



# APPLICATION FOR EX GRATIA ASSISTANCE FOR HEALTHCARE MEMBERS

- Please complete this application form in BLOCK CAPITALS.
- Please complete ALL sections of this application form in full.
- Once completed, please fax this form to 021 480 4616 or email to enquiries@wooltruhealthcarefund.co.za.
- For enquiries, please contact enquiries@wooltruhealthcarefund.co.za.

Name	<input type="text"/>																																
Surname	<input type="text"/>																																
Employee number	<input type="text"/>								ID number	<input type="text"/>																							
Postal address	<input type="text"/>																																
	<input type="text"/>																										Code	<input type="text"/>					
Marital status	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Number of dependants	<input type="text"/>																											
Telephone	0	<input type="text"/>				(W)	0	<input type="text"/>				(H)																					

## YOUR HEALTHCARE INFORMATION

Period of membership with Healthcare Fund	Years	<input type="text"/>	Months	<input type="text"/>	<b>Your option</b>	Network	<input type="checkbox"/>	
Membership number	<input type="text"/>						Saver	<input type="checkbox"/>
Have you ever considered upgrading to the Comprehensive Option?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Comprehensive	<input type="checkbox"/>		
If not, why?	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>							

## YOUR MOTIVATION FOR ASSISTANCE

1. A brief summary (to be completed by the applicant) of the background events leading to, and the reasons for, the application for assistance.

---

---

---

---

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

2. Have you applied to Woolworths/Truworths/Unison for assistance before and what assistance have you received?

---

---

---

---

---

---

---

---

3. 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** This section must be completed in full.

What is your monthly income?

	<b>Principal member</b>	<b>Spouse</b>
Net salary	<input type="text" value="R"/>	<input type="text" value="R"/>
Net pension	<input type="text" value="R"/>	<input type="text" value="R"/>
Dividends	<input type="text" value="R"/>	<input type="text" value="R"/>
Interest on investments	<input type="text" value="R"/>	<input type="text" value="R"/>
Part-time work	<input type="text" value="R"/>	<input type="text" value="R"/>
Other (specify below)	<input type="text" value="R"/>	<input type="text" value="R"/>
Total monthly income	<input type="text" value="R"/>	<input type="text" value="R"/>

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

---

---

---

---

---

**ASSETS AND LIABILITIES** This statement must be completed in full.

Assets	Estimated value
Residential property owned	R
Other properties (supply details)	R
Share and investments	R
Cash in bank	R
Furniture	R
Vehicles	R
Other significant assets	R
<b>Total</b>	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
<b>Total</b>	R

**MONTHLY EXPENSES** This section must be completed in full.

Itemise your expenses in broad categories.

Expenses	Amount
Rent/bond/levies	R
Medical aid	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
Assurance: Retirement	R
Insurance: Household	R
Wages: Domestic	R
Wages: Gardener	R
Other	R
<b>Total monthly expenditure</b>	R

**DECLARATION**

I, the undersigned, declare that the foregoing is a true statement of my financial affairs.

**Signature**

**Date**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---