

APPLICATION FOR EX GRATIA BENEFITS

Please complete all the relevant sections of this form in BLOCK LETTERS.

- Ex Gratia payments may be made by the Committee in its absolute discretion, provided it is satisfied that significant financial hardship or exceptional medical circumstances exists.
- The case will not be submitted to the Committee, should any section of the application be incomplete, unless stated as "not applicable".
- It is important to note that your completion of the Ex Gratia Application form in no way implies that you will receive an Ex Gratia award, or that Medshield Medical Scheme accepts any liability whatsoever for any amounts that you owe to any registered medical service providers. Any such amounts owing, therefore remain your sole responsibility.
- In the space provided below, kindly furnish a short summary of your request.
 ** Please attach all supporting documentation where deemed necessary

BASIS FOR YOUR REQUEST

FINANCIAL HARDSHIP

☐

EXCEPTIONAL CIRCUMSTANCES

☐

BOTH

☐

SECTION A

MEMBERSHIP DETAILS

MEMBERSHIP NUMBER

OPTION

PRINCIPAL (MAIN) MEMBER DETAILS

SURNAME AND INITIALS

ID NUMBER

BENEFICIARY/PATIENT DETAILS

SURNAME AND INITIALS

ID NO./DATE OF BIRTH

MEMBERSHIP JOIN DATE

BENEFIT DATE

DEPENDANT INFORMATION

AGE

AGE

AGE

AGE

POSTAL ADDRESS

POSTAL CODE

RESIDENTIAL ADDRESS

POSTAL CODE

TELEPHONE (H/W)

FAX NUMBER

CELL NUMBER

EMAIL

HOW LONG HAVE YOU BEEN TREATING THE PATIENT?

Y	Y	-	M	M
---	---	---	---	---

MEDICAL HISTORY (Past Examinations/Diagnosis/Severity/Prognosis/Functional Status)

PRESENT OCCUPATIONAL STATUS

TREATMENT PLAN & MEDICATION REQUIRED

HABITAT STATUS

ALCOHOL

Type	Quantity
Daily	Weekly

IF YES, INDICATE USAGE PATTERN

SMOKER

Y	N

IF YES, INDICATE USAGE PATTERN

HAS THE PATIENT BEEN EDUCATED ON THEIR

SMOKING HABITS?

Y	N
---	---

BODY MASS INDEX (BMI)

WEIGHT

Kg

HEIGHT

m

STARTED

D	D	M	M	Y	Y	
ENDED	D	D	M	M	Y	Y

ENDED

ARE THERE ANY DIETARY OR LIFESTYLE ADJUSTMENTS NEEDED?

HAS THERE EVER BEEN A PROBLEM WITH NON- OR POOR COMPLIANCE RELATING TO MEDICAL ADVICE OR TREATMENT GIVEN TO THIS PATIENT?

DOCTOR'S ASSESSMENT OF WHY THIS CASE SHOULD BE REGARDED AS AN EXCEPTIONAL MEDICAL CIRCUMSTANCE THAT COULD NOT BE MANAGED WITHIN THE ALLOCATED BENEFITS

DOCTOR NAME

PRACTICE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

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

Signature

SECTION C

FINANCIAL REPORT (COMPLETION IS COMPULSORY) (to be completed by member)

MONTHLY EXPENDITURE

	MEMBER	SPOUSE
BOND/RENT	R	R
MUNICIPAL RATES & TAXES	R	R
ELECTRICITY & WATER	R	R
TELEPHONE (TOTALS OF ALL TYPES)	R	R
HIRE PURCHASE PAYMENTS – SPECIFY	R	R
a)	R	R
b)	R	R
c)	R	R
INSURANCE PREMIUMS	R	R
TRANSPORT	R	R
DOMESTIC & GARDEN HELP	R	R
GROCERIES	R	R
CLOTHING	R	R
OTHER	R	R
TOTAL EXPENDITURE	R	R

	MEMBER	SPOUSE	TOTAL
GROSS SALARY			
GROSS PENSION			
OTHER INCOME			
TOTAL INCOME			
TOTAL DEDUCTIONS			
TOTAL NET INCOME			
NET CASH SURPLUS/DEFICIT			

STATEMENT OF ASSETS

ASSETS	VALUE	LIABILITIES	VALUE
RESIDENTIAL PROPERTY OWNED	R	MORTGAGE BOND	R
OTHER PROPERTIES OWNED	R	MORTGAGE BOND	R
OWNED	R	MORTGAGE BOND	R
OWNED	R	MORTGAGE BOND	R
SHARES & INVESTMENTS	R	BANK/OVERDRAFT	
DEBTORS & LOANS	R		
OTHER SIGNIFICANT ASSETS	R		
TOTAL	R	TOTAL	R

I, _____ the undersigned hereby certify that the information provided and stated above in this document is true and correct.

Signature

Date:

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

SECTION D

EMPLOYER / PENSION FUND INFORMATION

(to be completed by employer or pension fund - only if request is based on financial hardship)

SHOULD THE PENSION FUND ADMINISTRATOR NOT BE AVAILABLE, A COPY OF THE APPLICANT'S LATEST PENSION SLIP AND/OR TAX RETURN MUST BE PROVIDED.

NAME OF COMPANY

WE CONFIRM THAT

IS/WAS AN EMPLOYEE OF OUR COMPANY, AND RECEIVES/

RECEIVED A GROSS SALARY/PENSION OF R

PER MONTH.

LENGTH OF SERVICE WITH THE COMPANY

Y

Y

-

M

M

RECOMMENDATION BY EMPLOYER/PENSION FUND

CONTACT PERSON

DESIGNATION

TEL (W)

CELL

EMAIL

Signature

COMPANY STAMP

OFFICE USE ONLY FINANCIAL REPORT

PREVIOUS MEDICAL SCHEME

OPTION

DOES THE MEMBER OWE ANY MONEYS TO THE SCHEME? YES NO IF YES, SPECIFY AMOUNT :

YES

NO

If YES, specify amount :

PREVIOUS EX GRATIA GRANTED

YES

NO