NATIONAL SOLIDARITY FUND (NSF)

The National Solidarity Fund was set up under the NSF Act 1991 under the aegis of the Ministry with the following objectives:-

- a) to provide financial assistance to citizens of Mauritius residing in Mauritius who may require surgical operations which can only be performed abroad or in medical institutions in Mauritius approved by the Ministry of Health and Wellness; and
- b) to provide, with the approval of the Minister, financial assistance directly to individuals who have undergone severe personal hardship.

| | SCHEMES | | DOCUMENTS TO BE PRODUCED |
|------------------|---|--|--|
| Medical | Overseas Treatment Local Treatment Cancer and Other Severe Medical cases Purchase of expensive drugs Oxygen Therapy | | Application form; Copy of National Identity Card; Original Medical Certificate certifying nature of medical treatment; Original/certified copies of receipt of expenses incurred for medical/air tickets/oxygen (where applicable); Letter from Ministry of Health and Wellness under Overseas Treatment Scheme (where applicable); Original/certified copies of Boarding pass/Copy of passport (where applicable); Medical prescription (where applicable); Proof of address (where applicable); Copy of Birth Certificate (where applicable); Copy of Marriage Certificate (where applicable); |
| | Purchase of assistive devices (nappies, spectacles, walking frame, commode chair, hearing aid, dentures, medical bed, ripple mattress, wheelchair, arm prosthesis etc.) | (xi) (i) (ii) (iii) (iv) (v) (vi) (vii) (viii) | and Bank account number Application form; Copy of Birth Certificate; Copy of National Identity Card; Copy of Marriage Certificate, if any; Medical Certificate certifying need of the assistive device; Original receipts of expenses (nappies) Three quotations from different suppliers; and Bank account number |
| Needy Student | Refund of university fees | (i) (ii) (iii) (iv) (v) (v) | Application form; Original Certificate of attendance from University/Institutions; Original receipt of payment from University/Institutions; Copies of National Identity Cards (Parents and Student); Copy of Birth Certificate (Student); and Bank account number |

| | SCHEMES | DOCUMENTS TO BE PRODUCED | |
|-----------|------------------------|--------------------------|--|
| | Refund of SC/HSC exams | (i) | Application form; |
| | fees | (ii) | Original Certificate of attendance from school; |
| | | (iii) | Original receipt of payment/Certified receipt of exam fees paid; |
| | | (iv) | Copies of National Identity Cards (Parents and |
| | | | Student); |
| | | (v) | Disallowance Notice from the Ministry of Social |
| | | | Integration, Social Security and National Solidarity; |
| | | (vi) | Copy of exam results (where applicable); and |
| | | (vii) | Bank account number |
| Destitute | | (i) | Application form; |
| | | (ii) | Copies of Certificate of children; |
| | | (iii) | Original Medical Certificate (where applicable); |
| | | (iv) | Copy of National Identity Card; |
| | | (v) | Copy of Death Certificate (where applicable); |
| | | (vi) | Original/certified copies of receipts of expenses |
| | | | (where applicable); and |
| | | (vii) | Bank account number |

Processing time for above Schemes as well as other Schemes such as Tragic Accident, repatriation of mortal remains and multiple birth:

03 to 06 months depending on the availability of required documents such as reports from the Ministry of Social Integration, Social Security and National Solidarity; Ministry of Health and Wellness; Commissioner of Police; Prime Minister's Office; Ministry of Education, Tertiary Education, Science and Technology; and tertiary institutions as applicable.

With regards to **centenarians**, the payments are effected within **03 working days** of receipt of letter from the Ministry of Social Integration, Social Security and National Solidarity.

Personal Hardship Schemes

To meet its objectives, the Fund has implemented various personal hardship schemes to assist persons undergoing severe hardships as given below:

| CATEGORY | HOUSEHOLD INCOME | ASSISTANCE | | DOCUMENTS TO BE PRODUCED: |
|-----------|----------------------|--|-------|---------------------------------|
| Overseas | Household | Category A: | (i) | Application form; |
| Treatment | income not exceeding | Assistance of 50% up to Rs 200,000 for medical | | Copy of National Identity Card; |
| | Rs 100,000 per | expenses in connection | (iii) | Original Medical |
| | month | with treatment abroad in | | Certificate certifying |
| | | cases where MOU exists | | nature of medical |
| | | between Ministry of Health | | treatment; |
| | | & Wellness and Hospital | (iv) | Original/certified copies |
| | | | | of receipts of expenses |
| | | Category B: | | incurred (medical and |
| | | Assistance of 50% up to Rs | | air tickets); |
| | | 100,000 for medical | (v) | Letter from Ministry of |
| | | expenses in connection | | Health and Wellness |
| | | with treatment abroad in | | specifying assistance |
| | | cases where no MOU exists | | |

