Ex-Gratia application form

Contact details
Tel: 0860 002 133 • PO Box 652509, Benmore 2010 • www.sabmas.co.za

Who we are
SAB Medical Aid (referred to as 'the Scheme'), registration number 1209, is a not-for-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is responsible for the administration of your membership on behalf of the Scheme.

What is an Ex-Gratia application?

Ex-Gratia is a discretionary consideration by SAB Medical Aid, 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.

Ex-Gratia considerations?

The Scheme's Ex-Gratia Committee reviews the exceptional circumstances and 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 SAB Medical Aid's rights in any way. All cases are reviewed on their individual merits.
An Ex-Gratia application is considered in cases where members incur medical expenses not covered by the benefits available and/or the Scheme Rules and, as a consequence, the member has or is likely to experience hardship.

How do I apply for Ex-Gratia funding?

Only complete applications will be considered.

The following documents are required for consideration of the Ex-Gratia application:

1. You (the member) must complete Sections 1 to 4 of the form.
2. Your medical practitioner must complete Section 5.
3. Your People department to complete Section 6.
4. The principal member's most recent salary slip and, where applicable, the spouse's salary slip or pension advice and three month's current bank statements.
5. All relevant and current clinical information from the treating doctor/practitioner e.g. clinical motivation.
6. All relevant and current supporting clinical information e.g. radiology, pathology.
7. Please email this completed and signed form with any supporting documents to **exgratia@sabmas.co.za**.

1. Principal member's details

Title | Initials

Surname

First names

Membership number | Essential | Comprehensive

Telephone (H) | Telephone (W)

Cellphone

Email

2. Patient's details

Title | Initials

Surname

First names

ID or passport number

Telephone (H) | Telephone (W)

Cellphone

Email

SABEA001

This form expires on 31/03/2027. Up to date forms are available on www.sabmas.co.za.

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3. Income and expenditure statement

3.1 Monthly income and expenses

Source	Member	Spouse	Total
Gross salary	R	R	R
Other income (investments, interest, etc)	R	R	R
Total income	R	R	R
Total deductions	R	R	R
Net income	R	R	R

Bond/rent	R
Municipal rates and taxes (attach last rates and taxes)	R
Electricity and water	R
Telephone	R
Hire purchase payments (please specify)	
1.	R
2.	R
3.	R
4.	R
Insurance premiums	R
Transport	R
Domestic and garden help	R
School/college/university fees	R
Groceries	R
Clothing	R
Other	R
Total expenditure	R
Net income	R
Net cash surplus or deficit	R

3.2 Statement of assets and liabilities

Assets	Value	Liabilities	Value
Residential property owned	R	Mortgage bonds	R
Other properties (please specify)	R	Bank overdraft	R
	R	Loans	R
	R	Other	R
Shares and investments	R		R
Other significant assets	R		R
	R		R
	R		R
Total	R	**Total**	R

4. Ex-Gratia request (member to complete)

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

4.2. Basis of request

Financial hardship ☐ Exceptional circumstances ☐ Both ☐

4.3. Present Occupation Status

4.4. Costs involved (state rand value and attach quotations, invoices or treatment plans or all of these. Approximate figures will not be accepted)

4.5 Reason for Ex-Gratia request (please explain why you are applying for an Ex-Gratia)

5. Medical History Confidential (medical report to be completed by practitioner)

5.1 How long have you been involved in the medical care of this patient? Years ☐☐ Months ☐☐

5.2 Past examination / Diagnosis / Severity / Prognosis / Functional Status

5.3 Diagnosis

Date of diagnosis D D M M Y Y Y Y

5.4 Treatment Plan and Medication required

5.5 Body Mass Index (BMI)

Weight in kilograms

Height in metres

5.6 Habit Status

What type and quantity of alcohol does the patient consume?

per day per day

per week per week

Has the patient ever received medical advice to reduce or discontinue consumption of alcohol? Yes No

5.7 Smoking Status

Past smoker Yes No

Started D D M M Y Y Y Y

Stopped D D M M Y Y Y Y

Title

Present smoker Yes No

Has the patient ever received medical advice to reduce or discontinue smoking? Yes No

5.8 Are there any other lifestyle or dietary adjustments required?

5.9 Has there ever been a problem with non or poor compliance relating to medical advice or treatment given to this patient?

5.10 Doctor's assessment of why this case should be regarded as an exceptional medical circumstance that could not be managed within the allocated benefits

Doctor's Name

Practice Number

Signature

Date D D M M Y Y Y Y

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6. Employer Acknowledgement for Ex-Gratia application

Name of Company

We confirm that _____ is employed by us and

receives a Gross Salary of **R** _____ . _____ per month

Length of service with the Company Years _____ Months _____

Recommendation by Employer:

Employer Signature _____ Date D D M M Y Y Y Y

Name in block letters _____

Office check Member details ☐ Financial ☐ Cost ☐ Reason ☐

7. Required documentation

7.1. **All applications**

7.2. 7.2.1. Completed Ex-Gratia application form

7.2.2. Latest salary/pension slip of the principal member

7.2.3. A medical report from the healthcare professional(s) stating the nature and history of the medical condition(s), treatment plan and any other supporting tests results/reports, for example pathology, radiology or scans where applicable

8. In addition, please note the following specific requirements for certain types of requests

8.1. **Allied Services (e.g., Physiotherapist, Speech Therapist)**

8.1.1. If you are requesting treatment from an allied healthcare professional, please ensure the submission of the following documents in addition to what is listed in 10.1 above:

8.1.1.1. A letter of motivation from an appropriate **specialist** who referred you to an allied healthcare professional for the specific treatment is required. Please note that Ex-Gratia Applications without a specialist's motivation for allied healthcare services will not be considered

8.1.1.2. A letter of motivation from the allied healthcare professional who will be treating you is required detailing:

8.1.1.2.1. the current clinical condition

8.1.1.2.2. the treatment goal of the therapy

8.1.1.3. If the request is for ongoing treatment after benefits have been depleted, your treating allied healthcare professional must include a progress report detailing the anticipated further improvement expected with continued treatment.

8.2. **Appliances and spectacles**

8.2.1. If you are requesting for an appliance or for spectacles, please ensure the following documents in addition to what is listed in 4.1 above:

8.2.1.1. letter of motivation from your treating professional, with relevant investigations

8.2.1.2. Three quotations

9. Member Acknowledgment for Ex-Gratia application

I, _____ (please print your name and surname)

agree that by applying for Ex-Gratia funding, 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.
- Any decision the Committee makes is based on the information I have supplied.

Signed at (town or city) _____ on D D M M Y Y Y Y

Signature of principal member _____

Original hand signature required
The principal member must sign and date any changes.