**UCOBANK RETIREES’ WELFARE TRUST**

**CLAIM FORM FOR REIMBURSEMENT**

Date...........................

The Managing Trustees,

UCOBank Retirees’ Welfare Trust,

Y.S.Vijay Kumar

105/39 1Ground Floor 42nd Cross,

8th Block, Jayanagar, Bangalore-560011

Phone: 94480-65326

Dear Sir,

**Sub: Reimbursement of Medical Aid**

I hereby submit the original bill(s) for reimbursement of Rs ....................towards expenses incurred by me / my spouse for the diagnostic check up done for me / my spouse on...................(date). Kindly reimburse to me the eligible amount as per Scheme

|  |  |  |
| --- | --- | --- |
| Sl No | Particulars | Details |
| 1 | Name of Retired employee |  |
| 2 | Name of spouse(if claim is made for Spouse) |  |
| 3. | Permanent Address with  Phone Number  Mobile Number |  |
|  |
|  |
|  |  |  |
| 4 | Nature of Diagnostic Test Conducted |  |
| 5 | Name and Address of the Hospital  or Clinic where the test wasconducted |  |
| 6 | a) Amount of Charge of the Test(s)  *excluding* Doctor’s fees & medicine(b) Whether the original / photocopyduly attested by the member isOriginal / Attested Photocopy enclosed. | ORIGINAL / PHOTOCOPY |
| 7 | Details of Bank Account /Account Number (CBS Number) / Name of Branch(where reimbursementis to be made in case it is sought for) | SB Account No |

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Signature of the Claimant

**UCOBANK RETIREES’ WELFARE TRUST**

**CLAIM FORM FOR REIMBURSEMENT OFMEDICAL EXPENSES SETTLEMENT DETAILS**

|  |
| --- |
| **FOR OFFICE USE** |

|  |  |
| --- | --- |
| **Name of the Member:** | **PF Number:** |
| Eligible Amount of Claim for the year as per provisions of scheme | Rs. 1500.00 |
| Additional Amount eligible from Jeevan Raksha Scheme | Rs. |
| Amount claims made and settled till date during the year: | Rs. |
| Balance amount now available for reimbursement: | Rs. |
| Amount of present claim eligible and approved for payment | Rs. |
| Balance of eligible amount available during the Year | Rs. |

**Details of settlement of Present Claim:**

Credited by Cheque No….. …...…..dated …….....….on UCO Bank, Jayanagar, Bangalore.

Member’s SB Account Number …………..…............…….with UCO Bank……………….Branch.

Trustee Trustee

**Applications to be sent to:**

Y.S.Vijayakumar,

105/39, Ground Floor, 42nd Cross,

3rd Main Road, 8th Block, Jayanagar,

Bangalore-560070,

Phone: 94480-65326