





## 6. Fair Collection Notice – how we will process and disclose your Personal Information and communicate with you (continued)

4. UKZN and Discovery Health (Pty) Ltd (we/us) will keep any information, including Personal Information relating to yourself and your dependants and/or beneficiaries, supplied to us in this application or collected from other sources ("Your Personal Information") confidential.
- You confirm that when you provide us with your Personal Information, your dependants and/or beneficiaries have provided you with the appropriate permission to disclose their Personal Information to us for the purposes set out below and any other related purposes. In the event that you providing information and signing consent on behalf of a minor (person younger than 18 years old) that you are a competent person and authorised do so on their behalf.
5. You agree to us processing and disclosing Your Personal Information in the following manner:
- We may collect, collate, process, store and disclose your Personal Information:**
- For the administration of your health plan;
  - For providing managed care services to you or any dependant/s on your health plan;
  - For providing relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependant/s on your health plan;
  - To profile and analyse risk;
  - For academic research conducted by any company within the Discovery Group and/or contracted research and survey providers in South Africa as well as outside the borders of the Republic.
- Examples of how this will happen includes:**
- Getting Your Personal Information from other relevant sources, including any entity that is part of Discovery Limited, medical practitioners, contracted service providers, financial advisers, credit bureaus or industry regulatory bodies ("Sources"), and further processing of such information to consider your membership application, to conduct underwriting or risk assessments, or to consider a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the Sources that your Personal information is true, correct and complete;
  - Getting and sharing any information that is relevant to your application from or with your employer, if you have joined as a member of an employer group;
  - Communicating with you about any changes in your health plan, including your contributions or changes and enhancements to the benefits you are entitled to on the health plan.
  - Transferring your Personal Information outside the borders of the Republic of South Africa where appropriate, for example to administer the ISOS and Africa Benefit, if you provide an email address which is hosted outside the borders of South Africa, or for processing, storage or academic research. We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to;
  - Making use of external health specialists to assess or evaluate certain clinical information. Your Personal Information will be shared with such specialist/s in the event that you or your dependants are subject to such a clinical assessment.
6. If asked to do so, we will share your Personal Information with a third party if you have already given your consent for the disclosure of this information to such third party or if a contractual relationship exists in terms of which we are obliged to provide the information to such third party.
7. We will provide your Personal Information to any other entity within the Discovery Group with whom you or your dependant/s already have a relationship or where you or your dependants have applied for a product or benefit from such entity. This information will be provided for the administration of your or your dependant's products or benefits with other entities within the Discovery Group.
8. We may provide any credit bureau or credit providers industry association with any information about your consumer credit record, including personal information about any judgement or default history.
9. UKZN and any entity within the Discovery Group will keep you updated on information about any offers or new products Discovery may make available at any time. Please contact us if you do not wish to receive any telephonic direct marketing information from us.
10. If we want to share your information for any other reason, we will do so only with your permission.
11. You have the right to request a copy of the Personal Information we hold about you. To do this, simply complete the 'Data Subject Request Form' on [www.discovery.co.za/legal](http://www.discovery.co.za/legal) and specify what information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information. Please note that any such Data Subject Request may be subject to a payment of a legally allowable fee.
12. You have the right to contact and ask us to update, correct or delete your personal information.
13. You agree that we may retain Your Personal Information until such time as you request us to destroy them (unless we are obliged by law to retain it, regardless of such request)
14. If the Scheme, Discovery Health (Pty) Ltd or Discovery Limited becomes involved in a proposed or actual merger, acquisition or any form of sale of some or all its assets, we may use and disclose your Personal Information to third parties in connection with the evaluation of the transaction. The surviving company, or the acquiring company in the case of a sale of assets, would have access to your Personal Information which would continue to be subject to this Notice.
15. UKZN and Discovery Health (Pty) Ltd are required to collect and retain information in terms of the following legislation (amongst others):
- 15.1. The Medical Schemes Act, 1998
  - 15.2. The Consumer Protection Act, 2008
  - 15.3. The Protection of Personal Information Act, 2013
  - 15.4. Electronic Communications and Transactions Act, 2002
  - 15.5. Promotion of Access to Information Act, 2000
- Legislation specific to Discovery Health (Pty) Ltd only:
- 15.6. Financial Advisory and Intermediary Services Act, 2002
  - 15.7. Companies Act, 2008

Signature of main applicant

**Please do not sign an incomplete application form**

## 7. University of KwaZulu-Natal Medical Scheme (“UKZN”) rules for membership

### 7.1 Who “we” are

The University of KwaZulu-Natal Medical Scheme (referred to as ‘the Scheme’), registration number 1520, is the medical scheme that you are applying to become a member of. This is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to ‘we’ ‘us’ and ‘our’ or as ‘the administrator’) is a separate company and an authorised Financial Services Provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

### 7.2 Rules for membership

The rules of UKZN records your rights and responsibilities for your membership of UKZN. They may change from time to time. You may ask us for a copy at any time.

