



## Ex-Gratia request Confidential

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Reg No: MOHSS 003

Members who have special requests that fall outside the benefits provided in the Rules of the Fund, or who require assistance due to personal financial hardship, may request the Committee for financial assistance. The overarching principles applied to evaluate ex-gratia applications are:

1. clinical necessity;
2. financial hardship of the member and;
3. cost benefit to the member and the Fund.

Please note that each case is carefully evaluated on its own merits taking into consideration, amongst others, the following determining factors:

- Whether the request is specifically excluded by the Fund Rules.
- Whether the request was previously submitted, and / or declined and whether it is a resubmission with new information.
- Whether the condition associated with the request is life threatening and of an ongoing/chronic nature.
- A full motivation and clinical reports submitted by doctors/specialists. Where applicable, such motivations must include photographic / radiological or related information including complete quotation(s) for the amounts requested. The clinical motivation must include the nature of the condition associated with the request, i.e. treatment costs, prognosis and prevalence of the condition.
- The balance of the member's benefits/funds available for the remainder of the year.
- Length of time as a member of the Fund.
- Financial hardship of the member.
- Equity, consistency and fairness towards all members of the Fund.

Applications are reviewed and evaluated by a medical advisory team and the Ex-Gratia Committee, comprised of members of the Board of Trustees. The deliberations and decisions of the Committee are confidential and cannot be disclosed outside that forum.

All ex-gratia allocations:

- are discretionary in nature;
- may be granted / rejected at the sole discretion of the Board of Trustees;
- if approved, are considered to be provided over and above normal benefits as stipulated in the Fund brochures;
- if approved, **MUST** be used within the current benefit year;
- **CANNOT** be carried forward into the next benefit year.

The member is responsible to:

- accurately and comprehensively complete the ex-gratia application form;
- ensure that all necessary documentation is legible and attached to the application form;
- ensure that any additional information requested in the ex-gratia application vetting process is submitted within a maximum of 5 working days after receiving notification.

**Please NOTE that:**

- Incomplete documentation may delay the application process or result in the application not being processed timeously.
- Neither NHP, nor the administrator - Medscheme Namibia, will request outstanding information (e.g. financial statements from banks, clinical reports or quotations from health care providers etc.) from third parties on behalf of the member.
- Submission of any, and all, documentation required for the ex-gratia application is the responsibility of the member.





We're about you

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**Please note** In order for the administrator to deliver efficient service to you, it is important that you provide and complete all information as required. Print clearly using **capital letters**. Only **one** character per block. Leave open **one** block between words. Mark with an **X** where necessary.

### Prerequisites for completion and processing

1. The application form must be completed in full, i.e. all information required must be provided. Please do not leave any spaces blank, or delete, without reading and providing the detail as required.
2. The Medical Advisory Board may make Ex-Gratia awards only if the Board of Trustees, in its absolute discretion is satisfied that the member would otherwise suffer undue financial hardship.
3. All claims in excess of the benefit limits must be submitted prior to the Ex-Gratia Committee, making its decision.
4. In the space provided below, please indicate to whom the Ex-Gratia award(s) must be paid over to; should this application be successful.

### Check list (compulsory)

**Please note** We cannot process your application if it is incomplete, incorrect, or if you have not attached the correct documents. Please use this check list to make sure that you are sending us a copy of everything we need.

- Medical report - Including treatment costings
- Proof of income - Copies of your last three months salary slip/pension and bank statements for both principal member and spouse/partner
- If you are a business owner - A copy of your latest audited financials

### Particulars for payment

Pay member     Pay supplier    Please specify

### Particulars of principal member (must be completed)

Membership number     Date of commencement 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | 2 | 0 | Y | Y |
|---|---|---|---|---|---|---|---|

Title     Initials     First name(s)

Surname     Age

Tel (h)      Tel (w)

Cell      Fax

Email

Postal address



### Particulars of Dependant(s) (if applicable)

**Please note** Attach copies of ID/Passport, marriage certificates, birth certificates, legal adoption or foster care court order documents. The decision of the Board of Trustees will be final and cannot be appealed. Acceptance of the dependants will be in accordance with the Rules of the Fund.

