



We're about you

tel 061-285-5400
email exgratia@care.nhp.com.na
website www.nhp.com.na

Office 29, First Floor Hilltop Village Mall
Ombika Street Kleine Kuppe,
P.O. Box 23064, Windhoek, Namibia
Reg No: MOHSS 0003

Application for Ex gratia Management

Members or their dependants who incur medical expenses not covered by the benefits outlined in the Rules of the Fund, and who require financial assistance due to financial hardship, may apply to the NHP Board for ex gratia assistance.

Applications are assessed based on the following overarching principles:

1. Clinical necessity;
2. Financial hardship; and
3. Cost-benefit to both the member and the Fund.

Each application is evaluated on its individual merits, taking into account, among other factors:

- Whether the request is specifically excluded under the Fund Rules;
- Whether the request has been previously submitted and/or declined, and if it is a resubmission with new information;
- The clinical necessity of the treatment and its impact on the beneficiary's health and financial situation;
- A comprehensive motivation supported by clinical reports from doctors, specialists, or other relevant professionals. Where applicable, this must include photographic, radiological, pathological, or related evidence, as well as detailed quotations for the requested amounts. The motivation must clearly outline the condition, as well as its clinical, financial, and lifestyle impact, including current and future treatment costs, prognosis, and treatment goals;
- The remaining balance of the member's benefits or available funds for the year;
- The duration of the member's NHP membership;
- The extent of financial hardship experienced by the member or dependant; and
- Considerations of equity, consistency, and fairness to all members of the Fund.

Applications are reviewed by a medical advisory team and the Ex-Gratia Committee, which consists of members of the Board of Trustees. The Board of Trustees, at its sole discretion, will only approve applications if it is satisfied that the member would otherwise experience undue financial hardship. All deliberations and decisions of the Committee are confidential and may not be disclosed outside of this forum.

Please email all required documents to exgratia@care.nhp.com.na

All ex gratia considerations and allocations:

- Are discretionary in nature;
- May be approved or declined at the sole discretion of the Board of Trustees;
- If approved, are provided in addition to the normal benefits as defined in the Fund Rules; and
- Must be utilised within 12 months from the approval date, or in accordance with an approved treatment schedule, unless otherwise determined by the Board of Trustees.

Ex gratia applications must include:

- A fully and accurately completed application form, with all required information provided. Incomplete forms may be returned;
- All necessary supporting documentation, ensuring that it is clear and legible;
- Any additional information requested during the vetting process, submitted within a maximum of 5 working days; and
- Receipts for any payments already made by the beneficiary to service providers.

Please note:

- Incomplete documentation may delay or prevent processing of the application;
- Neither NHP nor its administrator will obtain outstanding information (such as financial statements, clinical reports, or quotations) from third parties on behalf of the member;
- It is the member's responsibility to submit all required documentation, including any additional information requested during the vetting process; and
- Any clinical or financial misrepresentation or misinformation may be regarded as an improper application and could result in rejection or further sanctions in accordance with the Fund Rules. This includes, but is not limited to, false, misleading, or incomplete information regarding income, expenses, or any other clinical or financial details:

Member applying for exgratia details

Date joined the Fund Date appointed

Member income Family size Applicant age

Member expense Family income less expense

Benefit plan Roll over benefit

Are you applying for assistance with a limit relating to Hospital Benefit or Overall Annual Limit (OAL)?

Hospital Benefit Yes No Overall Annual Limit Yes No

Do you have GAP cover? Yes No

Ex Gratia amount required

Assistance required towards:

Personal information

Membership no Family size

| Dependant (Full Name) | Date joined fund | Date of birth |
|-----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Address:

Contact No: Cell No: Email:

Employment Information

| | | | |
|---------------------------|---|-------------------|----------------------|
| Date of employment | <input type="text" value="DD/MM/YYYY"/> | Employer | <input type="text"/> |
| Current position | <input type="text"/> | | |
| Pensioner | <input type="text"/> | Pension date | <input type="text"/> |
| Disability | <input type="text"/> | Disability income | <input type="text"/> |
| Benefit date of inception | <input type="text"/> | | |

Financial Information

Active employees: Please attach copy of last salary advice. In addition, a copy of your spouse's salary advice, if applicable, and copies of both as well as bank statements member and spouse's bank statements and investment statements

Pensioners: Please declare all income, e.g. investment income, pensions and all investments, dividends, rental and pension income as well as bank statements

| Income | Member | Spouse |
|-------------------------|----------------------|----------------------|
| Salary (Gross) | <input type="text"/> | <input type="text"/> |
| Pension | <input type="text"/> | <input type="text"/> |
| Dividends | <input type="text"/> | <input type="text"/> |
| Interest on investments | <input type="text"/> | <input type="text"/> |
| Other (Specify) | <input type="text"/> | <input type="text"/> |
| Total monthly income | <input type="text"/> | <input type="text"/> |

| Expenses | Member | Spouse | |
|----------------------------------|--|----------------------|----------------------|
| Salary Deductions | PAYE & UIF | <input type="text"/> | <input type="text"/> |
| | Retirement Fund | <input type="text"/> | <input type="text"/> |
| | Car Loan (incl. Running and insurance) | <input type="text"/> | <input type="text"/> |
| | Home loan | <input type="text"/> | <input type="text"/> |
| | Medical Scheme contribution | <input type="text"/> | <input type="text"/> |
| Insurance Premiums | Life Assurance & Disability | <input type="text"/> | <input type="text"/> |
| | Endowment & Funeral | <input type="text"/> | <input type="text"/> |
| | Unit Trust & Education | <input type="text"/> | <input type="text"/> |
| | Short Term | <input type="text"/> | <input type="text"/> |
| General | Bond / Rent | <input type="text"/> | <input type="text"/> |
| | Electricity, Water & Rates | <input type="text"/> | <input type="text"/> |
| | Security | <input type="text"/> | <input type="text"/> |
| | Telephone & Cell Phone | <input type="text"/> | <input type="text"/> |
| Other (Specify) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total Monthly Expenditure | <input type="text"/> | <input type="text"/> | |

Details of ex-gratia assistance required

Details of medical claims / suppliers of medical services relating to the ex gratia application:

Type of illness/medical diagnosis:

Motivation of applicant to support ex gratia application:

Have previous ex gratia been graded?

| Date | Reason | NAD Amount |
|----------------------|----------------------|----------------------|
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Claims Information

| Date | Benefits Used | Benefit Available |
|-------------------------|----------------------|--------------------------|
| Major Medical Benefits: | <input type="text"/> | <input type="text"/> |
| Chronic: | <input type="text"/> | <input type="text"/> |
| Day-to-Day-PMSA | <input type="text"/> | <input type="text"/> |
| Day-to-Day-PCB | <input type="text"/> | <input type="text"/> |
| Other (specify): | <input type="text"/> | <input type="text"/> |
| Total: | <input type="text"/> | <input type="text"/> |

Previous benefit year plan

