Pick n Pay
Medical scheme

Application for ex gratia assistance

PLEASE NOTE: The ex gratia committee meets on a monthly basis to consider applications. Please ensure that all information is completed and supporting documents are provided, as incomplete applications cannot be presented to the committee and could cause delays.

Main member details

Membership number

Employee number

Title | Initials | Number of dependants

Surname

First names

ID/Passport number

Contact numbers
- Work
- Fax
- Cell phone

Postal address

Postal code

Email address

Monthly income

- ☐ R0 - R4 520
- ☐ R4 521 - R9 730
- ☐ R9 731 - R14 550
- ☐ R14 551 - R19 500
- ☐ R19 501 - R24 330
- ☐ R24 331 - R29 250
- ☐ R29 251 - R36 420
- ☐ R36 421 - R51 800
- ☐ R51 801+

Please tick applicable income band for all sources of income.

☐ **I hereby provide consent to the Administrator to share my personal information with the ex gratia committee.**

Your medical scheme information

Period of membership with the Scheme ☐☐ years ☐☐ months

Your option ☐ **Plus** ☐ **Primary**

Your motivation for assistance – to be completed by the applicant

Please provide a brief summary of the background events leading to, and the reasons for, the application for assistance:

Your motivation for assistance (continued)

Please attach any other supporting documentation that may assist in the evaluation of this application, such as copies of outstanding medical or dental accounts or a doctor's evaluation.

Have you applied to Pick n Pay Medical Scheme for assistance before and what assistance have you received?

Are you claiming from any other source? ☐ Yes ☐ No

If yes, please provide details:

Financial information

Please attach the following documents:

- a copy of your latest pay/pension advice
- a copy of your spouse's latest pay/pension advice.

FINANCIAL STANDING (to be completed in full)

What is your monthly income?	Principal member	Spouse
Net salary	R	R
Net pension	R	R
Dividends	R	R
Interest on investments	R	R
Part-time work	R	R
Other (specify below)	R	R
Total monthly income	**R**	**R**

If you have indicated that you receive monthly income from other sources, please specify:

ASSETS AND LIABILITIES (to be completed in full)

Assets	Estimated value
Residential property owned	R
Other properties*	R
Share and investment	R
Cash in bank	R
Furniture	R
Vehicles	R
Other significant assets	R
Total	**R**

Liabilities	Estimated value
Residential property: Mortgage bond	R
Other properties*: Mortgage bond	R
Loans overdraft	R
Bank overdraft	R
Creditors	R
Vehicles	R
Other significant liabilities	R
Total	**R**

* Please supply details of other properties:

MONTHLY EXPENSES (To be completed in full)

Itemise your expenses in broad categories:

Expenses	Amount
Rent/Bond/Levies	R
Medical scheme	R
Credit card	R
School fees	R
Maintenance	R
Loan repayments	R
Transport	R
Clothing	R
Entertainment	R
Water and electricity	R
Rates and taxes	R
Telephone	R
TV licence/M-Net, etc.	R
Groceries/Meat/Toiletries/Cleaning materials	R
Hire purchase, e.g. furniture, vehicle	R
Assurance: Life	R
Assurance: Endowment	R
Insurance: Household	R
Wages: Domestic	R
Wages: Gardener	R
Other	R
Total month expenditure	**R**

Details of assistance required

Name of person having treatment

Reason for application:

Please enclose medical practitioner's report.

Kindly attach copies of all accounts.

Are you participating in the Chronic Medication Programme? ☐ Yes ☐ No

Do you have any major medical policies? ☐ Yes ☐ No

If '**Yes**', to what extent will it cover expenses?

I declare that these particulars are true and correct.

Signature of member

Date DD/MM/YYYY

08/2025

EX GRATIA DEPARTMENT

Return email address: exgratia@pnpms.co.za