

**APPLICATION FORM FOR REIMBURSEMENT OF HOSPITALIZATION EXPENSES &  
ANNUAL HEALTH CHECK UP AMOUNT UNDER UNION BANK OF INDIA RETIREES EMPLOYEES'  
MEDICAL ASSISTANCE SCHEME (UBIREMAS)**

1	Name of the Primary Member with Employee/PF No.	
2	Name of Secondary Member (Spouse)	
3	UBIREMAS Membership No. of family unit under this scheme	
4	Nominated Branch	
5	Saving Bank Account Number	
6	Residential Address & Mobile No.	
7	Reimbursement claimed for (Hospitalization or Annual Health Check up)	<input type="checkbox"/> Annual Health Check up <input type="checkbox"/> Hospitalization Expenses
8	Expenses incurred for whom, (Mention name and also mention whether Primary Member or Secondary Member)	

**Reimbursement of Annual Health Check up**

9a	Nature of Health Check up (Indicate the nature of test)		
9b	Name of Diagnostic Centre Details of Bill for which reimbursement is sought for	Name	
		Bill No. & Date	
		Amount	
10	Claim submitted for Financial Year		
11	Amount already sanctioned for Health Check up for Financial Year		
12	Amount of reimbursement requested		

**Reimbursement of Hospitalization Expenses**

10.a.	Name of Hospital and Duration of Hospitalization for which reimbursement is sought for	Name		
		Duration	From	To
		Bill No. & Date		
		Amount		
11.	Claim submitted for Financial Year			

c.	Amount of reimbursement towards hospitalization expenses already received so far under the scheme, if any, for the family unit, i.e. for self and spouse.	
d.	Whether holding any Mediclaim Policy in the name of self or spouse	
e.	Amount of claim settled by the Insurance Company/TPA, (Enclose copy of the certificate/sanction letter of the Insurance Company)	
f.	Balance amount not settled by the Insurance Company	
g.	Amount of reimbursement requested	

# The total reimbursement of hospitalization expenses including present bill should not exceed Rs.50,000/- in a financial year and maximum limit of Rs.1,50,000/- to the family unit, during entire currency of membership under the scheme. The reimbursement of annual health checkup amount including present bill should not exceed Rs.2,000/- in a financial year.

I certify the correctness of information given herein above. All Bills/Certificates/Vouchers/Memos/documents in respect of expenses incurred as reported are enclosed.

I agree that the reimbursement will be as per UBIREMAS scheme guidelines.

Place :

Date :

Name & Signature of Primary/Secondary Member

### RECOMMENDED/DECLINED

Recommended Rs. \_\_\_\_\_ to Shri/Smt. \_\_\_\_\_

Membership No. \_\_\_\_\_ under UBIREMAS which may be credit to his/her S No. \_\_\_\_\_ with \_\_\_\_\_  
Branch (Nominated Branch).

HR Administrator  
Regional Office,

### APPROVED/DECLINED

Sanctioned Rs. \_\_\_\_\_ to Shri/Smt. \_\_\_\_\_  
Membership No. \_\_\_\_\_ under UBIREMAS.

Regional Head/Dy. Regional Head  
Regional Office,

