

Purpose of the form

To apply for a corporate wellness day.

What you must do

- We recommend that you complete this application form together with your Corporate Health Manager who will help you to answer any questions.
- Please complete the **latest version of the application form**. When you complete older versions of the application form, you might be referring to outdated assessment costs, terms and conditions for which Discovery Health will not be responsible.
- Please **complete all fields** in the application form. If information is missing, we will not be able to process the application.
- Apply for your wellness day well in advance so we can accommodate you on your preferred date. We must get your application at least 7 - 10 working days before your proposed wellness day date.

1. Your company information

Full company name (as registered)	<input type="text"/>
Discovery Health employer number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company VAT registration number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Does your company have tax exemption?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Company contact person	Name and surname	<input type="text"/>
	Email address	<input type="text"/>
	Telephone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wellness day organiser	Name and surname	<input type="text"/>
	Email address	<input type="text"/>
	Telephone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Corporate Health Manager	Name and surname	<input type="text"/>
	Email address	<input type="text"/>
	Telephone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company billing contact person	Name and surname	<input type="text"/>
	Email address	<input type="text"/>
	Telephone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. Wellness day location (physical address where the wellness day will take place)

Please note:

- As a standard, we prefer that all our wellness events be hosted indoors. Outside events may be considered on a case by case basis pending a site inspection.
- Where there is poor cellphone connectivity at your chosen venue, it affects the performance of our technical devices. In these instances, assessment results may be captured on manual forms or on an offline system. Results are only synced once connectivity is established.
- The following arrangements are required at your chosen site venue:
 - Wellness assessment stations – private rooms/offices. If this is not available, the wellness team will bring gazebos as mobile wellness stations. Please indicate if Gazebos are required.
 - Tables and chairs (one table and two chairs per mobile wellness station/office/room). Please indicate 'YES' if you need the wellness team to provide tables and chairs. Please indicate 'NO' if you will provide these Yes No

Physical address

Building name	
Street number	
Street name	
Suburb	
Postal code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Venue where wellness assessment will take place	

Venue requirements

Requirement	Comment
Plug points and applicable electrical equipment are in good working order	
Adequate light and ventilation	
Safe parking for the wellness team	
Adequate 3G or 4G network connectivity	
Special permits/access requirements for the wellness team to access the venue	
Extension cords	
Tables and Chairs if supplied by the employer are in good working order	
The dedicated screening location are clear of hazardous substances and objects	
The necessary health and safety emergency protocols and procedures are in place onsite	

3. Logistical arrangements

Please indicate the logistical preferences required for your wellness event.

Preference	Comments																								
Please indicate three possible dates for your wellness day in order of preference <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; text-align: center;">D</td><td style="width: 25px; text-align: center;">D</td><td style="width: 25px; text-align: center;">M</td><td style="width: 25px; text-align: center;">M</td><td style="width: 25px; text-align: center;">Y</td><td style="width: 25px; text-align: center;">Y</td><td style="width: 25px; text-align: center;">Y</td><td style="width: 25px; text-align: center;">Y</td></tr> <tr> <td style="width: 25px; text-align: center;">D</td><td style="width: 25px; text-align: center;">D</td><td style="width: 25px; text-align: center;">M</td><td style="width: 25px; text-align: center;">M</td><td style="width: 25px; text-align: center;">Y</td><td style="width: 25px; text-align: center;">Y</td><td style="width: 25px; text-align: center;">Y</td><td style="width: 25px; text-align: center;">Y</td></tr> <tr> <td style="width: 25px; text-align: center;">D</td><td style="width: 25px; text-align: center;">D</td><td style="width: 25px; text-align: center;">M</td><td style="width: 25px; text-align: center;">M</td><td style="width: 25px; text-align: center;">Y</td><td style="width: 25px; text-align: center;">Y</td><td style="width: 25px; text-align: center;">Y</td><td style="width: 25px; text-align: center;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y																		
D	D	M	M	Y	Y	Y	Y																		
D	D	M	M	Y	Y	Y	Y																		
Please indicate start and end times for your wellness day 07:00 – 14:00 <input type="checkbox"/> 08:00 – 15:00 <input type="checkbox"/> 09:00 – 16:00 <input type="checkbox"/> 10:00 – 17:00 <input type="checkbox"/> Other (you may incur additional costs where more than 7 hours is booked) <input type="checkbox"/>																									
Preferred wellness assessment station Can provide rooms / offices <input type="checkbox"/> Gazebos <input type="checkbox"/>																									

If you require a wellness day for the same company but at different branches, you can complete one application form and attach the [Discovery Wellness Day branch template](#).

