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 320
- ☐ R4 321 - R9 300
- ☐ R9 301 - R13 900
- ☐ R13 901 - R18 620
- ☐ R18 621 - R23 240
- ☐ R23 241 - R27 940
- ☐ R27 941 - R34 790
- ☐ R34 791 - R49 480
- ☐ R49 481 plus

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.**

Details of assistance required

Name of person having treatment

Reason for application:

Details of assistance required (continued)

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

02/2024

EX GRATIA DEPARTMENT

Return email address: exgratia@pnpms.co.za