

## Discovery Health Option Change Form 2022

### Member details needs to be completed in full please

Company Name: ..... Branch Name: .....  
 Name: ..... Surname: .....  
 Current Plan: ..... Membership number: .....  
 ID Number: ..... Contact number: .....

### Discovery Health Plan Options | 2022

Please indicate your chosen plan by placing an X in the box provided. Please choose one plan option. The changes will be with effect from 1 January 2022 and no late submissions will be accepted.

Executive	<input type="checkbox"/>	Classic Comprehensive	<input type="checkbox"/>	Classic Delta Comprehensive	<input type="checkbox"/>
Classic Smart Comprehensive	<input type="checkbox"/>	Essential Comprehensive	<input type="checkbox"/>	Essential Delta Comprehensive	<input type="checkbox"/>
Classic Priority	<input type="checkbox"/>	Essential Priority	<input type="checkbox"/>	Classic Saver	<input type="checkbox"/>
Classic Delta Saver	<input type="checkbox"/>	Essential Saver	<input type="checkbox"/>	Essential Delta Saver	<input type="checkbox"/>
Coastal Saver	<input type="checkbox"/>	Classic Smart	<input type="checkbox"/>	Essential Smart	<input type="checkbox"/>
Classic Core	<input type="checkbox"/>	Classic Delta Core	<input type="checkbox"/>	Essential Core	<input type="checkbox"/>
Essential Delta Core	<input type="checkbox"/>	Coastal Core	<input type="checkbox"/>		

### KeyCare Plan contributions are based on your average income for the last 12 months

KeyCare Plus  KeyCare Core   
 KeyCare Start  \* Chronic only covered at State Facility

Please confirm your chosen General Practitioner(s) for you and your dependents from the KeyCare GP Network

General Practitioner 1: ..... General Practitioner 2: .....  
 Practice number: ..... Practice number: .....

### Vitality

Should you wish to activate Vitality, you have to complete a Vitality application form and submit to your company Human Resources department for processing.

Vitality  Vitality Active   
 Vitality Health Tracker

### Signatories

Please note that if this form is not handed in to your HR department by 30 November 2021 or you will remain on your current option for 2022.

Member Signature: ..... Signed as received by HR: .....  
 Date: ..... Date: .....

By placing my signature hereto, I hereby agree to the terms and conditions as stated above.