' (90 consecutive days) bank statements; and
- If employed, your last 3 months' payslips and commission schedules, or most recent tax year's IRP5 certificate
- If student, proof of enrolment at academic institution
- If self-employed, most current financial statements
- If pensioner, proof of annuity and/or employer pension and/or State Older Person's Grant
- If unemployed, UIF certificate.

Please complete this if you have selected the KeyCare Plus, KeyCare Start Plan or KeyCare Start Regional Plan.

- **For KeyCare Plus please select a GP on the KeyCare GP Network.**
- **For KeyCare Start please select a GP on the KeyCare Start GP Network.**
- **For KeyCare Start Regional please select the GP that is available in your area.**

| | Name | GP name | Practice number |
|-------------------|------|---------|-----------------|
| Main member | | | |
| Spouse or partner | | | |
| Dependant 1 | | | |
| Dependant 2 | | | |
| Dependant 3 | | | |

Please note: you can only access day-to-day cover and chronic benefits through the KeyCare GP you chose above. I confirm that the information I have given in this application form is true and correct.

Declaration

I hereby declare that I have read and understood all the available and relevant information relating to the plan option selected above, which has enabled to make an informed decision with regard to changing my plan option. I understand the rules, benefits and financial implications of the plan option selection.

Signed at (town or city)

Signature of main applicant

Date

Signature of spouse or partner

Date



**Please only sign if information is true, complete and correct.
The main applicant must sign and date any changes.**



Acknowledgement of appointment

I acknowledge and appoint Aon South Africa (Pty) Ltd as my financial advisor for all matters related to my medical scheme membership.

My ID: _____ and membership number: _____

Signed at (Town or City): _____ on yy/mm/dd: _____

I have been informed that there is no additional fee charged by Aon for providing you with healthcare intermediary services. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme. This monthly commission is 3% of the monthly contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus Value Added Tax (VAT).

Permission to process my personal information as well as personal information of all dependents included on my membership application form and I consent to Aon South Africa (Pty) Ltd accessing information listed on the table below.

I give consent for the disclosure of information about me.

Membership number: _____ ID or passport number: _____

Title: _____ Initials: _____ Surname: _____

First name(s) (as per identity document): _____

The following information should be made available to my appointed financial advisor as is necessary:

| Personal examples | Benefit examples | Financial examples | Medical examples |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> * Name and Surname * Membership number * Date of birth * ID number * Postal Address * Physical address * E-mail Address * Telephone numbers * Cellular Number * Number of dependents | <ul style="list-style-type: none"> * Plan type * Medical Savings Account (MSA) * Balance Medical Scheme benefits * Spent for the year Accumulated * Medical scheme Savings Account * Medical Savings Carry over from previous year * MSA reimbursement, Scheme Rate or cost * Self-payment Gap * Above Threshold Benefit * Waiting period details * Late joiner penalty indicator * Wellness benefits | <ul style="list-style-type: none"> * Total Contribution * Contribution breakdown | <ul style="list-style-type: none"> * Chronic Indicator/ confirmation (Yes/No) * In Hospital Indicator/ confirmation (Yes/No) * Confirmation of claims paid and from what benefit * Claims transaction history * Procedures done in doctor's rooms paid from Hospital Benefit |



By signing this letter of appointment , I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd (“Aon”) to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it’s reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Signed at (Town or City): _____ on yy/mm/dd: _____

Signature: _____

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



Benefits of appointing Aon South Africa Healthcare as your intermediary

Across Aon, we are united in our passion to provide you with the insights and support to make Better Decisions around all aspects of your holistic wellbeing, medical scheme, gap cover and primary care insurance. We have a team of professional, fully accredited advisors to assist you with all your medical schemes, Gap cover and Primary care enquiries.

Our philosophy is to:



Guide:

our members in selecting the medical scheme, Gap cover insurance or Primary care options aligned to their needs.



Educate:

our members with ongoing training throughout the year, end of year medical schemes and Gap cover benefits and rate changes.



Protect:

the rights of members by applying the Medical Scheme Act and scheme rules when resolving disputes with the medical schemes on behalf of the members.

Catalogue of services and technological platform accessible to our members

- **Microsites:** Provides you with access to voice recorded Induction, Year-end launch highlight presentations, brochures, COVID-19 updates, various application forms.
- **Aon Resolution Centre:** Professional assistance with your Medical scheme, Gap cover or Primary care claim resolution, comparison or benefit explanation.
- **Year-end renewal communications:** Access to the following:
 - **Alert** - Provides high level summary of benefits and rates changes launched by medical scheme, Gap cover insurance as well as Primary care providers.
 - **Member letter** - Provides comprehensive information in relation to the benefits and rates changes implemented by Medical scheme, Gap cover or Primary care provider.
 - **Guidance letter** - Aon generates guidance letters for members that are under or over insured. The purpose of the guidance letter is to guide a member on selecting an appropriate option aligned to his/her needs.
- **Client Assistance Programme** - We are delighted to offer you access to a range of essential services at absolutely no charge. The Aon Client Wellbeing Programme is a telephonic, online, and structured e-mail support program (excluding in-person or video sessions). The following services are available through our third- party service provider, LifeAssist:
 - Structured Telephonic Counselling
 - Telephonic Trauma Support
 - Financial Wellbeing Coaching
 - Legal Advisory Services
 - Health and Wellness Services (professional advice from a dietician and a biokineticist)
- **General Updates:**
 - Ad-hoc updates pertaining to Medical schemes industry and providers specific updates.

Cost of appointing Aon

We are pleased to inform you that there is no additional fee charged by Aon when you appoint Aon Healthcare as your Healthcare intermediary. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme whether you have appointed Aon as broker or not. This monthly commission is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT). In terms of Primary Care Insurance products, we earn maximum 3%. Gap Cover Insurance products, we earn commission on a sliding scale from 5% up to 20% depending on policy holder's monthly contributions.

For more information, contact Aon South Africa:

0860 100 404 | arc@aon.co.za | www.aon.co.za

Connect with us

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact. We partner with our client and seek solutions for their most important people and HR challenges. We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to www.aon.co.za

<http://www.facebook.com/Aonhealthcare>
Click "Like" on our page (Aon healthcare)

http://twitter.com/Aon_SouthAfrica
Click "follow" on our profile

Aon Employee Benefits - Healthcare

Aon South Africa Pty Ltd, an Authorised Financial Service Provider, FSP # 20555.

<http://www.aon.co.za/disclaimer>

On all services provided, Aon's Terms & Conditions of Business, as amended from time to time, are applicable and can be found at <http://www.aon.co.za/terms-of-trade> or will be sent to you upon request.

[Privacy Notice](#)

Copyright© 2023. Aon SA (Pty) Ltd. All rights reserved.

Disclaimer:

The Benefits and contributions are subject to approval by the council for medical schemes. Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

POPIA

Protection of Personal Information Act 4 of 2013 (POPIA), Medical Schemes are requesting a signed Broker Appointment letter to make certain information available to Aon South Africa (Pty) Ltd.