| CATEGORY | HOUSEHOLD INCOME | ASSISTANCE | DOCUMENTS TO BE PRODUCED: |
|---|--|--|--|
| CATEGORY | | between Ministry of Health & Wellness and Hospital Category C: | |
| Local treatment | Household income not exceeding Rs 30,000 per month | Assistance of 50% of cost of treatment up to Rs 50,000 for: (i) Emergency cases like accident although treatment is available in Government hospitals; and (ii) To cover medical expenses in exceptional | (i) Application form; (ii) Copy of National Identity Card; (iii) Original Medical Certificate certifying nature of medical treatment; (iv) Original/certified copies of receipts of expenses incurred; and (v) Bank account number |
| Cancer and Other Severe Medical Cases | No income criteria | (i) Rs 25,000 on 1st application; and (ii) Rs 15,000 on 2nd application (application to be made after a gap of 03 years) | (i) Copy of National Identity Card; (ii) Medical Certificate certified by treating Specialist doctor; (iii) Proof of address; (iv) Copy of Marriage Certificate, where applicable such as in cases where proof of |

| CATEGORY | HOUSEHOLD INCOME | ASSISTANCE | DOCUMENTS TO BE PRODUCED: |
|--|--|--|--|
| | | | address is in spouse's name; (v) NIC Number and address to be verified on the Ministry's Contribution systems; (vi) Copy of Birth Certificate (in cases where unemployed persons are not registered in the Ministry's Contribution systems); and (vii) Bank account number |
| | | | The Board reserves the rights to request for SER if need be. |
| Drugs/Medication | Household income not exceeding Rs 30,000 per month | Assistance of up to Rs 50,000 on humanitarian grounds for the purchase of expensive drugs not available in Government hospitals | (i) Application form; (ii) Copy of National Identity Card; (iii) Original Medical Certificate; (iv) Prescription of drugs; (v) Quotation from supplier/Original receipts of expenses incurred; and (vi) Bank account number |
| Oxygen Therapy | Household income not exceeding Rs 30,000 per month | 15,000 for the supply of oxygen for 12 months and a maximum of Rs 10,000 for medical apparatus | (i) Application form; (ii) Copy of National Identity Card; (iii) Medical Certificate from Ministry of Health and Wellness certifying domiciliary oxygen; (iv) Original receipts of oxygen cylinders/apparatus purchased; and (v) Bank account number |
| Wheelchair (adapted/electric or motorised wheelchair) | Household income not exceeding Rs 30,000 per month | 75% of cost up to an amount of Rs 75,000 as from a minimum of Rs 15,000 whichever is the lowest Subject to: - Target group is either a student or a person | (i) Application form; (ii) Copy of National Identity Card; (iii) Original Medical Certificate certifying need of the assistive device and fitness to use |

| CATEGORY | HOUSEHOLD INCOME | ASSISTANCE | DOCUMENTS TO BE PRODUCED: |
|---|--|---|---|
| | | | a motorised/electric wheelchair; (iv) Three Quotations from different suppliers; and (v) Bank account number |
| | | Note: Assistance provided does not cover maintenance and operating costs of device | |
| Fowler Bed | Household income not exceeding Rs 30,000 per month | · · | (i) Application form; (ii) Copy of National Identity Card; (iii) Original Medical Certificate certifying that applicant is bedridden and is in need of the assistive device; |
| | | | (iv) Three quotations from different suppliers; and (v) Bank account number |
| Ripple Mattress | Household income not exceeding Rs 30,000 per month | · | (i) Application form; (ii) Copy of National Identity Card; (iii) Original Medical Certificate certifying that applicant is bedridden and is in need of the assistive device; |
| | | | (iv) Three quotations from different suppliers; and (v) Bank account number |
| Spectacles and any other Devices (such as walking frames, shower commode chair, etc.) | Household income not exceeding Rs 30,000 per month | | (i) Application form; (ii) Copy of National Identity Card; (iii) Original Medical Certificate/prescription certifying need of the assistive device; (iv) Three quotations from different suppliers; and (v) Bank account number |

