

ANNEXURE-VIII

UNION BANK OF INDIA RETIRED EMPLOYEES' MEDICAL ASSISTANCE SCHEME

APPLICATION FORM FOR REIMBURSEMENT

1.a)	Name of the Primary Member (Retired Employee)	:	
b)	Designation at the time of Retirement	:	
c)	Employee No.	:	
2.	Name of Secondary Member (Spouse)	:	
3.	Membership No. of Family Unit Under this Scheme	:	
4.	Nominated Branch	:	
5.	S.B. A/c. No. at Nominated Branch	:	
6.	Residential Address/ Telephone No.	:	
7.	Expenses incurred for whom, (Mention name and also mention whether Primary Member or Secondary Member)	:	
8.	Nature of Disease/Illness (Medical Certificate must be submitted showing definite full diagnosis and nature of ailment)	:	
9.	Nature of Operation (Major/Minor)	:	
10.	Duration of the Treatment	:	
	a) In Hospital	:	From _____ to _____ No. Of Days _____ Bed Charges _____
	b) At home, after hospitalisation	:	From _____ to _____

11.	Details of Hospitalisation Expenses incurred: (Enclose original bills)	Amount incurred	For use at R.O. Amount Entitled 100 % or 75 % as applicable subject to ceiling
	a) Registration Charges	:	_____
	b) Conveyance/Ambulance Charges	:	_____
	c) Operation Charges	:	_____
	d) Operation Theatre Charges	:	_____
	e) Anaesthesia Charges	:	_____
	f) Pathology Charges	:	_____
	g) Doctor's visit/consultations	:	_____
	h) Physiotherapy Charges	:	_____
	i) Drugs & Medicines	:	_____
	j) Blood Transfusion Charges	:	_____
	k) Surcharge on Hospital Bills	:	_____
	l) Other Charges	:	_____
	Sub Total	:	_____
	Add: Bed Charges	:	_____
	Total Amount Eligible	:	=====
12.	Amount of Reimbursement towards hospitalisation expenses already received so far under the scheme, if any, for the Family Unit i.e. for self and spouse *	:	_____
13.	Whether holding any Medi-Claim Policy in the name of self or spouse.	:	_____
14.	If so, amount of claim settled by the Insurance Company, out of the total expenses reported under Column No.11 (Enclose copy of the certificate/ sanction letter of the Insurance Company)	:	_____
15.	Balance amount not settled by the Insurance Company (Total of Column No.11 less amount shown in Column No.14)	:	_____
16.	Amount of Reimbursement requested	:	_____

* N.B. The total reimbursement including present bill should not exceed maximum limit of Rs.75,000/- throughout currency of Membership.

I certify the correctness of information given herein above. All Bills/ Certificates/Vouchers/Cash Memos in respect of expenses incurred as reported in Column No.11 & 14 are enclosed.

Place:

Signature of the Primary/Secondary Member

Date:

Name: