

Administered by Discovery Health

Ex gratia application form

Contact us Tel: 0860 222 999, PO Box 652509, Benmore, 2010, www.altronmedicalaid.co.za

Important notes

- 1. The Ex Gratia Committee of the Altron Medical Aid is a sub-committee appointed by the Board of Trustees with a mandate to consider applications of members for assistance on an ex gratia basis, over and above the standard benefits provided for in the Rules.
- 2. Members should note that the Ex Gratia Committee considers each application based upon its own facts, circumstances and merits and that under no circumstances shall decisions of the Ex Gratia Committee constitute a set of precedents to which the Medical Aid or the Ex Gratia Committee is bound.
- 3. The information provided, including the name of the applicant, will be kept confidential and will only be provided to the Trustees or their nominees if required to reach a decision in respect of your application.
- 4. The completion of this form is required to assist the Trustees in making their decision. Incomplete forms or forms not supported by relevant documentation and signed by the employer company in respect of employees will not be processed and will be returned to the member as rejected.
- 5. The applicant warrants that all information contained in this application is true and correct in all respects, all of which will be deemed to be material.
- 6. The applicant hereby acknowledges that he/she is aware that any information provided by him/her in connection with this application which may be false and/or misleading may lead to the exclusion of benefits or even the termination of membership in accordance with the Rules of the Altron Medical Aid, and may be grounds for civil liability for damages and/or for criminal liability.
- 7. This application is required to be executed in front of and attested to by a Commissioner of Oaths. By such execution the applicant confirms or declares under oath that the information provided herein by the applicant and all answers provided by the applicant, are true and correct in all respects and are binding on the applicant's conscience.
- Ex gratia decisions are made on a case-by-case and once-off basis. The approval of a specific treatment or assistance with the costs of a specific treatment does not guarantee assistance in respect of the same treatment at any point in the future, and the Scheme will not be obliged to provide repeat approvals for the same treatment.

How do I apply for ex gratia?

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

Fax the completed and signed form and attachments to 011 539 2239 or email them to INHOUSE_EX_GRATIA@discovery.co.za

1. Main member's details

Title Initials Su	ırname
First name(s) (as per identity document)	
Membership number	Date joined Altron Medical Aid
Telephone number (H)	Date joined Altron Group
Cellphone	(W)
Email address	
2. Patient's details	
First name(s) (as per identity document)	
Surname	

3. How should we communicate the decision to you

Relationship to main member

Telephone 🗌	Fax 🗌	Em	nail 🗌	Post														
Details of above																		

Age

4. Statement of assets and liabilities

To be completed in all cases. Please attach a copy of latest payslip or proof of income for member and spouse/partner.

Monthly income R	Monthly expenditure R
Salary of member	Bond/Rent
Salary of spouse/partner	Electricity
Other (specify)	Water/rates
	Groceries
	Vehicles
	Petrol
	School fees
	Store accounts (HP payments)
	Insurance
	M-Net/DStv
	Telephone (including cellphone)
TOTAL	Other (specify) TOTAL

Total income less total expenditure

Assets	R	Amounts owing	R	
Value of property		Bond		
Value of vehicles		Vehicles		
Value of household contents		Other (specify)		
Value of investments		TOTAL		
TOTAL		Assets less amounts owing		

NOTE

Documents in support of the ex gratia award application such as, but not necessarily limited to, proof of income, legal papers, medical certificates etc. must be submitted with this application.

5. Ex gratia request

5.1 What is being requested? (Please be specific and clear)

5.2 Costs involved (Rand value)

- Please attach quotations or invoices or treatment plans or all of these
- Approximate figures will not be accepted

5.3 Reason for ex gratia request

- Please explain why you are applying for an ex gratia consideration.
- Please attach all motivations, explanations and reasons and list any additional documents (if any) you are submitting together with your ex gratia application.

5. Ex gratia request (continued)
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, and there is no appeal process if my application is declined. Any decision made by the committee is based on the information I have supplied.
igned at (town or city)
ignature of principal member The main applicant must sign and date any changes
Office check Member details Cost Reason
6. Company approval
Company approval for an ex gratia award: Delete if not applicable
The above application for an exgratia award is supported by the company. The company acknowledges that it has investigated the circumstances giving rise to the dependency and is satisfied that the employee is suffering hardship and that the employee cannot afford the medical costs to which this application relates. The company also acknowledges that any award made by the Altron Medical Aid will result in the ompany contributing 50% of the award that is made. Should the company not be willing to contribute to such an award it must provide full and detailed reasons why it is not prepared to do so.
Signature of Managing Director
Print name
certify that the deponent signed this affidavit in my presence:
Signed at (town or city)
Commissioner of Oaths Capacity
He/she knows and understands the content of this Affidavit. He/she has no obligation to taking the prescribed oath; and He/she regards the oath as binding on his/her conscience and uttered the following: "I swear that the contents of this Affidavit are true and correct-so help me God."

Office check

Member details

Request Reason