| CATEGORY | HOUSEHOLD INCOME | ASSISTANCE | DOCUMENTS TO BE PRODUCED: |
|-----------------|---------------------|-------------------------------|-----------------------------|
| Dontures | | Assistance of up to Do C 000 | |
| Dentures | Household | • | (i) Application form; |
| | income not | • • | (ii) Copy of National |
| | exceeding Rs | benefitting from the Ministry | Identity Card; |
| | 30,000 per | | (iii) Original Medical |
| | month | | Certificate certifying |
| | | | need of the assistive |
| | | | device; |
| | | | (iv) Three quotations from |
| | | | different suppliers; and |
| | | | (v) Bank account number |
| Hearing Aids | Household | Top up assistance of up to Rs | (i) Application form; |
| | income not | 20,000 | (ii) Copy of National |
| | exceeding Rs | (Rs 10,000 for one ear and Rs | Identity Card; |
| | 30,000 per | 20,000 for two ears) | (iii) Original Medical |
| | month | | Certificate certifying |
| | | | need of the assistive |
| | | | device; |
| | | | (iv) Three quotations from |
| | | | different suppliers; and |
| | | | (v) Bank account number |
| Nappies | Household | Assistance up to Rs 18,000 | (i) Application form; |
| | income not | | (ii) Copy of National |
| | exceeding | Payable in 2 instalments to | Identity Card; |
| | Rs 30,000 per | persons suffering from | (iii) Original Medical |
| | month | incontinence, are bedridden | Certificate certifying |
| | | and are not benefitting | need for use of nappies |
| | | Incontinence Allowance from | and nature of disease; |
| | | the Ministry | (iv) Original receipts of |
| | | | expenses; and |
| | | | (v) Bank account number |
| Functional Arm | No Income | Assistance of up to an | (i) Application form; |
| Prosthesis | criteria | amount of Rs 200,000 | (ii) Copy of National |
| | | | Identity Card; |
| | | | (iii) Original Medical |
| | | | Certificate certifying |
| | | | need of the assistive |
| | | | device; |
| | | | (iv) Three quotations from |
| | | | different suppliers; and |
| | | _ | (v) Bank account number |
| Tragic Accident | No income | Assistance of up to a | (i) Application form; |
| | criteria | | (ii) Copy of Death |
| | | 50,000 to the bereaved | Certificate; |
| | | family | (iii) Police Report; |
| | | | (iv) Copy of Certificate of |
| | | Note: | cause of death; |
| | | • | (v) Copy of National |
| | | on any of following | Identity Card; and |
| | | circumstances leading to | (vi) Bank account number |

| CATEGORY | HOUSEHOLD INCOME | ASSISTANCE | DOCUMENTS TO BE PRODUCED: |
|-----------------------------------|---|---|---|
| | | death of a wage earner or incapacity not less than 60%: (i) Road Accident; (ii) Death at Sea/Air; (iii) Tragic death; (iv) Accident at work; and (v) Natural disaster Note: Time frame from date of accident/death to date of | |
| | | application will be considered given that hardship arises during the current year of accident | |
| Repatriation of Mortal Remains | Household income of the bereaved family not exceeding Rs 30,000 per month | Assistance of up to a maximum of Rs 30,000 | (i) Application form; (ii) Copy of National Identity Card; (iii) Original Quotations/Receipts of transportation costs; (iv) Copy of Certificate of cause of death; (v) Document from Diplomatic Mission certifying request; (vi) Copy of Death Certificate; and (vii) Bank account number |
| Funeral Expenses icw death abroad | Household income of the bereaved family not exceeding Rs 30,000 per month | Assistance of up to a maximum of Rs 30,000 | (i) Application form; (ii) Copy of National Identity Card; (iii) Diplomatic Mission certifying request; (iv) Original receipts of funeral expenses; (v) Copy of Death Certificate; and (vi) Bank account number |
| Destitute | Household income not exceeding Rs 30,000 per month | · · | (i) Application form; (ii) Original Medical Certificate from Ministry of Health and Wellness; (iii) Copy of National Identity Card; (iv) Original receipts of expenses; |

