

Wellness Management Agreement

BETWEEN



AVB Wellness Management

AND

MAIN VITALITY MEMBER

As a Vitality & Discovery Life client, the following of your benefits depend on your Vitality Status:

- ✓ Your 5-yearly paybacks
- ✓ Annual premium Increase
- ✓ Cash Conversion pay-outs at 65

The parties to this agreement agree on the points as follows:

Engagement

1. The customer agrees to engage in the activities planned by AVB Wellness Management, to achieve & maintain GOLD vitality status annually. AVB Wellness Management will organise Wellness Days, arrange for the Travelling Biokineticist & Dietician to see the client, arrange appointments with a nurse for the screenings and will personally assist with completing online assessments.

Term of Agreement

2. The term of this agreement will start on the date of this agreement and will remain in full force and effect until the termination date of this agreement in writing. One Calendar Months notice will apply.

Performance

3. Both parties to the agreement on each and every clause of the contract and to do everything necessary to ensure that the terms and conditions of this agreement take effect.

Fees

4. For the services provided to the main member and all dependants under this agreement, the customer will pay to the service provider the amount of R_____ per month as compensation to manage and maintain their Vitality status to Gold.

Members	Monthly Rate	Annual Rate
Single Member	R100pm	R800 PA
Member + 1	R120pm	R900 PA
Member + 2	R150pm	R1100 PA
Member +3 or more	R200pm	R1200 PA

The client will be responsible for the following payments:

- Biokineticist Consultation: R425.00 (2500 Points Guaranteed and up to 5000 BONUS points)
 - Dietician Consultation: R400.00 (1000 Points)
 - Nurse Health Check FREE for Health Clients (Up to 20 000 points)
- These rates are subject to change per annum as per Vitality rates increases.

If a client is NOT a Discovery health member, they will be invoiced for doing the required screening tests and annual HIV test privately. Members are able to claim this back from their relevant medical aid, should it be covered by their Scheme.

*** The client must notify AVB in writing should they need to reschedule or cancel their appointment. If an appointment is cancelled in 48 hours or less from the appointment time, the client will be held liable to pay penalty fees.***

- **Notice**
 1. All notices, requests, demands or other communications required or permitted by the terms of this agreement will be in writing
- **Entire Agreement**
 2. It is agreed by both parties that there is no representation, warranty, collateral agreement or condition affecting this agreement except what is expressed in this agreement.

I hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above mentioned account at my/our above mentioned Bank (or any other Bank or branch which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on and continuing until this Authority and Mandate is terminated by me by giving you notice in writing of not less than 1 Calendar Month, and sent by prepaid registered post, delivered to your address as indicated above or via email.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

MONTHLY / ANNUALLY

In the event that the payment day falls on a Sunday, or recognised South-African public holiday, the payment day will automatically be the very next ordinary business day.

I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South-African banks. I also understand that details of each withdrawal will be printed on my Bank Statement.

Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

An automatic annual increase of 10% will be applied upon anniversary of this agreement.

MANDATE

I acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

CANCELLATION

I agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you. A calendar months' notice in writing must be given to cancel this agreement.

I acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

REF NO:	
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AUTHORITY

Given by (name of account holder): _____

Address: _____

Bank: _____

Branch and Code: _____

Account Number: _____

Type of Account: _____

Amount: _____

Date of debit order: _____

To: (name of beneficiary) AVB Wellness Management

Beneficiary's Address: The Matrix, Unit F, 3rd Floor, 3 Bridgeway, Century City, 7441

Signed at _____ on this _____ day of _____ 20__

Signature as used for operating on the account

In order for us to get started with doing your wellness screenings, fitness and nutrition assessments, we require the following information:

Name & Surname:	Principal	
	Spouse	
Contact Numbers:	Principal	
	Spouse	
Email address:	Principal	
	Spouse	
Id Numbers:	Principal	
	Spouse	
Health Member	Y	N
Vitality / Health #		
Address for Visits		