



UCOBANK RETIREES' ASSOCIATION KARNATAKA (Regd)

Regd as S.No: 699/97-98 Dated 20/01/ 1998 with
the Registrar of Societies, Karnataka)

Reg Office: C/o UCO Bank, 3rd Floor, 13/22,
Kempegowda Road, Bangalore-560009

Website: urakar.com



UBRA-KAR/CIR/033/2023- 26

Date: 24.03.2025.

To all members of our unit.

Dear Comrades,

SUB: Medical Aid Scheme of AIUCBOF Welfare & Benevolent Trust – Year 2025 - 26.

Dear Members,

The Medical Aid Scheme of AIUCBOF Welfare & Benevolent Trust, the only of its kind in the Banking industry, has been rendering invaluable service to the wellness of the Members and their families. We have been providing the Medical Aid to our Members and their families to reduce their financial burden on account of hospitalization, since formation of the Trust.

The overall ceiling for Medical Aid Scheme for the year 2025-26 will be **Rs.3.00 Lac subject to maximum amount reimbursed by the TPA/Insurance Company.**

It has been decided that the donation amount payable by the Member to the **Medical Aid Scheme for the year 2025-26** will be as under: -

(a) Serving Officer / Supervisory Staff Member Rs. 2000/=

(b) Retired Member Rs. 3000/=

(c) Associate Member Rs. 1500/=

The Trust Members are advised to remit the donations for 2025-26 by Demand Draft drawn on Service Branch, Kolkata (Code – 1801) / Cheque favouring AIUCBOF Welfare & Benevolent Trust. If Members, having a continuing Medical-Aid Membership with the Trust, donate along with the application prescribed for this purpose on or before 30th April 2025 shall be provided the medical-aid benefit of the Trust w. e .f 1st April, 2025 and Members who will donate after 30th April, 2025 shall be given the Medical-Aid benefit of the Trust one month after their donation to Trust.

The application form along with donation must be sent by individual Member directly to the Registered Office of the Trust. The prescribed application form is attached.

B. Lakshminarayana, Hon. Secretary

All Correspondence to: B. Lakshminarayana, No. 1317, 11th main,
5th A Cross Srinivasanagar II Phase, B.S.K. III Stage,
BANGALORE – 560 050.

Mob: 9845443998; Email: balana56@gmail.com



APPLICATION FORM FOR DONATION TO MEDICAL AID SCHEME 2025-26

**The Chairman
AIUCBOF Welfare & Benevolent Trust
Flat 1-B, pt Floor
1-B Apurba Mitra Road,
Kolkata - 700 026.**

**APPLICATION TO BE SUBMITTED BY MEMBER DIRECTLY
TO THE REGISTERED OFFICE OF THE TRUST**

Dear Sir,

I am a (**Serving Officer / Supervisory Staff/ Retired / Associate**) Member of the Trust and my Membership Number is..... /..... /...../.....

I have read the Medical Aid Scheme 2025-26 of AIUCBOF Welfare & Benevolent Trust and shall abide by the rules of the said Scheme.

I agree that the decision of the Trustees in the matter of providing Medical Aid to the Member and the dependent as provided in the Scheme shall be final and I shall not raise any dispute to the decision of the Trustees, regarding the quantum of Medical Aid provided by the Trust.

I wish to donate Rs.....towards Medical Aid Scheme 2025-26 vide Account Payee Cheque No._____dated_____drawn on UCO Bank_____Branch / Demand Draft No._____dated_____of UCO Bank Branch drawn on Kolkata Service Branch (code - 1801) favouring AIUCBOF Welfare & Benevolent Trust.

Yours faithfully

(Signature)

Name (In Capital Letters):_____

EMP No._____Mobile No._____PAN NO._____

E-Mail Id (In Capital Letters):_____

Present Branch/Office: (Applicable for Serving Members only):

Permanent Address: (With Pin Code):-:-----

Date:

Encl.: DD / Cheque