

## Ex gratia application form

### Who we are

Engen Medical Benefit Fund (referred to as 'the Fund'), registration number 1572, is a not-for-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 by Engen Medical Benefit Fund, 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 should not be used to replace or supplement the existing benefits.

### Ex gratia considerations

We consider ex gratia application in cases where a member incurs exceptional medical expenses that are not covered by the benefits available or the rules of the Fund. This is if the member has or is likely to experience financial hardship because of these expenses. We review the cases on individual merit and on a case-by-case basis.

Engen Medical Benefit 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 Engen Medical Benefit 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 on 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 relevant sections; they cannot sign it digitally. 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's details

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>											
First names (according to identity document)	<input type="text"/>															
Preferred name	<input type="text"/>	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Membership number	<input type="text"/>															
Telephone number (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>															

## 2. Patient's details

First names (according to identity document)

Surname

Age  Relationship to main member

## 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
<b>Net income</b>	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		
<b>Net income</b>	R		
<b>Net cash surplus or deficit</b>	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
	R		R

