**Contact details**

Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

# Ex Gratia application form

### Who we are

Retail Medical Scheme (referred to as "the Scheme"), registration number 1176, 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). Discovery Health (Pty) Ltd administers Retail Medical Scheme.

### What is ex gratia?

Ex gratia is a discretionary consideration, which is only approved where the Scheme believes that an exceptional situation exists, which warrants funding in excess of the stated benefits. It is not a benefit that the Scheme has to offer, funding is not guaranteed, and your request for additional benefits may not be approved. Ex gratia applications are not meant to replace or supplement the existing benefits of the Scheme.

### How are ex gratia decisions made?

The Scheme reviews the ex gratia application, which should be completed by the member asking for funding.

Only applications with complete information can be reviewed by the Scheme. It is your responsibility to make sure that all the relevant information is on the application form, and attached to it. This will be presented to the Scheme.

### What happens if your application is declined?

As ex gratia is discretionary, Retail Medical Scheme may decline any application without affecting its own rights in any way. In that case you will have to carry the costs for the treatment and care you applied for.

### How to complete this form

The application form and all attachments need to be completed in full, attaching all the relevant information.
Email the completed form and attachments to **EX_GRATIA@retailmedicalscheme.co.za**

I, ______________________________

(please print your name and surname) agree that by applying for ex gratia, I accept that:
- The Scheme's decision is based on the merits of this case, and may not be used to justify a similar decision in future.
- The Scheme does not have to approve the request.
- Any decision the Scheme makes is based on the information I have supplied.

Signed at (town or city) ______________________ on D D M M Y Y Y Y

Signature of applicant ______________________

**The applicant must sign and date any changes. If the beneficiary is younger than 18 years, the main member must sign the application.**

## 1. Main member details

| | | | |
|---|---|---|---|
| Title | | Initials | |
| First name(s) | | | |
| Surname | | | |
| Membership number | | ID or passport number | |
| Telephone (H) | | Telephone (W) | |
| Cellphone | | | |
| Email | | | |

Please note that this form expires on 31/03/2026. Up to date forms are available on www.retailmedicalscheme.co.za

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## 2. Beneficiary who has/will be incurring the costs

First name(s) (as per identity document)

Surname

Relationship to main member

Age

## 3. How must we communicate the decision

Telephone

Email

Details of above

## 4. Ex gratia request

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

4.2 Costs involved (rand value)

- Please attach quotations, invoices or treatment plans for each request.
- Approximate figures will not be accepted.

4.3 Reason for ex gratia request

- Please explain why you are applying for an ex gratia consideration.
- Please attach all motivations, explanations and reasons. List all the documents you are submitting with your ex gratia application, for example doctor's report or x-rays or tests or scans.

The following supporting documentation will be required as a minimum requirement to review your application.
Please tick  in the appropriate block to confirm documentation that has been enclosed

Additional clinical information from treating doctor/practitioner

Claim(s) (if applicable)

Quotes (if applicable)

Other information (specify)

**Office check**

Member details

Request

Cost

Reason