| CATEGORY | HOUSEHOLD INCOME | ASSISTANCE | DOCUMENTS TO BE PRODUCED: |
|------------------|----------------------------|--|---|
| | INCOIVIE | | (v) Birth Certificate of |
| | | | children; and |
| | | | (vi) Bank account number |
| Multiple Birth | Household | Twins: Rs 30,000 | (i) Application form; |
| Waitiple Birtii | income not | Triplets: Rs 35,000 | (ii) Copy of National |
| | exceeding Rs | Other (Quadruplets and | Identity Card; |
| | 30,000 per | • | (iii) Copy of Birth Certificate |
| | month | 5,000 per each additional | of children; and |
| | | child | (iv) Bank account number |
| Centenarians | Should have | Cash gift of Rs 10,000 | No document is required. |
| | reached 100 | , | List of Centenarians is |
| | years | | provided to the NSF by the |
| | | | Ministry |
| | Household | Assistance of 75% up to an | (i) Application form; |
| | income up to | amount of Rs 12,000 (the | (ii) Original Memo from |
| | Rs 22,000 per | amount paid or a minimum | University; |
| | month | of Rs 5,000 or whichever is | (iii) Original receipt of |
| | | the lesser) subject to no | payment from |
| | | scholarship or assistance | University/Institutions; |
| | | received from any other | (iv) Copy of National |
| Refund of | | organisation | Identity Card (Parents + |
| University | Household | Assistance of 50% up to an | Student); |
| fees/Course fees | income | amount of Rs 12,000 (the | (v) Copy of Birth Certificate |
| | between Rs 22,001 up to | amount paid or a minimum of Rs 5,000 or whichever is | (Student); and (vi) Bank account number |
| | Rs 30,000 per | the lesser) subject to no | Will bank account number |
| | month | scholarship or assistance | |
| | month | received from any other | |
| | | organisation | |
| | Note: Household | income for both parents and | |
| | | e considered in case of part | |
| | time students | · | |
| Refund of SC/HSC | Household | Full payment of exam fees to | (i) Application form; |
| Exams fees | income up to | students under 20 years, | (ii) Copy of National |
| | Rs 17,500 per | who have not been | Identity Card of parents |
| | month | sponsored by the Ministry of | + students (as |
| | | Education, Tertiary | applicable); |
| | | Education, Science and | (iii) Copy of Birth Certificate |
| | | Technology | of student; |

| CATEGORY | HOUSEHOLD | ASSISTANCE | DOCUMENTS TO BE |
|----------|---------------|-------------------------------|---------------------------|
| | INCOME | | PRODUCED: |
| | Household | 50 % refund of exams fees to: | (iv) Original proof o |
| | income | (i) Students of 20 years | attendance from school |
| | between | and above; | (v) Original or certified |
| | Rs 17,501 per | (ii) Private candidates of | copy of claim for |
| | month to Rs | 20 years and above; | payment; and |
| | 21,000 | (iii) Students in lower six | (vi) Bank account number |
| | | grade re-sitting for SC | |
| | | exams to improve their | |
| | | results; and | |
| | | (iv) Students re-sitting | |
| | | for HSC exams to improve | |
| | | their results | |

Mode of Application:

Application Form accompanied by relevant documents, should be submitted to the NSF at its registered office as mentioned below:

National Solidarity Fund 3rd Floor, Court View Building 21, Pope Hennessy Street

Port Louis

Attn: Administrative Secretary

Tel: 210 8152; 211 3438; 289 0425; 289 0426

Fax: 213 1847

E-mail: rmurdan@govmu.org

COMPOSITION OF THE NATIONAL SOLIDARITY FUND BOARD

The Board consists of:

- a) a Chairperson (appointed by the Minister)
- b) Ministry of Social Integration, Social Security and National Solidarity (Social Security and National Solidarity Division)
- c) the Secretary for Home Affairs or his representative
- d) the Financial Secretary or his representative
- e) the Permanent Secretary of Ministry of Health and Wellness or his representative
- f) a representative of Mauritius Tax payers' Association
- g) a representative of Business Mauritius
- h) a representative of Employees' Trade Unions appointed by the Minister); and
- i) a representative of Mauritius Council of Social Services