



Administered by Universal Healthcare (Pty) Ltd
Universal House, 15 Tambach Road, Sunninghill Park, Sandton, 2191
PO Box 1411, Rivonia, 2128, South Africa
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(CONFIDENTIAL)

Application for Ex-Gratia Assistance

Please complete in **BLOCK LETTERS**.

This form is issued without admission of liability and must be signed by the claimant and forwarded to:

Tel 0860 100 076 or +27 11 208 1021
E-mail enquiries@omsmaf.co.za
Fax number 0864 647 808
Postal Address Old Mutual Staff Medical Aid Fund, PO Box 1411, Rivonia, 2128

The Board of Trustees of the Old Mutual Staff Medical Aid Fund (the Fund) shall not authorise payment for services other than those prescribed in the Rules of the Fund, but may, in its absolute discretion, in respect of the benefits provided, increase the amounts payable in terms of the Rules as an "ex-gratia" award, provided it is satisfied that undue hardship would otherwise be imposed upon a member.

The Board reserves the right, at any time, to request detailed information from your medical practitioner.

The Board accepts that members could exceed the limits as laid down in the Rules and that shortfalls in medical accounts could arise. The Board of Trustees requires the following information in order to consider your ex-gratia application:

- Questionnaire sections A, B, C, D and E
- Recommendation from consulting doctor or specialist.

* OAL = Overall Annual Limit * DTD = Day to Day

Please send the above to: Old Mutual Staff Medical Aid Fund, PO Box 1411, Rivonia, 2128; Fax number: 0864 647 808; Email: membership@omsmaf.co.za

SUMMARY

Date joined the Fund: <small>(DD/MM/YYYY)</small>	<input type="text"/>	Date appointed: <small>(DD/MM/YYYY)</small>	<input type="text"/>
Member's income:	<input type="text"/>	Family size:	<input type="text"/>
Member's expenses:	<input type="text"/>	Applicant's age:	<input type="text"/>
Member's income less expenses:	<input type="text"/>		
Plan:	<input type="text"/>	PMSA allocation:	<input type="text"/>
	<input type="text"/>	PMSA balance:	<input type="text"/>
Are you applying for assistance with a limit relating to *Hospital Benefit or Overall Annual Limit (OAL)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have Gap cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medical condition	<input type="text"/>		
PMB condition:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If PMB condition, does the treatment fall within the PMB protocol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To an extent
Please specify:	<input type="text"/>		
Ex-gratia amount:	<input type="text"/>		
Type of benefits applying for *Hospital Benefit or Overall Annual Limit (OAL):	<input type="text"/>		
Additional comments (to be completed by Universal Healthcare (Pty) Ltd)	<input type="text"/>		

A. PERSONAL INFORMATION

Surname: Initials:

Membership number: Plan:

Family size: Gender (Principal member):

Principal number: Date joined Fund (DD/MM/YYYY) Date of birth (DD/MM/YYYY)

Dependant 1:

Dependant 2:

Dependant 3:

Dependant 4:

Address:

Code:

Tel home: Tel work:

Cell: Email:

B. EMPLOYMENT INFORMATION

Date of employment with Old Mutual:
(DD/MM/YYYY)

Current position: Please mark with an X

Office Staff Member: Field Staff Member:

Office Staff Pensioner: Field Staff Pensioner:

Provident fund pensioner: Other (e.g. Disability Income Claimant)

If retired, or in receipt of a Disability Income Benefit, date of inception:
(DD/MM/YYYY)

C. FINANCIAL INFORMATION

Active employees: Please attach copy of last salary advice. In addition, a copy of your spouse's salary advice, if applicable, and copies of both member and spouse's tax returns.

Pensioners: Please declare all income, e.g. investment income, and attach copies of tax returns and pension statements.

Please provide copies of your tax returns, all investments, dividends, rental and pension income.

	Member	Spouse
Monthly income:		
Salary (Gross):		
Pension:		
Dividends:		
Interest on Investments:		
Other (specify):		
Total monthly income:		

D. ITEMISE YOUR MONTHLY EXPENSES

	Expenses	Amount
Salary Deductions:	PAYE & UIF	
	Retirement Fund	
	Car Loan (incl. Running and insurance)	
	Home loan	
	Medical Aid (incl. PMSA)	
Insurance Premiums:	Life Assurance & Disability	
	Endowment & Funeral	
	Unit Trust & Education	
	Short Term	
General:	Bond / Rent	
	Electricity, Water & Rates	
	Security	
	Telephone & Cell Phone	
Other:	Please specify	
Total monthly expenditure:		

E. DETAILS OF EX-GRATIA ASSISTANCE REQUIRED

Details of medical claims / suppliers of medical services relating to the ex-gratia application

Type of illness / Medical Diagnosis

Motivation of applicant to support ex-gratia application

Have previous ex-gratia awards been granted?

Date	Reason	Rand amount

F. CLAIMS INFORMATION (to be completed by Universal Healthcare (Pty) Ltd)

Current benefit year Plan:

	Benefit used	Benefit available
Major Medical Expenses:		
Chronic:		
Day-to-Day - PMSA		
Day-to-Day - PCB		
Other (specify):		
Total:		

Previous benefit year Plan:

	Benefit used	Benefit available
Major Medical Expenses:		
Chronic:		
Day-to-Day - PMSA		
Day-to-Day - PCB		
Other (specify):		
Total:		

Signature of applicant

Date:

(DD/MM/YYYY)

Where there has been incomplete, inaccurate or false information provided, the Fund reserves the right to withdraw the approval of an application, as well as recuperate any and all payments made towards it. This may also affect any future applications.

PROTECTION OF PERSONAL INFORMATION

Old Mutual Staff Medical Aid Fund takes the protection of Personal Information very seriously and for this reason we take all reasonable measures to protect your Personal Information and to keep it confidential. Personal information refers to information that identifies or relates specifically to you, for example, your name, age, gender, health status, identity number and your email address. In short, any information that we know about you will be regarded as your Personal Information.

We use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of medical services claims
- Fraud prevention and detection
- Statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who renders services to us.

You may access the personal information that we hold and request us to correct any errors or to delete this information.