

# Application for Additional Benefits



Administered by Discovery Health

## Contact details

Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • [www.yourremedi.co.za](http://www.yourremedi.co.za)

## Additional Benefits

The granting of additional benefits is a discretionary consideration by Remedi Medical Aid Scheme, which is only made where the Medical Advisory Committee believes that an exceptional situation exists which warrants funding. It is not a benefit that the Scheme has to offer, nor is funding guaranteed. Applications for additional benefits are not meant to replace or supplement the existing benefits of the Scheme.

## How are ex gratia decisions made?

The Remedi Medical Advisory Committee reviews the application for additional benefits, which should be completed by the member asking for funding. Only applications with complete information can be reviewed by the Committee. It is your responsibility to make sure that all the relevant information is on the application form and attached to it. This will be presented to the Committee.

## What happens if my application is declined?

Because the granting of additional benefits is discretionary, Remedi may decline any application without affecting its own rights in any way.

## How do I apply for ex gratia?

The application form and all attachments need to be signed by the member. Please complete the application form in full, attaching all the relevant information.

Fax the completed form and attachments to **011 539 2239** or email it to **INHOUSE\_EX\_GRATIA@discovery.co.za**

I,

(please print your name and surname) agree that by applying for ex gratia, I 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.
- The Committee does not have to approve the request.
- Any decision the Committee makes is based on the information I have supplied.

Signed at (town or city)  on

Signature of main applicant  The main applicant must sign and date any changes

## 1. Main member's details

Title  Initials  Surname

First name(s) (as per identity document)

Membership number

Telephone number (H)   (W)

Cellphone

Email address

## 2. Patient's details

First name(s) (as per identity document)

Surname

Age  Relationship to main member

