

Contact details

Tel: 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 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 does not replace or supplement the existing benefits.

Ex gratia considerations

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 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'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"/> | <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"/> | <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"/> | <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"/> | <input type="text"/> |
| Email | <input type="text"/> | | | | | | | | | | | | | | | | | | | |

2. Patient's details

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

EMBEGA001

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 |
| | R | | R |
| | R | | R |
| Net income | R | | 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 |
|---|---|---|---|---|---|---|---|

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

| |
|--|
| |
|--|

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

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

Signed at (town or city)

| |
|--|
| |
|--|

on

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

Signature of main applicant

| |
|--|
| |
|--|

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