



# Application Form

20  
24 for membership

WE'RE IN IT FOR YOUR HEALTH



# YOUR LA HEALTH MEDICAL SCHEME APPLICATION FORM 2024

You need to complete this form in full when you apply to join LA Health Medical Scheme. Please tear off this section and keep it until you get further communication from us about your application

## Thank you for applying to join LA Health Medical Scheme

Thank you for choosing LA Health Medical Scheme to look after your healthcare needs.

### Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is the medical scheme that you are applying to become a member of. This is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to 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.

### What happens next with your application?

Once you submit your application to us, the following will happen:

- We capture and check your details.
- If there is any information missing, we will call you or write to you.
- To finalise your membership, we may also speak to your broker about any other requirements.

### We only send information via email or SMS

In the interest of the environment, and to ensure efficiency, we no longer print and post some information. Please provide your personal email address and a valid cellphone number.

## When we have accepted your application, we will communicate with you

- We will SMS your membership number to you when we activate your membership.
- We will also send you an electronic version of your new member welcome pack that includes the following:
  - A welcome letter, which confirms the Benefit Option you have chosen and all other relevant details about your membership
  - Your LA Health Medical Scheme membership certificate
  - A link to your electronic membership card.
  - A Benefit Brochure, which outlines your benefits.

Once you get written notification from LA Health Medical Scheme that your application is successful, please cancel your current medical scheme membership, as it is illegal to belong to two medical schemes at the same time. If you have not heard from us seven days after submitting your application, please contact your broker.

### Chronic Illness Benefit

If you want to access cover from the Chronic Illness Benefit, you must apply for it once you have received your new LA Health membership number. You and your doctor must complete a Chronic Illness Benefit application form and submit it for review. Your doctor can apply for cover online, if they use HealthID, provided you give your consent.

You need to meet the benefit entry criteria for your condition to be registered on the Chronic Illness Benefit. You or your doctor may need to provide certain test results or extra information to finalise your application. Please ensure that these documents are submitted with your application to avoid any delays in the process.

You can find the application form on the website [www.lahealth.co.za](http://www.lahealth.co.za)

Before you send us the application form portion of this document, please make sure your employer has stamped it to show they are aware that you want to join LA Health Medical Scheme.

Broker name: ..... Accreditation number: .....

Telephone number: ..... FAIS number: .....

For office use only			
Option:	Risk	MSA	Total
Employer			
Member			
<b>Total contribution</b>			

Employer stamp

## LA HEALTH MEDICAL SCHEME MEMBER APPLICATION FORM

### How to complete this application

Please complete sections A – J as applicable.  
Please use one letter per block, complete with black ink and print clearly.  
To avoid administration delays, please make sure this application is completed in full.  
This form must be completed for each person who wants to join LA Health Medical Scheme.

Please attach a copy of each applicant's ID to this application form.  
LA Health Medical Scheme accepts valid passports and birth certificates for children.  
You must give this form to your employer if you are still working.  
If you are a pensioner, please give it to your pension fund administrator.  
To follow up on this application, please call 0860 100 345  
or email nb\_inhouse\_queries@discovery.co.za

### A. About your employer

Municipality/employer

Date of permanent employment  Y Y Y Y M M D D Depot name

Staff number  Employer no.  Pension number

### B. About yourself (main member). Please attach a copy of your ID/passport

When do you want your cover to start?  Y Y Y Y M M 0 1 Are you in active employment  Y N Are you retired from employment  Y N

Title  Surname  Tax number

First name(s)  Sex  M F Date of birth  Y Y Y Y M M D D

ID or passport number  Marital status

Gross yearly salary R  Cellphone

Telephone (H)  (W)

Email  Home  Work

\* Communication will be sent to either this email address or via SMS to your cellphone. Please supply a valid personal email address and cellphone number

Physical address  Postal address

Code

Code

### C. About your spouse/partner (if applying for cover). Please attach a copy of your spouse's/partner's ID/passport and complete the partnership declaration if not legally married

Title  Surname

First name(s)  Sex  M F Date of birth  Y Y Y Y M M D D

ID number  Cellphone

Telephone (H)  (W)

#### Partnership declaration

If you are not legally married and unable to produce a marriage certificate, we require that you complete the section below.

We hereby declare that we are in a long-term, committed relationship that is like a marriage and that we reside together at the same residence. We understand that by signing this declaration we agree to inform the Scheme of any change in the status of our relationship or any change in our living arrangements, such as separation. We further understand that should the information provided regarding our relationship or residency be false in any way, the Scheme reserves the right to terminate both our memberships.

