

Quick guide to completing and submitting your Ex Gratia application



Please do not return this guide with your completed application form.

GEMS rule 18 stipulates that: “The Board shall not authorise payment for services other than those provided for in these rules but may, in its absolute discretion, make Ex Gratia payments in respect of any healthcare services obtained by members which do not form part of such a member’s entitlement in terms of his benefit option. An Ex Gratia payment is a concession exercised at the discretion of the Board and not a right to which members are entitled.”.

An Ex Gratia application is considered in cases where members incur exceptional medical expenses not covered by the benefits available and/or the rules of the Scheme and as a consequence the member has experienced, or is likely to experience, financial hardship.

The Board has appointed an Ex Gratia Committee to consider Ex Gratia applications from the members of the Scheme. Your application will be considered by the Committee once all the required documents have been received and processed.

Please make sure that the following supplementary documents are supplied when applying for an Ex Gratia payment. Failure to supply these will delay your Ex Gratia application.

1. The main member’s most recent salary/pension slip/advice;
2. The main member’s spouse/partner’s most recent salary/pension slip/advice; and
3. The following supporting documents/evidence to assist in the evaluation of your application:
 - » Clinical motivation supporting the application from your medical practitioner.
 - » Detailed quotation for services to be rendered in future such as planned surgical procedures (i.e. prospective applications).
 - » Detailed and clear copies of all outstanding accounts in respect of services already received (i.e. retrospective applications).

Process to follow

1. Complete the **application form overleaf** in full and ensure that you have included all relevant documents as well as your signature where required.

2. Submit the completed form and supplementary documents to GEMS in any of the following manners:

- » Fax: 0861 00 4367
- » Email: exgratia@gems.gov.za
- » Regional offices (**for physical addresses, refer to our website www.gems.gov.za**)
- » Postal address: GEMS, Private Bag X782, Cape Town, 8000

3. Please ensure that the financial information provided to the Scheme is correct.

GEMS will do the following

4. Completed application forms (including relevant documents) are forwarded to the GEMS Ex Gratia Committee for review and consideration.

5. GEMS will contact you telephonically and in writing after the Committee meeting to advise you of the outcome of your application.

6. **Your application will be delayed if you do not provide GEMS with all the required documents.**

7. The Ex Gratia application will be cancelled after a 60-day period, should the requested documents not be received. You will be notified if your application is cancelled.

Please contact our Call Centre on 0860 00 4367 or email exgratia@gems.gov.za should you require any further assistance with the completion of your application form.

Application

for Ex Gratia payment



An Ex Gratia application is considered in cases where members incur exceptional medical expenses not covered by the benefits available and/or the Rules of the Scheme and as a consequence the member has experienced, or is likely to experience, financial hardship.

Please complete all the sections carefully and in full

Ensure that you provide all necessary supplementary documents. Submit the completed application form to GEMS in any of the following manners:

- » Via fax to 0861 00 4367; or
- » Via email to exgratia@gems.gov.za
- » Via regional offices; or

Section A: Main member details

Surname

Initials

Membership no Date of birth

Marital status Married Single Divorced Widow/er Co-habiting

Department (Employer)

Where and how can we contact you, the main member?

Postal address

Code

Tel no (H) () (W) ()

Cell phone no Fax no ()

Email address

Section B: Motivation for application

a. Full details of the reasons for your application are to be provided here. (If space is too small, please submit on separate sheet.)

b. Have you applied to your employer/former employer for assistance?

YES	NO
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If No, why not? _____

If Yes, what was the outcome of your application? _____

Section B: Motivation for application (continued)

c. Do you have any other Health Insurance such as a hospital plan or qualify for benefits from a source such as the Compensation Fund (for Occupational Injuries and Diseases)? YES NO

Have you instituted a claim with the insurer or Compensation Fund for the matter for which an Ex Gratia is sought? YES NO

If Yes, please provide full details _____

d. Please provide details of any previous Ex Gratia's obtained from GEMS _____

Section C: Statement of total family income and expenditure

Statement of total monthly income and expenses

Monthly income		Monthly expenses	
Net salary (member) (e.g. Money held with financial institutions)	R	Household expenses (e.g. Bond, rent, water, rates, electricity, school fees, groceries, etc)	R
Net salary (spouse/partner)	R	Personal expenses (e.g. Vehicle financing, transport, insurance, cell phone, loans, credit cards, store cards, clothing, entertainment, gifts, etc)	R
Total other income (e.g. Rental, investments, financial support, etc)	R	Total other expenses (Amounts not already included above)	R
Total monthly income (A)	R _____	Total monthly income (B)	R _____
		Surplus/Shortfall (A-B)	R _____

Statement of financial standing

Assets		Liabilities	
Cash holdings (e.g. Money held with financial institutions)	R	Value of loans* with financial institutions	R
Cash assets (e.g. Shares, bonds, managed funds, etc)	R	Value of other loans* (e.g. Student loans, personal loans, etc)	R
Vehicles (Market value)	R	Value owing on credit/store cards*	R
Total property assets (Market value)	R	Other liabilities* (e.g. Tax, overdue accounts, guarantees, etc)	R
Other assets (e.g. Furniture, caravans, etc)	R	Total liabilities (D)	R _____
Total assets (C)	R _____	Surplus/Shortfall (C-D)	R _____

*Reflect the total amounts and not monthly re-payments

The physical address of my fixed property is _____

Name and Surname _____ 2 of 3

Section D: Details of instalment sale commitments/credit cards/other accounts

Company/bank/credit card	Monthly payments	Outstanding balance	Expires

BALANCE SHEET AS AT _____ 20 _____

Section E: Declaration by applicant

I hereby make application for an Ex Gratia payment for _____

in the amount of R [_____]. I confirm that all the information supplied in this application is true, complete and correct to the best of my knowledge and belief. I know and understand the contents of this declaration. I have no objections to taking the prescribed Oath. I consider the Oath binding on my conscience.

Member's signature _____ Date

D	D	M	M	Y	Y	Y	Y
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STAMP AND SIGNATURE:
COMMISSIONER
OF OATHS

FOR OFFICE USE ONLY

Prepared on:

D	D	M	M	Y	Y	Y	Y
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Section F: Supporting documents (to be submitted with this application)

Please provide copies of the following documents in support of this application:

1. Main member's most recent salary/pension slip/advice.
2. Main member's spouse/partner's most recent salary/pension slip/advice.
3. Any other supporting documents/evidence that may assist in the evaluation of this application such as details of outstanding medical accounts, reports from medical practitioners, etc.

Name and Surname _____ 3 of 3