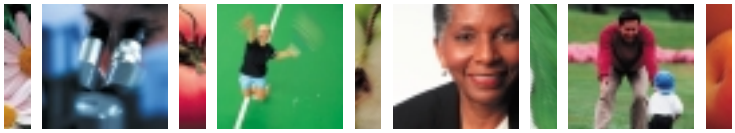
sasolmed
medical scheme



sasol
reaching new frontiers

2nd Floor Southern Life Building, 36 Merriman Avenue, Vereeniging 1939
PO Box 2464 Vereeniging, 1930
Telephone 0860 00 2134 Fax (016) 455 1405

Application for additional benefits

Important – please note

- Costs incurred for the completion of any portion of this application are not covered by Sasolmed.
- Ex-gratia payments may only be made by the Ex-Gratia Committee in its absolute discretion provided it is satisfied that extreme hardship would otherwise be imposed upon the member.
- All claims requiring additional benefits should be submitted prior to the Committee decision.
- The case will not be submitted to the Committee should any section be incomplete.
- In the space provided kindly furnish details of the benefit exceeded, and to whom payment must be made, should the application be successful.

Personal details

Name of member

Postal address

Postal code

Membership number

Date of employment (d d m m y y y y)

Contact name

Contact number

Medical certificate to be completed by practitioner

Diagnosis

Medical history

Medical certificate to be completed by practitioner (continued)

Diagnosis (continued)

Medical history (continued)

Treatment and medication required

Doctor's name

Practice number

Signature

Date d d m m y y y y

To be completed by employer/pension fund administrator

Should the Pension Fund Administrator be unavailable, a copy of a recent Pension Slip will be acceptable (only for pensioner members).

Name of company

We confirm that

is/was employed by us andreceives/received a gross salary/pension of ***R*** *per month*

Length of service with company *years* *months*

Recommendation by employer

Signature

Print name

Designation

Company stamp

Date d d m m y y y y