How long have you and your partner been in this relationship that is like a marriage?  Y Y M M

Signature of main member  Signature of spouse/partner

Date  Y Y Y Y M M D D Date  Y Y Y Y M M D D

Should the above section not be signed by both parties, the application process will be halted until such time as the section has been duly signed by both parties.

### D. About your dependant(s) (if applying for cover). How many dependants are you applying for? Please attach a copy of each of your dependant's ID/passport/birth certificate

#### Dependant 1

Title  Initials  Surname

First name(s) (as per identity document)

Preferred name  Sex  M F Date of birth  Y Y Y Y M M D D

ID or passport number  Country of issue

Relationship to main member (for example, mother or child. If your child is not your biological child, please give more detail – adopted child or foster child – and provide legal proof.)

Please sign Section J on reverse side.

**If your dependant is 21 years or older, are they:**

Married?  Y  N Financially dependent on you?  Y  N Disabled?  Y  N A student?  Y  N

Does your dependant earn an income?  Y  N How much does your dependant earn each month? R

**Were you a dependant of the main applicant's medical scheme immediately prior to this application being made?**  Y  N

**Dependant 2**

Title  Initials  Surname

First name(s) (as per identity document)

Preferred name  Sex  M  F Date of birth

ID or passport number  Country of issue

Relationship to main member (for example, mother or child. If your child is not your biological child, please give more detail – adopted child or foster child – and provide legal proof.)

**If your dependant is 21 years or older, are they:**

Married?  Y  N Financially dependent on you?  Y  N Disabled?  Y  N A student?  Y  N

Does your dependant earn an income?  Y  N How much does your dependant earn each month? R

**Were you a dependant of the main applicant's medical scheme immediately prior to this application being made?**  Y  N

**Dependant 3**

Title  Initials  Surname

First name(s) (as per identity document)

Preferred name  Sex  M  F Date of birth

ID or passport number  Country of issue

Relationship to main member (for example, mother or child. If your child is not your biological child, please give more detail – adopted child or foster child – and provide legal proof.)

**If your dependant is 21 years or older, are they:**

Married?  Y  N Financially dependent on you?  Y  N Disabled?  Y  N A student?  Y  N

Does your dependant earn an income?  Y  N How much does your dependant earn each month? R

**Were you a dependant of the main applicant's medical scheme immediately prior to this application being made?**  Y  N

**E. Previous medical scheme details (Please supply proof of current membership, if applicable)**

Have you ever belonged to a medical scheme before? Yes  No

Name of scheme  Membership number

Date of joining  to  or currently a member

**F. Option selection**

LA KeyPlus  LA Focus  LA Active  LA Comprehensive  LA Core

Pay Medical Savings Account claims at LA Health Rate  or at Cost  (if applicable) Note: not available to LA KeyPlus members.

**Please complete if you have selected the LA KeyPlus Option.**

	Name	General practitioner (GP)	Practice number
Main applicant			
Spouse/partner			
Dependant*			
Dependant*			
Dependant*			

Please make sure the dependant information supplied above is the same as the dependant information in Section D of this form. Please note: you can only access day-to-day cover and chronic benefits through the KeyCare network GP you chose above.

**G. Banking details (for claims reimbursement and/or contributions)**

Bank name  Branch

Original handwritten signature required

Account type

Branch code  -  -  -

Name of account holder

Account number

Signature of account holder

Account holder's physical address (own/3rd party/company/trust)

Account holder contact number

Account holder email address

As part of Payments Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holder's residential address, email address and contact number. Please note that the details you supply will only be used for the PASA order mandate requirement and will not be used to update the contact details we have on system. If you wish to update any contact details, please visit [www.discovery.co.za](http://www.discovery.co.za).  
We will debit your account on the first working day of the month. If your membership is not activated in time for the contribution collection, your first contribution will be collected with the next debit order unless it has been paid in the interim or you have granted us with permission to debit your account for the outstanding contribution. After we have received your first debit order and you are paying in advance, you may change your debit order date to a variable debit order date by contacting us on 0860 103 933.

Can we use this account to refund claims to you? Yes  No

**H. Your broker details (if you are appointing a broker to act on your behalf)**

Do you have a broker? Yes  No

If yes, your financial adviser must complete the details below.

Name of broker

Name of broker house

Signature of broker

Broker's stamp

Broker code

I \_\_\_\_\_ hereby declare that I  
- Give consent to LA Health Medical Scheme to share with my appointed broker / broker house all membership information, including personal and underwriting information necessary to ensure the efficient administration of my membership of LA Health Medical Scheme and to ensure that LA Health Medical Scheme complies with all relevant legislation.  
- Accept that this consent can be revoked at any time, failing which, LA Health Medical Scheme will be entitled to continue sharing such information with the appointed broker until the end of this membership.

