ISO 9001: 14001
OHSAS 18001

CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY THE RETIRED/SEPARATED EMPLOYEES/SPOUSE OF EXPIRED EMPLOYEE WHILE IN SERVICE

(Under Contributory scheme for post retirement medical facilities)

(OUTDOOR/INDOOR TREATMENT)

Medical Card No. : .....

Name & grade of the retired/ Separated/ Expired employee (In block letters) : .....

Employee No. : .....

Last pay Drawn : .....

Medical Card valid upto : .....

Present address at which the cheque /DD is to be sent : .....

1. Name of the patient : .....
2. Relationship with the retired/Separated Expired employee : .....
3. Place at which patient fell ill : .....
4. If treatment taken at place other than the place of residence, give reasons .....
5. Name of the doctor or hospital from where treatment taken .....
6. Qualification of the doctor .....

TOTAL AMOUNT CLAIMED : ₹.....

NOTE: 1. Doctor's prescription and cash memos in original should be attached .
2. Receipts for amounts claimed should be enclosed .
3. Separate claim should be prepared for each patient and each spell of treatment .

(TO BE CERTIFIED BY THE RETIRED/SEPARATED EMPLOYEE /SPOUSE OF EXPIRED EMPLOYEE)

I hereby declare that –

i) The statement made in the claim are true to the best of my knowledge and belief.
ii) I am a member of Contributory Scheme for Post-retirement Medical facilities w.e.f .....
iii) I am continue to fulfil the conditions of eligibility for availing the benefits under the scheme .
iv) The medical expenses were incurred for self /spouse .
v) I fully understand that the Company may refuse /terminate my membership of the Scheme at any time without assigning any reasons.

Date .....

Signature of the retired/separated/Spouse of expired employee while in service .

(To be filled in by the Accounts Department)

Claim passed for payment of ₹ .....(in (Rupees (in words) ....
.....

Accountant AO/SrAO Date .....

Received ₹ ..... (in figures) (Rupees .....) only

Date .....

Signature of the retired/separated/Spouse of expired employee while in service .

NOTE : **Copy of 1st page of bank pass book or cancelled cheque need to be attached .**