INSTRUCTIONS SHEET

This medical assistance granted by the President's Fund is a charitable aid. Please read the instructions well, complete the application, and submit the same to your Divisional Secretariat along with the relevant supporting documents, only if you are eligible in every aspect to receive such aid.

1. Methods to submit the application:-

- **First method :-** Applying for financial assistance before the surgery/treatment

The application should be submitted under the first method if the patient expects to obtain a Letter of Guarantee regarding the financial assistance provided to the patient 30 days prior to performing the surgery/ treatment. Accordingly, the approved amount pertaining to the Letter of Guarantee will be paid to the hospital/ entity by the President's Fund.

- **Second method :-** Applying for financial assistance after undergoing the surgery/ treatment.

In applying for financial assistance after the surgery/ treatment, the application should be submitted within Sixty (60) days (including the public holidays and weekends) from the date of discharge from the hospital after the surgery/ treatment, and the approved amount related to benefit out of the expenses borne by the patient shall be reimbursed to the relevant patient by the President's Fund or the Divisional Secretariat.

2. How to obtain the application :-

2.1 Download the application in a language of your preference under Downloads of www.presidentsfund.gov.lk

3. Determination of family members eligible to engage with the president's fund in the application process

3.1 The patient's family members shall mean -

3.1.1 If the patient is married: Patient, spouse, unmarried children

3.1.2 If the patient is unmarried: Patient, mother, father, unmarried siblings

4. When submitting the application to your Divisional Secretariat under the First method or the Second method, the following general documents should be submitted:-

4.1 Duly completed Application Form

4.2 Duly completed affidavit

4.2.1 The affidavit should be completed using the patient's information, and only if the patient is a child under 18 years of age, the guardian should complete and submit the affidavit providing the guardian's information.

4.3 Photocopy of the patient's National Identity Card certified by the Grama Niladhari

4.4 A photocopy of the passbook of the patient's bank Account to which the money is to be credited, certified by an authorized officer of the bank or the Grama Niladhari

4.4.1 Whenever possible, details of the patient's individual bank account should be provided to receive the benefit of the President's Fund.

4.4.2 In the event that the patient does not hold any bank account at the time of submitting the application, a new account should be opened, and its details should be submitted.

4.4.3 If the patient is a child under 18 years of age, account details of the applicant (mother, father or guardian recommended by the Divisional Secretary) should be certified and submitted.

4.4.4 A joint account may be submitted only in special instances; however, the patient should ensure that the relevant claim is received to the legal owner. The President's Fund does not abide by any responsibility in this regard.

4.5 Originals of the medical recommendation with the signature and official seal of the doctor related to the surgery/treatment (Doctor's Letter)
(The patient's name and the surgery/treatment should be accurately stated in the Doctor's Letter, which should be addressed to the Secretary of the President's Fund.)

4.6 Bank account details of family members for the last 3 months prior to the surgery

4.6.1 When submitting details of bank accounts of the patient's family members, the account holder's information page should be submitted. If the surgery/ treatment has already been performed, account details of 3 months, including the month in which the surgery/ treatment was performed, or if the surgery/ treatment has not yet been performed, account details of 3 months immediately preceding the date of submission of the application should be attached and submitted. Submission of photocopies of the relevant account passbook is sufficient; however, only in instances where an account passbook is not available, transaction entries should be obtained from the relevant bank.

4.6.2 Providing bank account details for children less than 18 years of age is not required. In cases where any family member does not have a bank account, such fact shall be notified by way of a letter.

4.7 Certified salary statements for the 03 months immediately preceding, pertaining to the employed patient and their family members.

4.8 If the patient or a family member is engaged in self-employment/business, the following documents should be submitted.

4.8.1 A letter describing the nature of the business and the number of employees

4.8.2 Income Tax File Number

4.8.3 Copy of the Business Registration Certificate

4.8.4 Information regarding current accounts

4.9 If the patient or a family member is abroad, the following information should be submitted. (All documents in other languages should be translated into English and submitted.)

4.9.1 A photocopy of the visa issuance letter and a photocopy of the service agreement

4.9.2 Salary statements for the immediately preceding three months

4.10 Documents that may be submitted to verify the manner in which the expenses for the surgery/treatment are expected to be covered / have been covered.

Documents providing proof that funds have been obtained from loans / mortgages, as well as all particulars if funds have been obtained /are expected to be obtained from other institutions, such as the National Insurance Fund, the Employee Trust Fund (ETF), Suraksha insurance, or other insurance providers. (All such documents issued by institutions should bear the signature and the official seal of the authorized officer.)

5. Other documents to be submitted when applying under the first method (Prior to surgery/treatment)

5.1 Original of the Estimate of the surgery/ treatment, issued by the Hospital/Entity

(The name of the patient should be accurately mentioned in the estimate given in a letterhead obtained from the same hospital where the surgery or the treatment is performed and it should be addressed to the Secretary of the President's Fund. The date of the estimate must not be more than six months prior to the date of application submission.)

6. Request for a Letter of Guarantee (This applies only where the application was submitted before surgery/treatment and approval for financial assistance has been granted).

6.1 Upon obtaining the approval of the Hon. President for the request for financial assistance, the patient /applicant will be informed accordingly, with copies forwarded to the Divisional Secretary.

6.2 Similarly, upon receipt of the letter approving medical assistance for the patient:

6.2.1 In the event of a change in the date of admission to the hospital, a letter signed by the patient/applicant along with a letter from the relevant hospital or doctor indicating the new admission date (bearing the signature and official stamp of the doctor performing the surgery) should be forwarded to the WhatsApp Number of the President's Fund (076-9861865) requesting the release of the approved amount to the respective hospital.

