

# EX GRACIA (ADDITIONAL) ASSISTANCE APPLICATION FORM

ADMINISTRATORS OFFICE  
GABORONE

Plot 54349, Ground Floor, West Wing,  
The Field Precinct, CBD  
Premium Box 625 AAH, Gaborone  
Tel: +267 316 8900  
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ADMINISTRATORS OFFICE  
FRANCISTOWN

Plot 44149 MVA Fund Building, 3rd Floor  
Tel: +267 316 8902  
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BOTSWANA PUBLIC OFFICERS' MEDICAL AID SCHEME

**BPOMAS COMMITMENT:** The Scheme is committed to ensuring compliance with the Data Protection Laws of Botswana and that the information collected is used only for the purpose intended.

## NOTE

The Management Committee may, in its absolute discretion, make ex-gratia awards to members in distress circumstances, provided that it is satisfied that extreme hardship would otherwise be imposed upon a member. Consideration will only be made where the annual overall limit has not been exceeded. Where it has been exceeded, ex-gratia awards will not be considered. Ex-gratia awards will also not be considered where a member has exceeded their Dread Disease Cover.

## SECTION 1 - MEMBER DETAILS

Name: Mr/Mrs/Miss \_\_\_\_\_ Age \_\_\_\_\_

Postal Address \_\_\_\_\_

Tel No. (Home /Work ) \_\_\_\_\_ No. of Dependants \_\_\_\_\_

Membership No. \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Commencement of membership \_\_\_\_\_

Benefit Option \_\_\_\_\_

Name of person for whom the application is being made :

\_\_\_\_\_

## SECTION 2 - EMPLOYER

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Date of Employment \_\_\_\_\_

Present Occupation/Position \_\_\_\_\_

Name of your immediate superior \_\_\_\_\_

### SECTION 3 - REASONS FOR APPLICATION

Please furnish full details of illness condition which led to the internal annual limit(s) being exceeded. (Motivation and supporting documents are to be attachment to this form).

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Amount requested : \_\_\_\_\_

### SECTION 4 - MONTHLY INCOME

Monthly Income	Self	Spouse	Total
	P	P	P
Gross House hold income	_____	_____	_____

### SECTION 5 - DECLARATION

I the undersigned do certify that the information stated on this form and that contained in the attachments in furtherance of this application to be true and correct. I also acknowledge and accept that should any of the information be found to be untrue, the Scheme shall reserve the right to pursue action, including but not limited to recovery of any amount advanced or part thereof.

In light of the above and the Data Protection Act, I hereby consent to the processing of my personal data, which includes the collection, recording, storage, gathering, use, disclosure by transmission, dissemination of such information in line with the Scheme services.

Thus done and signed by;

\_\_\_\_\_  
Name of Principal Member

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Application Received by  
(Officer of the Administrator)

\_\_\_\_\_  
Signature / Date