Please note the following:

- The wellness team will arrange delivery and collection of stock and equipment in consultation with the event organizer or company contact, and the corporate health manager. In certain instances, we may be required to set up wellness stations one day before the event. Collection of equipment and stock could also occur a day after the wellness day.
- Each wellness specialists must have their own wellness station (gazebo/room/office).
- Where private rooms/offices are provided onsite it should provide the necessary privacy (no glass).
- In line with the employee equity act, the wellness team staff will be given an hour lunch break.
- Overtime fees may apply at a cost to the employer in the following instances.

- Wellness day duration that exceeds 7 hours.
- Public Holidays.
- Wellness days on Saturdays after 14:00.

4. Health Check (Wellness Assessment required)

We have two available offerings: Premier and Premier Lite

Premier: An enhanced personalised experience coupled with a digital booking system that allows an individual to get an in-depth understanding of their health metrics.

Assessment components	Additional benefits and technology	Client eligibility and access	Cost
Digital online questionnaire <i>(Optional)</i> <ul style="list-style-type: none"> • Medical history • Emotional wellbeing • Physical wellbeing • Lifestyle Body metrics <ul style="list-style-type: none"> • Height, weight • Waist circumference • Body fat percentage • Blood pressure • Posture assessment • Eye assessment Biometrics (blood tests) <ul style="list-style-type: none"> • Glucose • Full lipogram (TC, LDL, HDL, Trigs) • Voluntary HIV testing and counselling 	<ul style="list-style-type: none"> • Digital individual report • Comprehensive employer report • Automated Vitality points allocation (if applicable) • Risk stratification with automated communication and reminders to act on identified risks • Automated employee assistance programme (EAP) referrals 	<ul style="list-style-type: none"> • Discovery Health Medical Scheme members have access to two health checks a year • Other schemes administered by Discovery Health who cover one health check per year are: MultiChoice, Tsogo Sun, TFGMAS 	R924.60

Premier Lite: A basic health check coupled with a digital booking system that allows an individual to get an overview of their health metrics

Assessment components	Additional benefits and technology	Client eligibility and access	Cost
Non-smokers declaration Body metrics <ul style="list-style-type: none"> • Height, weight • Waist circumference • Blood pressure Biometrics (blood tests) <ul style="list-style-type: none"> • Glucose • Total cholesterol • Voluntary HIV testing and counselling 	<ul style="list-style-type: none"> • Digital individual report • Comprehensive employer report • Automated Vitality points allocation (if applicable) • Risk stratification with automated communication and reminders to act on identified risks 	<ul style="list-style-type: none"> • Other schemes administered by Discovery Health cover one health check per year: Anglovaal, BEMAS, EMBF, Malcor, Retail, UKZN • Members who have non-scheme product only: Healthy Company, Flexicare • Discovery Life policy holders (no Health policy) have access to one health check per year 	R534.90

Please note:

- We require a minimum of seven wellness assessments/attendees to host a wellness day (half day). We require a minimum of 30 wellness assessments/attendees to host a wellness day in outlying areas (where the employer site is further than 150 km away from any of our main offices).
- One wellness specialists can screen 15 Premier assessments and 20 Premier Lite assessments per day.
- We book the number of wellness specialists according to the number of wellness assessments required.
- The digital online assessment is optional; however, we encourage attendees to include this in their wellness day for more defined risk stratification and comprehensive reporting.

Please indicate the number of wellness assessments required in the table below.

- Note that where an offering selected is not covered by the attendee's scheme or non-scheme product benefit, the cost will be for the event host/event organiser account.

