EX GRATIA APPLICATION FORM 2023

Please complete all sections and forward to the Ex Gratia Department for preparation and submission to the Ex Gratia Committee:

Postal address:	Anglo Medical Scheme Ex Gratia Department
	P.O. Box 746 Rivonia, 2128
Fax number:	011 539 1021
Email address:	ex-gratia@angloms.co.za

WHAT IS EX GRATIA?

Ex Gratia means “as a favour”. It is a discretionary award made by Anglo Medical Scheme in favour of members deemed to be in need, which warrants consideration. It is not a guaranteed award, nor does it, or will it set precedent. Ex Gratia funding cannot be considered a Scheme benefit.

HOW ARE EX GRATIA DECISIONS MADE?

Ex Gratia decisions are made in the absolute discretion of the Ex Gratia Committee. The decision to grant an award is made provided the Committee is satisfied that:

- significant financial hardship exists; or
- a medical condition or medical treatment not covered by an existing benefit, warrants Ex Gratia funding.

HOW DO I APPLY FOR EX GRATIA?

The application form needs to be completed and signed by the main member. Attach all the relevant information as indicated below. The following supporting documentation, for both main member and spouse/partner, will need to be provided as a minimum requirement to review your application (please tick the appropriate block to confirm it has been enclosed):

- ☐ Additional clinical information (in addition to Section 2 if requested)
- ☐ Account/s (if applicable)
- ☐ Quote/s (if applicable)
- ☐ Proof of combined family income (if applicable)
- ☐ An IT3(a)/IRP5 certificate if you are employed
- ☐ IT3(b) certificate from an institution such as a bank or other financial service providers, summarising investment interest and dividends
- ☐ Three months bank statements (not older than 3 months prior to application)
- ☐ Gap Cover certificate (if applicable)

It is your responsibility to make sure that all the relevant information and supporting documentation is provided.
All information received will be presented to the Committee, together with any additional expert advice the Scheme may have sourced. We process your personal information in accordance with the provisions of our Privacy Statement. Please read our Privacy Statement by going to https://www.angloms.co.za/portal/ams/privacy

IMPORTANT TO NOTE

The case will not be submitted to the Committee should any section be incomplete (unless stated as not applicable).

Combined family financial disclosure (if applicable).

All documentation should be submitted one month before the meeting, as the cut off for preparation is two weeks before a scheduled meeting date.

It is not an addition to, or extension of an existing benefit the Scheme has to offer, according to your chosen Plan.

PLEASE PROVIDE A SHORT SUMMARY OF YOUR REQUEST FOR CONSIDERATION

Benefit Option: (please tick) Managed Care Plan ☐ Standard Care Plan ☐ Value Care Plan ☐

Basis of request:(please tick) Financial Hardship ☐ Clinical ☐ Both ☐

1. MEMBER INFORMATION

Membership number

Main member name

Name of patient

Number of dependant/s Age of dependant/s

Telephone (H) (W)

Cellphone Fax

P.O Box

Code

Email

2. MEDICAL REPORT TO BE COMPLETED BY HEALTHCARE PROVIDER

2.1. Diagnosis:

2.2. Medical and surgical history:

2.3. Treatment plan and medication required:

2.4. Healthcare provider's assessment and medical necessity to consider:

3. HEALTHCARE PROVIDER DETAILS

Healthcare provider name

Practice number

Contact number

Signature

Date D D M M Y Y Y Y

4. COMBINED FAMILY FINANCIAL DISCLOSURE

Income and expenditure	Value
4.1. Monthly income after tax	
Main member salary/pension	R
Commission	R
Spouse/Partner income	R
Spousal/Partner support (if applicable)	R
Interest income	R
Trust fund income	R
Rental income received	R
Medical scheme subsidy (paid by someone else)	R
Other household income or financial support	R
Total combined income (A)	**R**
4.2. Monthly expenditure	
Salary deductions	R
Pension/provident	R
Retirement Annuity/savings	R
Rent/bond	R
Medical scheme contributions	R
Other medical expenses	R
Car instalments	R
Insurance (including household contents, building, car, funeral and other insurances)	R
Groceries	R
School fees	R
Transport/petrol	R
Water and electricity	R
Municipal rates and taxes/levies	R
Security (ADT etc.)	R
Car license	R
Instalment sale transactions	R
Bank loan repayments	R
Monthly account repayments (total including credit card)	R
Telephone and internet (landlines, ADSL, Fibre, cell phones)	R
Wages: Domestic	R

Other: Domestic	R
Wages: Gardener	R
Other: Gardener	R
TV license	R
Entertainment: Including DSTV and other subscriptions	R
Clothing	R
Grooming	R

COMBINED FAMILY FINANCIAL DISCLOSURE (Cont.)

Total expenditure (B)	**R**
Net combined income (A - B)	**R**
Statements of assets and liabilities	
4.3. Assets (please specify)	
Residential property/properties (Primary)	R
Residential property/properties (Other than primary residence)	R
Shares/unit trust/fixed deposits/investments	R
Total assets	**R**
4.4 Liabilities	
Residential property/properties (Primary)	R
Residential property/properties (Other than primary residence)	R
Bank overdrafts	R
Bank loans	R
Cars	R
Credit cards	R
Retail accounts	R
Other	R
Total liabilities	**R**
Bank overdraft/other	R
Do you have Gap Cover Yes ☐ No ☐	

STATEMENT BY MEMBER

I, _____ agree that by applying for Ex Gratia, I:

(first name and last name)

- Accept that the Committee's decision is made according to the merits of each individual case and may not be used to justify a similar decision in future;
- Accept any decision the Committee makes is based on the information I have supplied;
- Accept that an Ex Gratia decision may be reviewed if materially different additional information is provided, but it cannot be disputed;
- Declare that the information I have supplied on this application form is true and, to the best of my knowledge, complete; and
- Authorise the Scheme to obtain a second opinion and disclose any medical information and history of the patient that may be required in order to consider and process this application. https://www.angloms.co.za/assets/medical-schemes/angloms/privacy-statement-for-anglo-medical-scheme.pdf

Signed at (town or city) _____ on D D M M Y Y Y Y

Signature of main member _____

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