

APPLICATION FOR EX GRATIA BENEFITS



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taking care of our own

Important notes:

- An ex gratia application does not guarantee payment of the benefit being applied for. Prior to the Scheme considering the ex gratia application, members are urged to make alternate arrangements for the funding of such claims directly between the service provider and themselves.
- Ex gratia approvals may be granted by the Committee in its absolute discretion, provided it is satisfied that significant financial hardship or exceptional medical circumstances exist.
- **The following requirements are mandatory:**
 - All sections of this form must be completed to prevent delays in processing your application.
 - A copy of your latest pay slip is required.
 - Pensioners should include copies of their income advices/tax return.

KINDLY FURNISH A SHORT SUMMARY OF YOUR REQUEST (PLEASE ATTACH SUPPORTING DOCUMENTATION AND COPIES OF CLAIMS WHERE NECESSARY)

Basis for this request:
(please tick)

- Financial hardship
 Exceptional circumstances
 Both

Name of member			
Identity/Passport number		Country of issue	
Name of patient			
Member number			
Join date of Moto Health Care		DD/MM/YYYY	
Join date of option		DD/MM/YYYY	
Postal address			
		Postal code	
Telephone number (h)		Telephone number (w)	
Cell phone number		Fax number	
Email address			
Number of dependants			
Ages of dependants			

MEDICAL REPORT TO BE COMPLETED BY PRACTITIONER

Diagnosis	<input type="text"/>
Medical history	<input type="text"/>
Treatment plan and medication required	<input type="text"/>
Doctor's assessment of why this case should be regarded as an exceptional circumstance	<input type="text"/>

Doctor's name	<input type="text"/>		
Practice number	<input type="text"/>	Date <input type="text"/> DD/MM/YYYY	
Signature	<input type="text"/>		

INCOME PER FAMILY (INCLUDING SPOUSE/COM MON-LAW SPOUSE/

IF OTHER, KINDLY SPECIFY BELOW:

OTHER)

Monthly expenditure

Bond/Rent	R	<input type="text"/>
Municipal rates and taxes	R	<input type="text"/>
Electricity and water	R	<input type="text"/>
Telephone	R	<input type="text"/>

Hire purchase payment/s - please specify

1.	<input type="text"/>	R	<input type="text"/>
2.	<input type="text"/>	R	<input type="text"/>
3.	<input type="text"/>	R	<input type="text"/>
4.	<input type="text"/>	R	<input type="text"/>

Other payment/s

Insurance premium/s	R	<input type="text"/>
Transport	R	<input type="text"/>
Domestic and garden help	R	<input type="text"/>
Groceries	R	<input type="text"/>
Clothing	R	<input type="text"/>
Other	R	<input type="text"/>
Total	R	<input type="text"/>

Net income

R

Expenditure

R

Net cash surplus deficit

R

INCOME PER FAMILY (CONTINUED)

Statement of assets

ASSETS		VALUE	LIABILITIES		VALUE
Residential property owned	R	<input type="text"/>	Mortgage bonds	R	<input type="text"/>
Other properties	R	<input type="text"/>	Bank overdraft	R	<input type="text"/>
Please supply details		<input type="text"/>	Loans	R	<input type="text"/>
Shares and investments	R	<input type="text"/>	Creditors	R	<input type="text"/>
Debtors and loans (cash in bank)	R	<input type="text"/>			
Other significant assets	R	<input type="text"/>			
Total	R	<input type="text"/>	Total	R	<input type="text"/>

I, the undersigned, hereby certify that the information stated in this document is true and correct.

Signature Date
DD/MM/YYYY

TO BE COMPLETED BY EMPLOYER/PENSION FUND ADMINISTRATOR

Should the pension fund administrator be unavailable, a copy of a recent pension slip/tax return will be acceptable.

Name of company

We confirm that is employed by us and receives/received a gross salary/pension of R per month.

Length of service with company years months.

Recommendation by employer	Company/Payroll stamp

Name in block letters

Designation

Signature Date
DD/MM/YYYY

TO BE COMPLETED BY MEMBER

	MEMBER	SPOUSE	TOTAL
Gross salary	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Gross pension	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Other income	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Total	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Total deductions	R <input type="text"/>		
Total net income	R <input type="text"/>		