

Real Heritage. Real People. Real Health Care.

c/o Trematon & Lascelles Streets, Athlone. P O Box 134, Athlone, Cape Town 7760

Tel: 0860 104 117 Email: smuexgratia@medscheme.co.za Website: www.samwumed.org WhatsApp: 060 019 3547

## **EX-GRATIA APPLICATION FORM**

**CLM004** 

Please use black or blue ink when completing this form. Where appropriate mark your selection with an "x".

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EMPLOYMENT INFORMATION																									
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Have you applied for ex-gra	atia before:	YES / N	ю [	IJ L												If y	es:	Da	ite:	Ш	Ш			Ш	Ш
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Signature:										Date	: [						$\Box$								

## **B. FINANCIAL INFORMATION** Active staff: Please attach copies of salary advices Pensioners: Please attach copies of tax returns and/or pension statements Monthly income Member Spouse Salary (gross) R R Pension R Dividends Interest on investments R Other (specify) R R R R R R R R R Total monthly income C. ITEMS YOUR MONTHLY EXPENSES IN BROAD CATEGORIES Other expenses (specify) Bond/ Accommodation Clothing R Groceries R R Telephone Water and lights R R Traveling expenses R R Insurance R Total monthly expenditure R D. DETAILS OF EX-GRATIA ASSISTANCE REQUIRED State details of medical claims Type of illness Suppliers medical services relating to ex-gratia amount of ex-gratia application R Motivation applicant to support ex-gratia application

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E. FOR OFFICE USE ONLY																																										
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F. DECLARATION																																										
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DISCLAIMER This Ex-Gratia Application Form is subject to co Whilst every possible care has been taken in cor																								ions	; in th	ne c	onte	nt o	r wo	rdin	g of	this	doc	cumer								

Signature: \_

Date:



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## **CHECKLIST FOR EX-GRATIA REQUEST**

**CLM004** 

ITEM	YES	NO	NOT APPLICABLE
Summary of ex-gratia application			
Ex-gratia application			
Proof of income (member / dependant / spouse)			
Recent medical practitioner reports and motivation	n 🔲		
Copies of related medical accounts / quotations (when applicable)			
Clinical input by Manage care			
Scheme opinion			
Affidavits (when applicable)			
Copies of claims advices and shortfall statements (when applicable)			
Committee decision			
Other correspondence			
Signature:		Date:	