

# 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 with a premium range of health, lifestyle and leisure benefits for making better choices.

## Purpose of the form

Thank you for deciding to apply to join Discovery Vitality (Pty) Ltd. This document is an application form for a Vitality 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](mailto:vitalitysales@discovery.co.za).

## Contact us

Tel: **0860 99 88 77**, PO Box 653574, Benmore 2010, [www.discovery.co.za](http://www.discovery.co.za)

## 1. Join Vitality

The Vitality contributions for 2026 are:

	Vitality
Member	R429
Member + 1 dependant	R514
Member + 2 or more dependants	R599

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.

We will not backdate your Vitality membership on activation. We will bill your premiums 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

Accountholder

Accountholder's signature

Signature of main applicant

**Please note:**

If you are not paying the Vitality contribution from your own bank account, then the accountholder must sign above to give consent to having their account debited.

If your membership is not activated in time for the debit order collection, we will collect your first contribution 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 monthly.

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](http://www.discovery.co.za/corporate/privacy).

**5. Vitality rules for membership**

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

Discovery Vitality (Pty) Ltd operates independently from Discovery Health (Pty) Ltd (referred to as **the administrator**). It is officially registered under the name Discovery Vitality (Pty) Ltd, with the registration number 1999/007736/07, and is responsible for managing the Vitality programmes (**Discovery Vitality**).

**Rules of the Vitality programme**

A full set of Vitality main rules is available on [www.discovery.co.za](http://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 Vitality main 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 want to cancel your Vitality membership in that month. Otherwise, your membership will only end on the last day of the next month.

**When you sign this application to join Vitality, you confirm that you accept 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.**