



## APPLICATION FOR ADDITIONAL BENEFITS EX GRATIA APPLICATION FORM

### 1. TO BE COMPLETED BY APPLICANT

#### Details of Member

Surname																								
Title			Initial(s)					Date of Birth	D	D	M	M	Y	Y	Y	Y								
Postal Address																	Postal Code							
Telephone No. (H)									(W)															
Fax									Cell No.															
E-mail																								
Medical Aid Fund																								
Medical Aid No.																								

#### Details of Patient

Surname																								
Title			Initial(s)					Date of Birth	D	D	M	M	Y	Y	Y	Y								

### 2. MEDICAL REPORT TO BE COMPLETED BY MEDICAL PRACTITIONER

**Diagnosis:** *(Please attach detailed motivational letter & photographs where applicable.)*

Medical history

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Treatment and medication required *(Please attach detailed quotation from medical practitioner or service provider.)*

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Doctor's Name \_\_\_\_\_

Signature \_\_\_\_\_

Practice No. \_\_\_\_\_

Date \_\_\_\_\_

**3. GENERAL**

Have you ever considered upgrading to an option to suit your requirements?    Yes  No

If no, state full reasons:

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Have you previously applied for ex gratia?    Yes  No

If yes, please give details:

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**COMPULSORY**

Please attach the following:

1. Proof of income: copy of salary slip/pension income/other
  - a. Main member
  - b. Spouse
  - c. Cohabitant partner (As per Fund rule description)
2. Copies of all accounts related to the ex gratia application

**IMPORTANT**

1. Ex gratia requests are never paid at 100% of the outstanding amount; the percentage ex gratia allocated is managed according to the ex gratia criteria.
2. This application will not be submitted to the Committee should any section be incomplete.
3. Ex gratia payments may not be considered in advance of any excess in benefit arising.
4. Ex gratia payments may only be made by the Committee at its absolute discretion provided it is satisfied that extreme hardship would otherwise be imposed upon the member.

**I, the undersigned, hereby certify that the information stated in this documents is complete, true and correct.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_