62.2 In the event of a change in the hospital/ doctor performing the surgery, the President's Fund should be informed such change of the hospital/doctor through a letter signed by the patient along with a new medical recommendation and estimate, at the same time of requesting the Letter of Guarantee.

7. Issuance of Letters of Guarantee

7.1 Upon fulfillment of all the above requirements, the relevant Letter of Guarantee will be issued by the President's Fund to the hospital, with copies provided to the patient. Accordingly, when the patient is discharged from the hospital after completion of the treatment/surgery, the hospital will deduct the amount approved by the President's Fund from the total payable to the hospital, and the remaining balance will be charged to the patient.

7.2 Procedure to follow if the application for financial assistance was submitted prior to the surgery/treatment and approval therefor is granted by the President's Fund after performing the surgery/ treatment. (The applicant should submit the following documents to the Divisional Secretariat/President's Fund upon issuance of the letter approval letter for financial assistance).

7.2.1 Original of the Final Bill submitted by the hospital

7.2.2 Originals of all receipts issued by the hospital in relation to the value of the final bill. (Certified copies, photocopies, duplicates, or computer-generated duplicates of such receipts will not be accepted.)

7.2.3 Duly completed voucher form (Only required if the application has been directly submitted to the President's Fund)

7.2.4 Copy of the diagnosis report/ Discharge Summary issued by the doctor who performed the surgery

7.2.5 Other necessary documents (If payments have been made by credit card, Bank Statements of the cards should be provided)

7.2.6 A letter detailing the manner in which the total amount of the surgery/treatment was covered, along with relevant documentary evidence. (Submission of proof documents is required only if such documents were not provided at the time of submitting the application to ascertain amounts not personally paid by the applicant for the surgery/treatment)

8. Other documents to be submitted when applying under the second method (After the surgery/treatment)

8.1 Original of the Final Bill submitted by the hospital

8.2 Originals of all receipts issued by the hospital in relation to the value of the final bill. (Certified copies, photocopies, duplicates, or computer-generated duplicates of such receipts will not be accepted.)

8.3 Duly completed voucher form (Only if the application has been submitted directly to the President's Fund.)

8.4 Copy of the diagnosis report/ Discharge Summary issued by the doctor who performed the surgery and

8.5 Other necessary documents (If payments have been made by credit card, Bank Statements of the cards should be provided)

9. Payment of Money (In case of submitting application after surgery/ treatment)

Subsequent to obtaining the approval of the Hon. President, the approved amount will be remitted to the relevant Divisional Secretariat in accordance with the

particulars provided in the payment voucher completed by the patient/applicant and the Divisional Secretariat will then disburse the amount either by crediting it to the patient's/applicant's bank account, as certified by the Grama Niladhari, or by issuing a cheque to the patient/applicant.

10. Rejection of Applications and Appeals:-

10.1 If your request does not meet the eligibility criteria required for the provision of financial assistance, you will be notified in writing, stating the reason for the inability to approve your request**.**

10.2 If you wish to appeal or make any representation regarding the said decision, you may do so within ninety (90) days from the date of the notification letter, either by submitting a letter to the Secretary, President's Fund, or by sending an email to medpay.prefund@presidentsoffice.lk and said appeals should be forwarded through the Divisional Secretary.

11. Special Matters to be Concerned:-

11.1 The application and the relevant documents may be handed over to the Head Office of the President's Fund or to any Divisional Secretariat during office hours on the five (05) normal working days from Monday to Friday.

11.2 When completing the application, all sections should be filled, and "Not Applicable" should be indicated in instances where the information is not applicable or not available.

e.g.: When completing Section 03 of the application, "Not Applicable" should be indicated only if the item is not relevant. However, the manner in which funds for the relevant surgery/treatment are raised should be accurately stated.

11.3 It is essential to mention the amount of funds expected from the President's Fund, pertaining to (i) under No.02 of Page 03.

11.4 If the available space is insufficient to provide the family and bank details, a separate annexure should be submitted.

11.5 If the President's Fund determines that further verification is required in relation to the request for financial assistance, the relevant information should be provided.

11.6 You may hand over the duly completed application with the necessary documents to the Divisional Secretariat of the Divisional Secretary's Division you belong to, and you may directly hand it over to the President's Fund only if you need to.

11.7 Requests for claiming payments or for obtaining Letters of Guarantee, extraneous to the above procedure, shall not be considered.

11.8 Once the application has been submitted, a registration number will be issued after the documents are accepted and entered into the system. For the

convenience of both the applicant and the official process, the registration number should be mentioned in all inquiries made to the President's Fund or the Divisional Secretariat.

11.9 You are requested to send all correspondence with the President's Fund to the address provided below, and the contact telephone numbers have also been indicated as well.

11.10 Since the President's Fund will inform you, through SMS, of the progress of your application at different stages, it is important that your mobile telephone number, and, if available, your WhatsApp number, are accurately provided to the Divisional Secretariat /the President's Fund, as this will enable you to receive information regarding your application more conveniently.

11.11 Application for medical assistance based on the information provided in this new Application form and the Instructions Sheet will be effective from.01.11.2025.

11.12 Submission of a complete and accurately filled application along with the correct supporting documents will facilitate the tasks of both the applicant and the official process.

11.13 Providing efficient and prompt service is a primary objective of the staff of the President's Fund, and therefore, your full cooperation is requested to comply with the above requirements.

Secretary,
President's Fund,
Ground Floor,
Old Charted Building,
Janadhipathi Mawatha,
Colombo 01.

Telephone No :- 011 4354250
Fax No :- 011 2331243
Email :- medpay.prefund@presidentsoffice.lk