When you sign this application, you confirm that you have read and understood the rules and you agree that you and those you apply for will be bound by them.

Where applicable you also acknowledge and confirm that your employer appointed, may communicate with us on this application and your membership of UKZN

You give permission that we can share your medical information and other relevant personal information about you and your dependants. The information will be shared so that he or she can help us if necessary while we process your membership application.

### 7.3 Who you are applying for

You may apply to join UKZN on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the UKZN rules. For anyone to be treated as financially dependent for this application, you must have a legal responsibility to provide financially for that dependant. We might ask you to give us proof of financial responsibility. You may be called the principal member or main member in our future communications to you.

### 7.4 Acting for others

**You confirm you have the right to act for others**

By signing this document, you confirm that:

- you have the right to apply for membership and to act for those you apply for in any matter relating to this application;
- you have received permission from your spouse and any dependants over 18 to act for them in any matter relating to this application.

### 7.5 Giving and getting information

**You must give true, correct and complete information**

To consider your application for membership, UKZN must learn more about you and those you apply for. Information about you and those you apply for must be true, correct and complete. This includes the details you give in this application form and in future dealings with us. It is important that you tell us about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application. We may ask those you apply for who are 18 and older for more information about themselves.

#### Your legal address

We will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

#### UKZN and Discovery Health (Pty) Ltd may record telephone calls

We may record telephone conversations with you and with those you apply for. The recordings and all information we get during the recordings will be processed and kept as required by law.

#### UKZN and Discovery Health (Pty) Ltd may get information about you from other relevant sources

To consider your application for membership, conduct underwriting or risk assessments or to consider a claim for medical expenses, you agree that Discovery Health (Pty) Ltd and UKZN can get information about you and those you apply for from other relevant sources. These include any entity that is part of Discovery Limited, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you give on this application and in respect of any matter pertaining to or that arose during your membership of UKZN, is true, correct and complete. You give your permission that we may get any information that is relevant to your application from your employer.

#### Tell Medical Scheme or Discovery Health immediately if your information changes

You or your employer must tell us in writing if any of the information you gave, in your application for membership, changes between the day you sign this document and the day your membership starts. This includes information about your health and the health of those you apply for. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

### 7.6 About becoming a member

#### UKZN might not pay for certain expenses immediately after you become a member

UKZN may have waiting periods that apply in certain circumstances. This means there may be a set time period before UKZN starts paying for any general or specific medical conditions. Please speak to your employer to find out if waiting periods apply to your membership and the memberships of those you apply for.

#### Resign from current medical schemes when accepted

It is illegal to be a member of more than one medical scheme at the same time. You and those you apply for must resign from your current medical schemes when you receive notice from UKZN by letter, email or SMS telling you that you and those you apply for have been accepted.

#### You must ensure contributions are paid on time

As the main member of UKZN, you are responsible for ensuring that your contributions and the contributions of those you apply for are paid on time every month to avoid suspension of benefits. The Scheme has the right to amend monthly contributions and benefits from time to time.

### 7.7 Repaying money owed to the Scheme

UKZN has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you if there is any amount that you owe to the Scheme.

#### You must repay any medical savings owing if you leave UKZN

When you become a member, depending on the plan you chose, you may have money available in advance to use for medical expenses during the year. This money is made available in an account called the ‘Medical Savings Account’. If you leave UKZN before the year is up, you must repay the portion of medical savings you have used that is more than you have paid back to UKZN over the year.

By signing this form, you agree that any money you owe to the Scheme may be deducted from any future claim payment amounts that are due to be paid to you.

Signed at (town or city)  on 

Y	Y	Y	Y	M	M	D	D
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Signature of main member

Signature of previous main member\*

**The main applicant must sign and date any changes.  
Please do not sign an incomplete application form  
I confirm the information is accurate and complete**

\*If previous main member’s signature cannot be obtained, please state reason.