Attendee type	Offering required	Include digital online assessment	Number of estimated attendees	Comments
Discovery Health Medical Scheme members	<input type="checkbox"/> Premier	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<input type="checkbox"/> Premier Lite			
Non-scheme products Flexicare and Healthy Company (members not on Discovery Health Medical Scheme)	<input type="checkbox"/> Premier (to be paid for by the employer)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<input type="checkbox"/> Premier Lite			
Members on MultiChoice, Tsogo Sun, TFGMAS	<input type="checkbox"/> Premier	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<input type="checkbox"/> Premier Lite			
Members on Anglovaal, BEMAS, EMBF, Malcor, Retail, UKZN	<input type="checkbox"/> Premier (to be paid for by the employer)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<input type="checkbox"/> Premier Lite			
Members with a Discovery Life policy only	<input type="checkbox"/> Premier (to be paid for by the employer)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<input type="checkbox"/> Premier Lite			
Uninsured members (not on a medical scheme)	<input type="checkbox"/> Premier (to be paid for by the employer)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<input type="checkbox"/> Premier Lite (to be paid for by the employer)			
Total				

5. Terms and conditions

5.1. Processing of personal information and reporting

- 5.1.1. Please note that we verify members before their health check with acceptable form of verification (ID book or card, valid driver's license, passport)
- 5.1.2. Discovery Health will process your personal information in accordance with the terms of our privacy statement which can be viewed [here](#).
- 5.1.3. Southern Rx and Discovery Health undertake to use and process each attendee's personal information strictly in accordance with data protection legislation and only upon receipt of the attendee's consent.
- 5.1.4. You have access to view your wellness day attendance on the Employer Zone. If you do not have access, speak to your dedicated Corporate Health Manager to assist you.

5.2. Funding for wellness assessments:

- 5.2.1. Participating medical schemes administered by Discovery Health covers the cost of the health check as part of the risk screening and preventative benefit. The below table highlights the type of health check participating schemes have selected as part of their benefits:

Scheme name	Health Check offering	Number of Health Checks covered per year
Discovery Health Medical Scheme	Premier	Two
Anglovaal Group Medical Scheme	Premier Lite	One
BEMAS	Premier Lite	One
EMBF	Premier Lite	One
LA Health	Premier Lite	One
Malcor Medical Scheme	Premier Lite	One

MultiChoice Medical Aid Scheme	Premier	One
Remedi Medical Aid Scheme	Premier Lite	One
Retail Medical Scheme	Premier Lite	One
TFGMAS	Premier	One
Tsogo Sun Group Medical Scheme	Premier	One
UKZN Medical Scheme	Premier Lite	One

5.2.2. Policy holders of the following non-scheme products, in the absence of a medical scheme membership administered by Discovery Health, are also covered for a health check as part of their product benefits:

Non-scheme product	Health Check offering	Number of Health Checks covered per year
Flexicare	Premier Lite	One
Healthy Company	Premier Lite	One
Discovery Life	Premier Lite	One

5.2.3. The cost of the health check must be paid by the employer and will be billed directly in the following instances:

5.2.3.1. Attendees who are in a general waiting period

5.2.3.2. Attendees who have already used their yearly benefits available

5.2.3.3. Attendees who are uninsured or are on a health plan with a scheme not administered by Discovery Health.

5.2.4. Employers may be liable to cover wellness day costs in the following instances:

5.2.4.1. Short notice cancellations or rescheduling existing bookings within five days before the booked date. The employer will have to pay the cost incurred in procuring and planning for the event.

5.2.4.2. Travel and accommodation costs where the employer site is in an outlying area (150 kilometers or more from any of our main offices) that has not been pre-booked into our regional calendar in advance. Speak to your Corporate Health Manager about our yearly regional calendar

5.2.4.3. Overtime fees for wellness days that run over seven hours or are scheduled on a Sunday or a public holiday.

5.3. Wellness day marketing and attendance:

5.3.1. The company contact or event organiser is responsible for promoting the wellness day and distributing marketing material and booking invites shared by the Discovery Health Corporate Health Manager.

5.3.2. Attendees must be encouraged to book their health checks and complete their online questionnaire ahead of the wellness day to ensure a seamless experience.

5.4. Wellness day arrangements

5.4.1. The Southern Rx Wellness Team will only arrange what is specified on the application form.

5.4.2. We do not recommend making any changes once your wellness day has been booked and confirmed, because this affects logistics that are planned. Examples are venue changes, changes in assessment estimates, and any additional requirements on the day.

5.4.3. The Southern RX Wellness Team reserves the right to decline any changes that are requested within five to seven days of the wellness day date.

