ULS HEALTHCARE AND BENEVOLENT FUND
APPLICATION FORM FOR CRITICAL ILLNESS IN-PATIENT MEDICAL ASSISTANCE
(*All information provided here will be handled in strict confidentiality)*

1. Personal Information

Full Name: _____

Address: _____

Contact Telephone Number: _____

Email Address: _____

Membership ID Number / ULS Number: _____

Are you a ULS paid up member? Please attach evidence (receipt): _____

2. Next of Kin Information

Name of next of kin: _____

Relationship with you: _____

Contact Telephone Number: _____

Email address:_____

3. Medical Information

Current Diagnosis/Condition: _____

_____

Ongoing Treatments/Medications/Therapies or Required (Include dosage and frequency):
_____

_____

_____

4. Recent Hospitalizations or Surgeries (Within past three years)

Date	Hospital	Reason

5. Name of Current Healthcare Provider/Hospital and Contact:

_____

_____

6. Estimated Medical Expenses and Purpose:

_____

_____

_____

7. Any limitations or restrictions due to medical conditions:

_____

8. Do you have any dependents with significant medical needs? (Yes/No): _____

If yes, please provide brief details: _____

_____

9. Financial Information

Are you currently employed? □ Yes □ No

If yes, Employer Name: _____

Do you have any medical insurance? □ Yes □ No

If yes, Insurance Provider/Number:_____

Bank Account Number: _____

Bank Name: _____

10. Supporting Documents

(Please attach the following where applicable)

- Medical reports and prescriptions.
- Cost estimates/invoices from healthcare providers.
- Proof of membership to the Fund and ULS (Membership Card).
- National ID.
- Proof of payment of Membership and Fund dues.
- Insurance details (if applicable).

11. Preferred Mode of Funds Disbursement/Receipt

Mode	**Number**	**Registered Names**	**Network**
Mobile Money			
	Ac. Number	**Ac. Names**	**Bank/Branch**
Bank Account			
	Names	**National ID No.**	**R/ship to Patient**
Cash			

12. Declaration

I, _____, hereby declare that the information provided in this application is true and correct to the best of my knowledge. I understand that any false information may lead to the rejection of my application.

Signature: _____

Date: _____

In the presence of:

Name:_____

Signature:_____

Date:_____

For Official Use Only

Application Received By: _____

Date: _____

Application Status: □ Approved □ Declined

Comments: _____

Authorized Signatures: 1._____

2._____

3._____

Date:_____