

## Ex Gratia application form

### Who we are

The BMW Employees Medical Aid Society (referred to as 'BEMAS'), registration number 1526, 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 BEMAS.

### What is ex gratia?

Ex gratia is a discretionary consideration by BMW Employees Medical Aid Society, where the Society believes that an exceptional situation exists which warrants funding. An ex gratia is not a benefit defined within the Society 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 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 BMW Employees Medical Aid Society's rights in any way.

### How do I apply for ex gratia funding?

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. All relevant and current clinical information from the treating doctor/practitioner e.g. clinical motivation
3. All relevant and current supporting clinical information e.g. radiology, pathology
4. Detailed cost effective quotes on the treatment requested or if retrospective, current account statement and relevant claims

Fax the completed form and attachments to **011 539 2239** or email it to **INHOUSE\_EX\_GRATIA@discovery.co.za**

### 1. Main member's details

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name/s (as per identity document)	<input type="text"/>				
Membership number	<input type="text"/>				
Telephone number (H)	<input type="text"/>	<input type="text"/>	(W)	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>			
Email address	<input type="text"/>				

### 2. Patient's details

First name(s) (as per identity document)	<input type="text"/>				
Surname	<input type="text"/>				
Age	<input type="text"/>	Relationship to main member	<input type="text"/>		

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

Telephone  Fax  Email  Post

Details of above	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				

#### 4. Income and expenditure statement (member to complete)

##### 4.1 Monthly income and expenses

Source	Member	Spouse	Total
Gross salary			
Other income (investments, interest, etc)			
Total income			
Total deductions			
<b>Net income</b>			

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
<b>Net income</b>	R
<b>Net cash surplus or deficit</b>	R

##### 4.2 Statement of assets and liabilities

Assets	Value	Liabilities	Value
Residential property owned		Mortgage bonds	
Other properties (please specify)		Bank overdraft	
		Loans	
		Other	
Shares and investments			
Other significant assets			
<b>Total</b>		<b>Total</b>	

## 5. Ex gratia request

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


5.2 Diagnosis


Date of diagnosis 

Y	Y	Y	Y	M	M	D	D
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5.3 Costs involved (rand value)

• Please attach quotations, invoices or treatment plans or all of these. Approximate figures will not be accepted.


5.4 Reason for ex gratia request

• Please explain why you are applying for an ex gratia consideration


I

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

Signed at (town or city) 



 on 

Y	Y	Y	Y	M	M	D	D
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Signature of main member

The main member must sign and date any changes

**Office check**

Member details  Request  Financial   
 Cost  Reason