

Choosing KeyCare as your health plan 2026



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.
- If you have already selected a primary care provider on your current plan, please check that the provider is on the relevant KeyCare network, if the provider is not, you will need to nominate a different network provider.

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 ☐	Hospital (KeyCare Hospital Network) and chronic cover only
KeyCare Start ☐	Hospital (KeyCare Start Hospital Network), chronic and day-to-day cover
KeyCare Start Regional ☐	Hospital (KeyCare Start Regional Hospital Network), chronic and day-to-day cover
KeyCare Plus ☐	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 or you do not provide all relevant proof of income is not received, 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	R
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. Backdating a GP nomination is not allowed, please ensure you have nominated a KeyCare network GP before the effective date of your plan change. Changes done during the month are only effective from the following month.

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.**