5.5. Confirmation to accept electronic tax invoices

5.5.1. This is to confirm our agreement to accept electronic tax invoices, credit and debit notes, which will be sent by email. The following requirements as defined by SARS in VAT News 20 of the Value-Added Tax Act for issuing of tax invoices and credit and debit notes.

5.5.2. The supplier must keep the written documentation for a period of five years after the last electronic document issued to the recipient.

5.5.3. Electronic documents, tax invoices, credit and debit notes will be transmitted and issued to the recipient in PDF format.

5.5.4. Both the recipient and supplier must keep the electronic documents in their original format for a period of five years from the date of submission.

5.5.5. The transmitted electronic document will constitute the original tax invoice, credit, or debit note. No other tax invoice, credit or debit note will be issued in respect of the specific supply, unless as a copy of the original document.

5.6. Attendees referrals:

5.6.1. Members provides consent before a health assessment commences, part of the follow up for medium and high risk results for members includes automatic communication triggers to see their Primary Care Provider and internal referral processes which may impact the confidentiality between an attendee, the scheme and the host to facilitate unlocking of additional benefits. In the instance where an attendee is already part of a managed care programme, they may ignore the automated triggered SMS's alerting them from a high or medium risk result.

5.6.2. In the case of an emergency based on attendee's received results, attendees must be referred to their onsite clinic or wellbeing centre. IN the absence of an onsite clinic or wellbeing centre attendees must be referred to their Primary Health Care Provider (GP).

5.7. Health and Safety Requirements:

5.7.1. Provided mobile wellness stations will be clean and free of any objects that may cause harm to attendees.

5.7.2. A finger prick procedure will occur during the health check. The host/event organizer must have the necessary health and safety emergency protocols in place on site should any adverse reactions occur. The Scheme, Administrator, Southern Rx or the Wellness Specialist will not be responsible for any adverse reactions following a finger prick procedure.

5.7.3. Any sharp objects such as lancets and needles will be placed in sharps bins as part of our established waste management process.

5.7.4. All medical waste will be removed upon completion of a wellness day in line with our waste management policies and procedures.

6. Disclaimer and indemnity

- 6.1. Discovery Health nor any entity of the Discovery group of companies ("the Discovery Group") will be liable for any losses, liabilities, costs, expenses, fines, penalties, damage, damages and claims and all related costs and expenses ("Losses") suffered by any person (including the company and an employee) as a result of a Wellness Day or services provided to your company or an employee during a Wellness Day.
- 6.2. Your company indemnifies and holds Discovery Health and the Discovery Group harmless against any Losses suffered by, or claims made against Discovery Health and the Discovery Group arising out of or in connection with a Wellness Day or your company's failure to comply with its obligations set out herein.
- 6.3. Your company hereby indemnifies Discovery Health (Pty) Ltd and the Discovery Group against its failure to adhere to the Disaster Management Act, 2002 and any of its regulations during this national state of disaster or any standard operating procedures used by Discovery Health (Pty) Ltd during the Wellness Day. Your company further indemnifies Discovery Health (Pty) Ltd and the Discovery Group against any of its employees, other guests or visitors who might be infected with COVID-19 as a result of the operation of the Wellness Day.
- 6.4. While the Scheme and our Administrator seeks to make every effort to recommend appropriate Disease Management programmes to attendees, the Scheme, the Administrator, Southern Rx or any other Discovery Group of companies cannot accept any responsibility for any consequences that may result from these recommendations.
- 6.5. The Scheme, the administrator, Southern Rx and any other Discovery Group of companies cannot be responsible for issues arising from disease management such as the monitoring of the patient, the patient's compliance with a recommended programme, any clinical outcomes, or any other factors that result from the patient's participation in this programme.
- 6.6. The Scheme, the administrator and Southern Rx will not disclose any information about the attendee to any third party, due to concerns regarding confidentiality, except where the attendee has given express consent for the disclosure.
- 6.7. Attendees taking part in any Wellness Assessment do so voluntarily and at their own risk.
- 6.8. The Scheme, administrator, and Southern Rx will not be held liable for any damages cause to infrastructure supplied by the host, or any theft, damage of any other supplied equipment.

Name of organiser or contact person

Signature of the organiser or contact person

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



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