

Instructions to Applicants

The financial assistance given by the President Fund is a charity. Please read the instructions and perfect and submit the Application Form only if you are a fit person to receive such charity.

Step 1: Obtaining an Application Form

Following documents have to be produced for this purpose

- (i) Doctor's recommendation (original)
 - (ii) An estimate of expenses obtained from the hospital concerned (original)
 - (iii) A letter of request from the patient or the person applying on his or her behalf
- If the application form is downloaded from the website, the above documents should be submitted with the application to the President's Fund.

Step 2: Issue of Application Form - A reference number will be assigned at this stage.

Step 3: Submission of the perfected Application Form

All the cages No. 1 – 13 should be filled. Please avoid drawing lines or leaving the space blank in any cage.

Step 4: The completed application form should be handed over only to the Office of the President's Fund.

Step 5: On receipt of the Application Form the President's Fund will call for two separate reports on it from the relevant Divisional Secretary and the Ministry of Health. A copy of the letter calling for the report from the Divisional Secretary too will be sent to the applicant to enable him/her to ensure that the Divisional Secretary sends his report without delay. The Card containing reference number etc., issued by the President's Fund will also be sent to the applicant together with it.

Step 6: On receipt of the above mentioned two reports, the President's Fund will process the application and submit it to His Excellency the President for approval.

Step 7: On receipt of approval of His Excellency the President, the applicant will be informed of the fact.

Step 8: Following steps should be taken as regards the performance of the Surgical Operation/obtaining of Medical Treatment after receiving the letter approving grant of financial assistance to the patient:

- (i) Obtain a date for admission of patient to hospital.
- (ii) Have a photostat made of the letter issued by the hospital stating that date.
- (iii) Send a letter to President's Fund together with that letter requesting that the amount approved by the President's Fund be remitted to the hospital concerned.

- Step 9: The President's Fund will thereafter issue the Guarantee Letter to the Hospital concerned or the Director of the Institution providing Medical Supplies. (The letter of Guarantee will be issued only after the receipt of approval of His Excellency the President).

Reimbursement of Expenses:

- Step 10: If for any reason it became necessary to have the surgical operation performed or Medical Treatment obtained before the issuance of the Guarantee Letter to the hospital, the amount approved for the purpose or the cost incurred which ever is lower, would be reimbursed by the President's Fund. However, the following are the pre-conditions for such action by the President's Fund.

- (i) Informing the President's Fund in writing that the surgical operation had to be carried out as a matter of urgency and requesting the Fund that the cost of the surgical operation be reimbursed from the President's Fund. This request should be made immediately after the performance of the operation.
- (ii) For the reimbursement of the cost of the Surgical Operation, it is a compulsory requirement to produce to the President's Fund.
 - (1) Originals of the receipts and bills issued by the Hospital and
 - (2) A copy of the report issued by the Doctor after the performance of the Surgical Operation.

Payment will be made on the basis of originals of documents only.

In the event the surgery had to be done/medical treatment administered to a patient urgently the request should be made within Sixty (60) days (all public holidays and weekends included) from the date of discharge from the hospital.

Note:

- (i) The Application Form should be perfected and submitted to the office of the President's Fund without delay.
- (ii) In case you call at the Office of the President's Fund, kindly restrict such visits to **Mondays, Wednesdays and Fridays** in the week.
- (iii) All correspondence with the President's Fund should be addressed to :

**Secretary
President's Fund
3rd Floor, No. 35, Lake House
D. R. Wijewardena Mawatha, Colombo 10.**

- (iv) Please note that only the **Patient or the Applicant** should call at the President's Fund to make any inquiry bringing along with him or her the Card issued by the Fund. If due to any unavoidable reason any person other than them comes, he/she should bring a letter of authorization from the patient. That letter should state the reasons the applicant/patient is unable to call over at the office for the purpose.

**Application for Financial Assistance from the President's Fund
for medical treatment**

Note: Answer all questions asked below after perusing the Instructions to Applicants

- (01) (i) Full name of the patient :
(Mr./Mrs./Mast./Miss)
- (ii) National Identity Card No. :
- (iii) Address :
.....
- (iv) Telephone No. (if available) :
- (v) Age :
- (vi) Present Occupation :
(If pensioner, give place served last)
.....
- Present salary/ pension : Rs:
- (vii) Address of place of present employment:
.....
- (viii) Civil status :
- (ix) Relationship of patient to Applicant

(whether applicant is patient's mother, father, daughter, son, wife,
husband, etc)

If the applicant is not any of them, give reasons in detail for making the Application by The Applicant.

- (02) (i) Full name of the Applicant :
(Mr./ Mrs./ Miss)
- (ii) National Identity Card No. :
- (iii) Address :
.....
- (iv) Telephone No. (if available) :
- (v) Occupation :
- (vi) Address of the place of work:

(03) (i) District of the patient's permanent :
place of residence

(ii) Divisional Secretary's Division :

(04) Nature of the Illness :

(05) Name and address of the Doctor treating
the patient :

.....
.....

(06) Name and Address of Hospital from
which it is expected to obtain Medical
Treatment :

.....

(07) Estimated cost of medical treatment: Rs:

(08) Details of family members of the **patient and the monthly income of the family**
(approximately)

(If patient is Pensioner, including Pension and Income of the Children)

		Married / Unmarried	Occupation / Business	Monthly Income	Whether Paying Income Tax	Income Tax File No.
01						
02						
03						
04						
05						

(09) Market value of movable and immovable **property owned by family** of the patient:

Answer should be stated in words and in figures both. Drawing lines in place of answer is not acceptable

(i) Immovable Property (Lands and houses) Approximate Value(Rs)

1.

2.

(ii) Vehicles and other movable property

1.

2.

3.

(iii) Value of amounts in fixed deposits/certificates

Name of Bank/ Financial Institution	Branch	Account No./ Certificate No.	Balance as on date making the application
1.
2.
3.

(iv) Value of Amounts in deposit in Savings Accounts

Name of Bank / Financial Institution	Branch	Account No./	Balance as on date making the application
1.
2.
3.

(v) Balances in Current Accounts

Name of Bank Financial Institution	Branch	Account No./	Balance as on date making the application
1.
2.
3.

(10) State below the means by which the expenses for the proposed Medical Treatment have been found

Sources of Financial Assistance

- (1) Patient's own resources Rs:
 - (2) Employees' Trust Fund (ETF) Rs:
 - (3) National Insurance Trust Fund (NITF) Rs:
 - (4) Medical Assistance Scheme of the place of employment of the patient Rs:
 - (5) If any sum of money is received under an Insurance Scheme or a Welfare Scheme, such amount Rs:
 - (6) Money received from NGOs Rs:
 - (7) Donations Rs:
 - (8) Loans Rs:
 - (9) Other Sources (state clearly the source)
- 1. Rs:
 - 11. Rs:
 - 111. Rs:

(11) Amount of the financial assistance expected from the President's Fund:

(12) Whether the patient has obtained financial assistance earlier to this from the President's Fund: If so give

Amount received	
Date	
Illness/Treatment	
File No.	

(13) Date the patient is due to be admitted to the Hospital (Attach supporting documents) :

I declare that the facts given above are true and correct and as patient / the patient deserve/deserves financial assistance. I am aware that the application is liable to be rejected if particulars given are found to be untrue or if the particulars given are found to be not adequate.

Signature of Applicant/Patient
Date:

Important	In all future correspondence, please quote the Reference Number of the Application
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