



Contact details

Tel: 0860 123 077 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

Ex Gratia Application Form

Who we are

The TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

What is ex gratia?

Ex gratia is a discretionary consideration by TFG Medical Aid Scheme, where the Scheme believes that an exceptional situation exists which warrants funding. An ex gratia is not a benefit defined within the Scheme rules and should not be used to replace or supplement the existing benefits.

The Scheme's Ex Gratia Committee 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 TFG Medical Aid Scheme's rights in any way. All applications must be made before the expenditure is incurred. Only in exceptional circumstances will advancement or increase of benefit limits be considered.

How do I apply for Ex Gratia funding?

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

The following documents will be required for consideration of the ex gratia application:

- 1. The Main Member and/or Spouse's most recent salary slip or pension advice and three month's current bank statements
- 2. Copy of latest available tax assessment form issued by South African Revenue Services ("SARS") please provide motivation if not available with reasons
- 3. All relevant income and expenses that may support the application
- 4. All relevant and current clinical and supporting clinical information e.g. radiology, pathology, treating doctor/practitioner motivation
- 5. Detailed cost effective quotes on the treatment requested or if retrospective, current account statement and relevant claims
- 6. Motivation for application by member

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

1. Member det	ails		
Date of application	Y Y Y M M D D		
Title	Initials	Surname	
Plan option			
Postal address			
			Code
Residential address			
			Code
Age	Membership number	Identity number	
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5. To be completed by the member

	Member	Spouse	Total
Gross salary	R	R	R
Gross pension	R	R	R
Other income	R	R	R
Total	R	R	R
Total deductions	R	R	R
Total net income	R	R	R
Monthly expenditure	R	R	R
Bond / rent	R	R	R
Municipal rates and taxes	R	R	R
Electricity and water	R	R	R
Telephone	R	R	R
Hire purchase payment/s	R	R	R
Please specify			
a)	R	R	R
b)	R	R	R
c)	R	R	R
Insurance premium payment/s	R	R	R
Transport	R	R	R
Domestic and garden help	R	R	R
Groceries	R	R	R
Clothing	R	R	R
Other	R	R	R
Total	R	R	R
Net income	R	R	R
Expenditure	R	R	R
Net cash surplus / deficit	R	R	R
Statement of assets			1
Assets	Value	Liabilities	Value
Residential property	R		R
Owned			
Mortgage bonds	R		R
Other properties (supply details)			Bank overdraft
			R
			R
			R
Shares and investments	R	R	R
Loans	R	R	R
Debtors and loans (cash in bank)	R	R	R
Creditors	R	R	R
Other significant assets	R	R	R
	+	+	<u> </u>

I accept that:

(please print your name and surname) agree that by applying for ex gratia,

- 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 Scheme reserves the right to call for additional medical or such other information as it may determine in order to consider and process this application.
- Any decision the committee makes is based on the information I have supplied

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Signature		Date	Y	Y	Υ	M	M	D	D
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