| Relationship<br>(To principal member) | First name(s) in full | Surname<br>(If different from principal member) | Gender  | Date of birth   |
|---------------------------------------|-----------------------|---|---|---|
| <input type="text"/>                  | <input type="text"/>  | <input type="text"/>                            | <input type="text"/> M <input type="text"/> F | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| <input type="text"/>                  | <input type="text"/>  | <input type="text"/>                            | <input type="text"/> M <input type="text"/> F | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| <input type="text"/>                  | <input type="text"/>  | <input type="text"/>                            | <input type="text"/> M <input type="text"/> F | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| <input type="text"/>                  | <input type="text"/>  | <input type="text"/>                            | <input type="text"/> M <input type="text"/> F | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| <input type="text"/>                  | <input type="text"/>  | <input type="text"/>                            | <input type="text"/> M <input type="text"/> F | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| <input type="text"/>                  | <input type="text"/>  | <input type="text"/>                            | <input type="text"/> M <input type="text"/> F | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |

### Declaration by employer (if applicable)

**Please note** To be completed if employer is responsible for all or part of your contribution. Employers registered as part of any umbrella body, should please note the condition for membership of such an umbrella body is that companies should renew their membership on an annual basis and provide proof of such updated subscriber status to NHP.

|                        |                      |                       |                      |
|------------------------|----------------------|-----------------------|----------------------|
| Name of employer       | <input type="text"/> |                       |                      |
| Group pay point number | <input type="text"/> | Salary payroll number | <input type="text"/> |
| Tel                    | <input type="text"/> | Fax                   | <input type="text"/> |
| Employment date        | <input type="text"/> | Eligible start date   | <input type="text"/> |

### Employer acknowledgment and declaration

We confirm that the applicant is employed by us and became/will become eligible for membership on the above date. Contributions are being deducted according to the Fund rules and benefit option chosen. All sections of the application form have been completed.

\_\_\_\_\_  
Name of company official

\_\_\_\_\_  
Signature of company official

Company stamp

### What is the nature of request?

|                              |                              |                               |   |
|------------------------------|------------------------------|-------------------------------|---|
| Name of patient              | Title <input type="text"/>   | Initials <input type="text"/> | First name(s) <input type="text"/>            |
|                              | Surname <input type="text"/> |                               |   |
| Membership commencement date | <input type="text"/>         | Benefit option                | <input type="text"/>                          |
| Date of birth                | <input type="text"/>         | Gender                        | <input type="text"/> M <input type="text"/> F |
| Tel (h)                      | <input type="text"/>         | Occupation                    | <input type="text"/>                          |
| Cell                         | <input type="text"/>         | Tel (w)                       | <input type="text"/>                          |
| Email                        | <input type="text"/>         | Fax                           | <input type="text"/>                          |

- Have you previously applied for Ex-Gratia?  Yes  No
- Is this an appeal to a previously declined Ex-Gratia application?  Yes  No
- Are you claiming from an insurer or a third party other than NHP?  Yes  No
- Are your benefits exceeded?  Yes  No
- Is treatment not covered by NHP?  Yes  No
- Is your claim submitted more than 4 months after the date of service?  Yes  No

If yes to any of these questions, please provide details



**Members' motivation for Ex-Gratia**

*Please note* Please attach all documents relevant to the motivation of this application.

Five empty rectangular text boxes for providing motivation.

**Doctors' report (to be completed by doctor)**

*Diagnosis*

*Please note* Please attach detailed motivation letter and where applicable photographs.

Four empty rectangular text boxes for providing diagnosis details.

*Medical history*

Six empty rectangular text boxes for providing medical history.

*Treatment and medication required*

*Please note* Please attach detailed quotation.

Six empty rectangular text boxes for providing treatment and medication details.

**Doctor acknowledgment and declaration**

Form fields for doctor information: Title, Initials, First name(s), Surname, Practice number, Tel (w) with separate boxes for area and number, Fax with separate boxes for area and number, Email, and How many months/years has he/she been your patient? with a text box.

I (the doctor) \_\_\_\_\_, herewith confirm that I have examined **the patient/family** and that all the information contained in the declaration of health is a true reflection of **the patient/family's** health status based on the information disclosed to myself by **the patient/family**.