I therefore hereby:  
With effect from the date indicated below, appoint the broker /broker house mentioned in this Section H, to act on my behalf in matters relating to LA Health Medical Scheme.

Signature

Your broker is not employed by LA Health Medical Scheme, but is appointed by you and acts as your representative.

Date

You must also sign Sections I and J on the next pages

# CONFIRMATION OF JOINING LA HEALTH MEDICAL SCHEME

## How to complete this form

1. Please use one letter per block, fill in with black ink and print clearly.
2. To avoid administration delays, please make sure you complete this form in full.
3. Please give this form to your employer when you give them your new member application form.

## Member details

I,  hereby declare my intention to withdraw from  my current medical scheme and join LA Health Medical Scheme.

I request that all future medical scheme contributions be paid to LA Health Medical Scheme in respect of my membership.

Name of employer  Staff number

The date I will be joining LA Health Medical Scheme is

My Option choice on LA Health Medical Scheme is:

(Please mark with an X)

LA KeyPlus  LA Focus\*  LA Active\*  LA Core\*  LA Comprehensive\*

\* These Benefit Options have Medical Savings Accounts. When my LA Health Medical Scheme membership is confirmed, any balance of my current Medical Savings Account (with my current medical scheme) must be transferred to LA Health Medical Scheme (in terms of the Medical Schemes Act and its regulations).

My membership will include the following number of dependant(s):

Spouse  Adult dependant(s)  Children

Signed at  on

Signature of main member  **Original handwritten signature required**

I confirm the information is accurate and complete.

Broker  Code   
Broker house  Code

Broker stamp

I confirm that I have appointed the above broker to act on my behalf.

Signature of main member  **Original handwritten signature required**

## I. LA Health Medical Scheme Privacy Statement 2024

### Definitions

**The Scheme** refers to LA Health Medical Scheme, registration number 1145, registered with the Council for Medical Schemes.

**The Administrator** refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed care organisation for LA Health Medical Scheme.

**We, us, our** refer collectively to the Scheme and the Administrator.

**You and your** refer to:

- the member and the dependants on the Scheme which may include your spouse, children and other dependants, collectively “your dependants” or

**Your personal information** includes information about race, gender, sex, pregnancy, biometrics, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and date of birth of the individual amongst other things.

**Process(ing) (of) information** means the lawful and reasonable automated or manual activity of collecting, recording, organising, using, storing, updating, distributing and removing or deleting personal information to ensure that such processing is adequate, relevant and not excessive given the purpose for which it is processed.

**Competent person** means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant for example a parent, legal guardian or a legal representative appointed by a court to manage the finances, property, or estate of another person unable to do so because of mental or physical incapacity.

### How we will process and disclose your personal information and communicate with you

- The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in a manner that is compliant, ethical, adheres to industry best practice and applicable protection of personal information legislation as enacted from time to time.
- This Privacy Statement applies to you if you engage with us physically through our offices, or virtually through our website (<https://www.lahealth.co.za>) email, mobile applications such as the Discovery App, social media platforms, over the phone, or otherwise as may be the case from time to time.
- When you engage with us, you entrust us with personal information about you.
- We are committed to protecting your right to privacy. We will keep your personal information confidential. We take protecting your personal information seriously and are continuously developing and updating our security systems, processes and data governance policies.
- We have a duty to take all reasonably practicable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To enable this, we will always endeavour to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third-party data sources. Thus, your personal information comprises information you may have given to us yourself or we may have collected from other sources.
- You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note that we require your acceptance to activate and service your medical scheme membership. If you do not accept these terms and conditions, we cannot activate and service your medical scheme membership.
- You understand and/or acknowledge that when you include your dependants on your application, we will process their personal information for the activation of the benefit and to pursue their legitimate interest. By submitting your dependants’ relevant personal information, you hereby confirm that you are duly authorised to share such information with us.
- If you are giving consent for a person under 18 (a minor) you confirm that you are their parent or legal their parent or legal guardian and that you give consent for us to process their personal information for the purposes covered in this Privacy Statement.
- If you share your personal information with any third parties, we will not be responsible for how they use this information nor be responsible for any loss suffered by you.

