

## CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY SEPERATED Non - Executive FOR out patient/domiciliary treatment :

Name &amp; Code : \_\_\_\_\_

Registration of Medical Card : \_\_\_\_\_

Present address at which the Cheque is to be sent : \_\_\_\_\_

- |    |   |  |
|----|---|--|
| 1. | Name of the Patient : _____   | <b>Note</b><br>1) Doctor's prescription and cash memos in original should be attached.<br>2) Receipts of amount claimed should be enclosed.<br>3) Separate claims should be prepared for each patient and each spell of treatment. |
| 2. | Relationship with the Retired Non-Executive : _____                             |  |
| 3. | Place at which patient fell ill : _____   |  |
| 4. | If treatment taken at place other than place of residence, give reasons : _____ |  |
| 5. | Name of the doctor & hospital from where treatment taken : _____                |  |
| 6. | Qualification of the Doctor : _____   |  |

**(To be certified by the retired Non-Executive)**

**I do hereby declare that :**

- (i) The statements made in the claim are true to the best of my knowledge and belief.
- (ii) I am a member of Contributory Post Retirement Medicare Scheme and my Medical Card is valid since .....
- (iii) I continue to fulfill 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 any notice and without assigning any reasons.
- (vi) Myself and my spouse are not availing any medical facilities from or through the Central/State Govt./Public Sector undertaking/Quasi Govt. Body either in individual capacity or as dependent.

Date :

**(Signature of the seperated Non-Executive/  
living spouse in case of death)**

The claim has been scrutinised and recommended for payment of Rs. ....  
(Rupees ..... ) only.

**Chief of Medical Services**

**(To be filled by the Accounts Department)**

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

Accountant

Sr. A.O./A.O.

Date :