\_\_\_\_\_  
Signature of doctor  
D D M M 2 0 Y Y  
Date

Practice stamp



**Statement of Income and Expenditure (to be completed by member)**

|                         | <b>Member</b>    |            | <b>Spouse/Partner</b> |            | <b>Total</b> |
|-------------------------|------------------|------------|-----------------------|------------|--------------|
| Gross monthly income    | N\$ _____        | N\$        | _____                 | N\$        | _____        |
| Total deductions        | N\$ _____        | N\$        | _____                 | N\$        | _____        |
| <b>Total Net Income</b> | <b>N\$ _____</b> | <b>N\$</b> | <b>_____</b>          | <b>N\$</b> | <b>_____</b> |

**Monthly expenditure**

**Fixed**

|                               |                  |
|-------------------------------|------------------|
| Rent/Bond                     | N\$ _____        |
| Maintenance of ex-spouse      | N\$ _____        |
| Bank loans                    | N\$ _____        |
| Staff                         | N\$ _____        |
| Study                         | N\$ _____        |
| Hire purchases                | N\$ _____        |
| Insurance: Life               | N\$ _____        |
| Insurance: Endowment          | N\$ _____        |
| Insurance: Retirement annuity | N\$ _____        |
| Other medical                 | N\$ _____        |
| Homeowner Levies              | N\$ _____        |
| Car                           | N\$ _____        |
| Credit card payments          | N\$ _____        |
| Other                         | N\$ _____        |
| <b>Total Fixed Expenses</b>   | <b>N\$ _____</b> |

**Variable**

|                                |                  |
|--------------------------------|------------------|
| Groceries and toiletries       | N\$ _____        |
| Wages                          | N\$ _____        |
| Water and electricity          | N\$ _____        |
| Rates and taxes                | N\$ _____        |
| Telephone: Home                | N\$ _____        |
| Cell phone                     | N\$ _____        |
| Transport                      | N\$ _____        |
| Clothing                       | N\$ _____        |
| Entertainment                  | N\$ _____        |
| School: Fees                   | N\$ _____        |
| School: Transport              | N\$ _____        |
| School: Sport                  | N\$ _____        |
| School: Tuck                   | N\$ _____        |
| Other                          | N\$ _____        |
| <b>Total Variable Expenses</b> | <b>N\$ _____</b> |

**Monthly provision for annual payments**

|                                |                  |
|--------------------------------|------------------|
| TV license                     | N\$ _____        |
| Car license                    | N\$ _____        |
| Income tax                     | N\$ _____        |
| Other                          | N\$ _____        |
| <b>Total Monthly Provision</b> | <b>N\$ _____</b> |

**Possible monthly payments**

|                                    |                  |
|------------------------------------|------------------|
| Gifts                              | N\$ _____        |
| Newspaper                          | N\$ _____        |
| Other                              | N\$ _____        |
| Other                              | N\$ _____        |
| <b>Total Monthly Possibilities</b> | <b>N\$ _____</b> |

**Summary of income and expenditure**

**Monthly income**

|  |                  |
|--|------------------|
| <b>Net Monthly Income</b>  | <b>N\$ _____</b> |
| <b>Net Deficit / Surplus</b><br><i>(Income less Expenditure)</i> | <b>N\$ _____</b> |

**Monthly expenditure**

|                          |                  |
|--------------------------|------------------|
| <b>Total Expenditure</b> | <b>N\$ _____</b> |
|--------------------------|------------------|



**Statement of assets and liabilities (to be completed by member)**

| <b>Assets</b>                       | <b>Value</b>     | <b>Liabilities</b>            | <b>Value</b>     |
|-------------------------------------|------------------|-------------------------------|------------------|
| Residential property owned          | N\$ _____        | Mortgage bonds                | N\$ _____        |
| Other properties owned              | N\$ _____        | Bank overdraft                | N\$ _____        |
| Shares, investments and savings     | N\$ _____        | Loans                         | N\$ _____        |
| Debtors and loans: Cash in the bank | N\$ _____        | Creditors                     | N\$ _____        |
| Other significant assets            | N\$ _____        | Other significant liabilities | N\$ _____        |
| <b>Total</b>                        | <b>N\$ _____</b> | <b>Total</b>                  | <b>N\$ _____</b> |

**Acknowledgment and declaration**

I, the undersigned, hereby certify that the information furnished by me in this application is complete, true and correct. I authorise my doctor to disclose information to NHP, provided such information is treated as confidential at all times.

\_\_\_\_\_  
Signature of principal member

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | 2 | 0 | Y | Y |
|---|---|---|---|---|---|---|---|

Date

