

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 supporting documents are supplied when applying for an Ex Gratia payment. Failure to supply these will delay your Ex Gratia application.

1. Completed application form, certified (stamped, signed and dated) by a Commissioner of Oaths.
2. The main member's most recent salary slip/advice, or pension slip/bank statement.
3. The main member's spouse/partner's most recent salary slip/advice, or pension slip/bank statement.
4. Main member's spouse/partner's affidavit to confirm unemployment, or no income received (where applicable).
5. The following supporting documents to assist in the evaluation of your application:
 - Detailed Clinical motivation from your treating/ admitting 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).

Steps to follow

1. Complete the **application form overleaf** in full and ensure that you have included all required documents as well as your signature where required.
2. Submit the completed form and supporting documents to GEMS in any of the following manners:
 - **Fax:** 0861 00 4367
 - **Email:** exgratia@gems.gov.za
 - **Regional offices** (for physical addresses, visit our website at 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.

Once your application is received, GEMS will do the following

- Completed application forms (including required documents) are forwarded to the GEMS Ex Gratia Committee for review and consideration.
- GEMS will contact you telephonically and in writing after the Committee meeting to advise you of the outcome of your application.
- Your application will be delayed if you do not provide GEMS with all the required documents.
- The Ex Gratia application will be cancelled after a 60-day period, should the required 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.

Private bag X782 Cape Town • **Call Centre:** 0800 00 GEMS (4367) • **Fax:** 0861 00 GEMS (4367)
Email exgratia@gems.gov.za • **Fraud Line** 0800 21 2202 • **HIV Aids Helpline** 0860 436 736 • www.gems.gov.za

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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 consequently 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:

- Fax to 0861 00 4367;
- Email to exgratia@gems.gov.za OR
- GEMS Regional offices (for physical addresses, visit our website at www.gems.gov.za)

Section A: Main member details

Initials	<input type="text"/>	Surname	<input type="text"/>
Membership no.	<input type="text"/>	Date of birth	<input type="text"/>
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Co-habiting		
Department (Employer)	<input type="text"/>		

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

Postal address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Tel no.	(H) (<input type="text"/>) <input type="text"/>	(W) (<input type="text"/>) <input type="text"/>	
Cell phone no.	<input type="text"/>	Fax no. (<input type="text"/>) <input type="text"/>	
Email address	<input type="text"/>		

Section B: Motivation for application

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

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 Expenses (B)	R
		Surplus/Deficit (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/Deficit (C-D)	R

*Reflect the total amounts and not monthly re-payments

The physical address of my fixed property is _____

Section D: Declaration by applicant

in the amount of R

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

I therefore authorise any healthcare service provider who has attended to me or any dependant to disclose such information to GEMS as required. I grant GEMS the right to access my information and that of my dependants as and when necessary.

Member's signature _____

Date

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

Section E: Supporting documents (to be submitted with this application)

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

- ☐ Completed application form, certified (stamped, signed and dated) by a Commissioner of Oaths.
- ☐ The main member's most recent salary slip/advice, or pension slip/bank statement.
- ☐ The main member's spouse/partner's most recent salary slip/advice, or pension slip/bank statement.
- ☐ The main member's spouse/partner's affidavit to confirm unemployment, or no income received (where applicable).
- ☐ Detailed clinical report/ letter of motivation from treating/ admitting medical practitioner.
- ☐ Detailed quotation for future services such as planned surgical procedures (i.e. prospective applications).
- ☐ Detailed accounts/ claims for services already received (i.e. retrospective applications).