- You understand, accept and consent that we may process your personal information for the following purposes:
  - to verify the accuracy, correctness and completeness of any information provided to us in the course of processing an application for membership or providing services related to the membership;
  - for the administration of your benefit option;
  - for the provision of managed care services to you on your benefit option;
  - for the provision of relevant information to a contracted third party who requires this information to provide a healthcare service to you on your benefit option;
  - to profile and analyse risk;
  - to share your personal information with external healthcare providers for them to assess or evaluate certain clinical information, when you are subject to such a clinical assessment;
  - to investigate and/or remedy fraud, waste and abuse.
- By signing this application form, you expressly consent that we can obtain and share information about your creditworthiness, or the creditworthiness of any payer of your contribution, with any credit bureau or credit providers’ industry association or industry body. This includes information about credit history, financial history, judgments, default history and sharing of information for purposes of risk analysis, tracing and any related purposes.
- Examples of when and how we will obtain and share your personal information include:
  - Obtaining your personal information from other relevant sources, including medical practitioners, contracted service providers, credit bureaus, entities that are part of Discovery Limited or industry regulatory bodies (“relevant 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 relevant sources that your personal information is true, correct and complete;
  - If you have joined as a member of an employer group, getting from and sharing with your employer information that is relevant to your application;
  - Communicating with you about any changes to your benefit option, including your contributions or changes and enhancements to the benefits you are entitled to on the benefit option you have chosen;
  - Transferring your personal information outside the borders of the Republic of South Africa where appropriate, or if you provide an email address which is hosted outside the borders of South Africa, or for processing, storage or academic research.
  - Sharing your personal information to be processed by healthcare providers via a health information exchange to improve members’ treatment and healthcare outcomes.
- If a third party asks us for any of your personal information, we will share it with them only if:
  - you have already given your consent for the disclosure of this information to that third party; or
  - we have a legal or contractual duty to give the information to that third party.
- We will provide your personal information to any Discovery Limited entity for the following purposes only:
  - to allow for the administration of your profile/membership/plan with the entity with whom you or your dependant/s already have a relationship; or
  - where you or your dependant/s have applied for a product, service or benefit from such an entity for the purposes of underwriting.
- We may process your personal and/or depersonalised information for the following purposes:
  - for research and analysis; or

- 15.2 to support the early identification of medical conditions and/or other lifestyle risks and to encourage you to change your lifestyle to lessen the impact of such conditions; or
- 15.3 to provide personalised advice to you about risks to your health, how you may become healthier (such as by seeing a healthcare practitioner, having additional tests done or activating benefits) and the rewards and incentives which you may receive as a result of undertaking these activities. We will provide this advice to you based on market and behavioural research and analysis carried out using your personal, special and or depersonalised information. We may communicate this advice to you using the Discovery App or other communication channels.
16. Your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential and all data will be made anonymous to the extent possible and where appropriate. No personal information will be made available to an academic or research party unless that party has agreed to abide by strict confidentiality protocols that we require. If we and/or the academic and researcher publish the results of this research, you will not be identifiable.
17. You agree that we may transfer your personal information outside South Africa only:
- 17.1 if you give us an email address that is hosted outside South Africa; or
- 17.2 to administer certain services, for example, cloud services.
18. When we share your information, we will ensure that, the company, person or regulatory body (in or outside of South Africa) to whom we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to.
19. You consent and agree that:
- 19.1 we may process your information, including personal and special personal information, to adhere to South African legislative reporting obligations and to perform transaction monitoring activities;
- 19.2 we may communicate such personal information to local regulatory bodies as well as to other relevant governance structure of Discovery Limited or any of its relevant entities if any Legislative reportable matters are identified.
20. We may process your information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service. You may query the decision made about you.
21. We have the right to communicate with you electronically about any changes on your benefit option, including your contributions or changes and improvements to the benefits you are entitled to on the benefit option you have chosen.
22. We have a duty to keep you updated about any offers and new products that are made available from time to time. We want to send you marketing of products that suit your needs and you can afford. For this reason we may obtain data from third parties, such as credit bureaus, to enrich and analyse your personal information and by agreeing to this privacy statement, you tell us to do so. We, any entity of Discovery Limited and/or any contracted third-party service providers may communicate with you about these.
23. You may opt out of electronic marketing on <https://www.lahealth.co.za>. We will store your personal information to action this request and action it as soon as reasonably possible.
24. Unless required by law to keep your personal information for a certain period of time or purpose, you agree that we may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-identify it, and for purposes of proof, retain a secure copy of your request.
25. If we become involved in a proposed or actual amalgamation, transfer or merger, acquisition or any form of sale of any assets, as appropriate, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information.
26. Where we are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:
- 26.1 Legislation applicable to us:  
Medical Schemes Act, 1998  
The Consumer Protection Act, 2008  
The Protection of Personal Information Act, 2013  
Electronic Communications and Transactions Act, 2002  
Promotion of Access to Information Act, 2002
- 26.2 Legislation specific to the Administrator only:  
Financial Advisory and Intermediary Services Act, 2002
27. The Scheme may change this Privacy Statement at any time. It is your responsibility to check our website regularly to ensure that you are aware of these changes. By continuing to be a member you agree that the latest version will apply to you. The current version is available on [www.lahealth.co.za](http://www.lahealth.co.za)
28. You have the right to know what personal information we hold about you. If you wish to receive this information please complete a 'PAIA Form to Request Access to Records' on [www.lahealth.co.za](http://www.lahealth.co.za) and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information in respect of this request. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
29. If you believe that we have used your personal information in a way that is contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPIA, but we encourage you to first follow our internal escalation and/or disputes process to resolve the matter. We explain the escalation and/or disputes process on the website [www.lahealth.co.za](http://www.lahealth.co.za) or contact the Scheme's Information Officer at [privacy@discovery.co.za](mailto:privacy@discovery.co.za).

