

Contact detailsTel: 0800 001 615 • PO Box 652509, Benmore 2010 • www.engenmed.co.za

Ex gratia application form

Who we are

Engen Medical Benefit Fund (referred to as 'the Fund'), registration number 1572, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company, an authorised financial services provider and is responsible for the administration of your membership on behalf of the Fund.

What is ex gratia?

Ex gratia is a discretionary consideration, where the Fund believes that an exceptional situation exists which warrants funding. An ex gratia is not a benefit defined within the Fund Rules and does not replace or supplement the existing benefits.

Ex gratia considerations

The Fund reviews the exceptional clinical circumstances and extreme financial hardship of each individual application, while considering fairness to the overall membership. As ex gratia is discretionary, the decisions made will not set a precedent, determine future benefits, or affect the Fund's rights in any way. The Fund's decisions are final and cannot be disputed or appealed.

How do I apply for an ex gratia payment?

We will only consider complete applications.

We need the following documents to consider the ex gratia application:

- The completed ex gratia application form
- The main member and spouse's most recent salary slip or pension advice and three month's current bank statements
- All relevant and current clinical information from the treating doctor or practitioner, like a clinical motivation
- All relevant and current supporting clinical information, like radiology and pathology reports
- Detailed cost-effective quotes for the treatment requested, or if the application is retrospective, send us the current account statement and relevant claims

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally by using Microsoft Word.
- The main applicant must physically sign all relevant sections. The main applicant must sign and date any changes.
- Email the completed form and attachments to exgratia@engenmed.co.za or fax it to **011 539 2239**

1. Main member details

Title	<input type="text"/>	Initials	<input type="text"/>
First name/s (as per identity document)	<input type="text"/>		
Surname	<input type="text"/>		
Membership Number	<input type="text"/>		
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian/Asian <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Do not want to disclose race <input type="checkbox"/>
<i>You are not compelled to provide the information on race. The Fund is required, by the Council for Medical Schemes, to request information. It will be used for statistical purposes.</i>			
ID or passport number	<input type="text"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	
E-mail	<input type="text"/>		

2. Beneficiary details

First names (according to identity document)			
Surname			
Age	<input type="text"/>	Relationship to main member	<input type="text"/>

3. Income and expenditure statement (member to complete)

3.1. Monthly income and expenses

Source	Member	Spouse	Total
Gross salary	R	R	R
Other income (like investments and interest)	R	R	R
Total income	R	R	R
Total deductions	R	R	R
Net income	R	R	R
Bond/rent	R		
Municipal rates and taxes (attach last rates and tax statement)	R		
Electricity and water	R		
Telephone	R		
Hire purchase payments (please specify)			
1.	R		
2.	R		
3.	R		
4.	R		
Insurance premiums	R		
Transport	R		
Domestic and garden help	R		
School, college and university fees	R		
Groceries	R		
Clothing	R		
Other	R		
Total expenditure	R		
Net income	R		
Net cash surplus or deficit	R		

3.2. Statement of assets and liabilities

Assets	Value	Liabilities	Value
Residential property owned	R	Mortgage bonds	R
Other properties (please specify)	R	Bank overdraft	R
	R	Loans	R
	R	Other	R
Shares and investments	R		R
Other significant assets	R		R

3.2. Statement of assets and liabilities

	R	<input type="text"/>	.	<input type="text"/>		R
	R	<input type="text"/>	.	<input type="text"/>		R
Net income	R	<input type="text"/>	.	<input type="text"/>		R

4. Ex gratia request

4.1. What are you requesting? (Please be specific and clear)

4.2. Diagnosis

Date of diagnosis

D	D	M	M	Y	Y	Y	Y
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4.3. Costs involved (Rand value)

- Please attach quotations, invoices or treatment plans – or all of these.
- We do not accept approximate figures.

4.4. Reason for ex gratia request.

- Please explain why you are applying for an ex gratia consideration

I

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(please print your name and surname) agree that by applying for an ex gratia payment, I accept that:

- The Fund decides according to the merits of this case and the decision may not be used to justify a similar decision in future.
- The Fund does not have to approve the request, and there is no appeals process if my application is declined.
- The Fund will base their decision on the information I have supplied.

Signed at (town or city)

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 on

D	D	M	M	Y	Y	Y	Y
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Signature of main applicant

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