



APPLICATION FORM FOR EX-GRATIA ASSISTANCE

Please note that an uncompleted form may count to your disadvantage or mean that the application could be rejected in full due to incomplete information provided.

APPLICATION FOR EX-GRATIA ASSISTANCE



Tel: +264 83 2999 000

Send e-mail to: rene.ross@prosperitynam.com

Section A – Personal Details

Surname				Medical Aid Number								
First Name				Option								
ID Number				Date of Birth	D	D	M	M	Y	Y	Y	Y
Title		Sex	M	F	Number of Dependants							
Employee Number				Spouse Name								
Postal Address												
Physical Address												
City				Country								
Name of Employer												
Occupation												
Telephone Number	Home				Work							

Section B – Financial Standing of Applicant

What is your monthly income?	Husband	Wife
Salary		
Pension		
Dividends		
Interest on Investments		
Other (specify)		
TOTAL MONTHLY INCOME		
Are you an employee or a pensioner?		

prosperity-2021

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Section C – Details of Ex-Gratia Assistance Required

State the type of medical claim i.e. GP, Dental, Optometry, including the total amount.

State the nature of assistance required i.e. additional benefits, excess of tariff, etc. including the name of the dependant on whom the application is applicable.

State any previous ex-gratia's.

Section D – Declaration

I herewith declare that I understand that I at all times stay personally responsible for the cost and accounts outstanding for which I am applying assistance for and that I have made an arrangement with the respective service supplier for a possible delayed payment and/or that I am paying off the account on a monthly basis.

I hereby declare that the answers given and information supplied are true and correct and agree that any false statement in this application shall render the application null and void, in which event all monies paid on my behalf will immediately be repayable to the Fund.

Signature of Applicant		Date	D	D	M	M	Y	Y	Y	Y
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Section E – For Office Use Only

Name of Consultant		Date Received	D	D	M	M	Y	Y	Y	Y							
CRM Case Number		Name of Assessor															
Date Letter sent to Member	D	D	M	M	Y	Y	Y	Y	Date E-Mail sent to Member	D	D	M	M	Y	Y	Y	Y
Ex-Gratia Meeting Date	D	D	M	M	Y	Y	Y	Y	Date Processed	D	D	M	M	Y	Y	Y	Y
Ex-Gratia Outcome																	

Section F – Checklist

Detailed Claims relevant to ex-gratia request.		Claims statement from portal applicable to ex-gratia request	
Quotations submitted by member relevant to ex-gratia request.		Membership Certificate (to proof membership status and product)	
Print of applicable benefit values on portal.		Proof of income submitted by member	
Doctor motivation letters		MSO motivation/recommendation letter	
Copy of ID / Passport			