



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.

Members registered on TFG Health need to submit the following documents:

- 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 members whether registered on TFG Health or TFG Health Plus must provide the following with this application:
a. All relevant and current clinical and supporting clinical information e.g. radiology, pathology, treating doctor/practitioner motivation
b. Detailed cost effective quotes on the treatment requested or if retrospective, current account statement and relevant claims
c. Motivation for application by member
5. Fax the completed and signed form and attachments to 011 539 2239 or email them to EX\_GRATIA@tfgmedicalaidscheme.co.za

View the Scheme legal page and Privacy Statement here.

1. Main member details

Form fields for main member details including Title, Initials, First name/s, Surname, Membership Number, Race (African, Coloured, Indian/Asian, White, Other, Do not want to disclose race), ID or passport number, Telephone (H), Telephone (W), Cellphone, and Email.

2. Patient's details

Form fields for patient's details including Title, Initials, First name(s), Surname, and Membership number.

ID or passport number

Telephone (H)

Telephone (W)

Cellphone

Email

Relationship to main member

**3. How we can communicate the decision to you**

Telephone  Fax  Email  Post

Details of above

**4. Medical Report to be completed by medical practitioner**

Diagnosis (or attach doctor's detailed letter of motivation and photographs)

**Medical history**

**Treatment and medication required (attach detailed quotation from medical practitioner or service provider)**

**Member's motivation**

Doctor's name

Signature

Practice number

Date

Please note: Where you may be unable to sign and return this form electronically and/or print and scan with a signature to us, please return the form via email to us by inserting the following paragraph into the email to read as follows:

I,  (full names) confirm that I am unable to sign and

complete this form electronically. I authorise Discovery and TFGMAS (as referred to in the application) to accept this email as my confirmation, consent and signature for this application. My acceptance of the terms and conditions associated with this application is voluntary and I understand that I am legally bound to the terms and conditions of the application and/or amendments to it as confirmed in this email.

I hereby indemnify Discovery, its employees and representatives, as well as TFGMAS against any loss or damage I may suffer, which may arise directly or indirectly from my decision to submit this application for processing by Discovery on behalf of TFGMAS.

Regards

Name: Full name and surname