ADVANCE SUPPLY MEDICATION APPLICATION FORM

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Important Information

Members requesting an advance supply of chronic medication due to travel must note the following:

- Advance medication may only be approved for a maximum period of **six (6) months**.
- Requests must be submitted **at least two (2) weeks before the departure date**.
- Approval is subject to Scheme rules and receipt of all required supporting documentation.
- Incomplete applications may result in delays or the request being declined.
- Only chronic medication will be considered for approval.
- Please email completed applications form, with supporting documentation to polmedcmm@medscheme.co.za

Member Details

Membership Number

Member Name and Surname

Dependent Code

Date of birth D D M M Y Y Y Y

Cell Number

Email Address

Travel Details

Destination Country/Countries

Departure Date D D M M Y Y Y Y

Return Date D D M M Y Y Y Y

Total Duration of Travel

Reason for Travel

Please provide a detailed explanation for your travel and the reason an advance supply of medication is required.

Required Supporting Documentation

Please tick (✓) the applicable boxes and attach the required documents.

Flight Tickets ☐

- Must include departure and return dates.
- If flight tickets are not available for return flights, please provide reasons in your motivation letter.

Valid Prescription ☐

- The prescription must clearly list all medication required for the advance supply.
- The prescription must be valid and signed by the treating healthcare provider.
- The prescription must be valid for the travelling period.

Work-Related Travel ☐

- If travel is work-related, please attach:
  - Letter of employment and/or
  - Valid visa (where applicable)

Other Supporting Documents ☐

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Member Declaration

I declare that the information provided in this application is true and correct. I understand that approval of an advance medication supply is subject to POLMED Scheme Rules, applicable clinical guidelines, and the submission of all required supporting documentation.

I further acknowledge that:

- Advance supplies are limited to a maximum of six (6) months.
- The submission of this application does not guarantee approval.
- Additional information may be requested to support this application.

Member Signature

Date D D M M Y Y Y Y