If, thereafter, you feel that we have not resolved your complaint adequately kindly contact the Information Regulator at: The Information Regulator (South Africa) | JD House | 27 Stiemens Street | Braamfontein | PO Box 31533 | Braamfontein | 2017 | Tel: +27 (0) 10 023 5200 | [POPIAComplaints@infoeregulator.org.za](mailto:POPIAComplaints@infoeregulator.org.za).

Signature of Main Member

Original handwritten signature required

The main applicant must sign and date any changes.



## J. LA Health Medical Scheme Terms and Conditions

### Terms and conditions for membership

The terms and conditions of the Scheme record your rights and responsibilities for your membership of the Scheme. They may change from time to time. You may ask us for a copy at any time.

*You may be called the principal member or main member in our future communications to you.*

#### 1. Acting for others

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

By signing this document, you confirm that you have received permission from your spouse and/or any dependant(s) over 18 to act for them in any matter relating to this application.

#### 2. Giving and getting information

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

To consider your application to become the main member on your membership of the Scheme, we must learn more about you. Information about you must be true, correct and complete. This includes the details you give in this application form and in future dealings with The Scheme and the Administrator.

##### Your legal address

We will email, SMS or post your documents to you. 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.

#### 3. The Administrator and the Scheme may record telephone calls

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

#### 4. The Scheme and Administrator may get information about you from other relevant sources

The Scheme and Administrator may (at any time and on an ongoing basis) obtain your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus or industry regulatory bodies ("relevant sources") and further process such information to consider your membership application, to conduct underwriting or risk assessments, to consider a claim for medical expenses, to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers or financial advisers). We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete.

You give your permission that the Scheme and Administrator may get any information that is relevant to your application from your employer.

I hereby acknowledge that I have read and understood the terms and conditions as set out in sections I and J of this application form.

Date 

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

Signature of member

Original handwritten signature required

Please do not sign an incomplete application form.

#### 5. Tell the Scheme or the Administrator immediately if your information changes

You, your employer or your broker must tell the Scheme or the Administrator in writing if any of the information you gave changes between the day you sign this document and the day your membership status is changed. We need advance notice of any administrative changes such as cancellation of membership, as backdated changes may not be accepted.

#### 6. When the Scheme may cancel your membership

The Scheme may cancel any memberships immediately:

- If you do not give the Scheme and the Administrator information that later turns out to be relevant to this application;
- If you give the Scheme and the Administrator any information that is not true, correct and complete.

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

As the main member of the Scheme, you are responsible for ensuring that your and those persons registered as your dependants' contributions 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. If you are paying your contributions, the reference number LAH CONT will be used on your bank statement to identify the debit order.

#### 8. Repaying money owed to the Scheme

The Scheme has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you of any amount that you must pay to the Scheme.

If the benefit option you chose offers a Medical Savings Account, the Scheme makes money available in advance for you to use for medical expenses during the year. If you leave the Scheme 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 the Scheme during the specific year.

You will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number **LAH CLAW** will be used. When you agree that we may recover outstanding money due to the Scheme by debit order, 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.

The logo for LA Health, featuring a stylized 'LA' in blue followed by the word 'Health' in a blue sans-serif font.

Powered by  Discovery

A large abstract graphic composed of various colored shapes: a green rounded rectangle with a white circle and a red circle; a blue rounded rectangle with a green ring; a purple rounded rectangle with a blue circle; a yellow circle; a red ring; a red rounded rectangle with a yellow ring; and a large yellow circle. A vertical dotted blue line runs along the left edge of the page.

We're in it for  
**your health**

Join us at LA Health Medical Scheme

Client Services 0860 103 933 | [service@discovery.co.za](mailto:service@discovery.co.za) | [www.lahealth.co.za](http://www.lahealth.co.za) | Fax: 011 539 7276