**APPLICATION FOR REIMBURSEMENT OF HOSPITALISATION EXPENSES**

**UNDER “JEEVAN RAKSHA” SCHEME**

The Trustees Date:…………………

UCO Bank Retirees’ Welfare Trust

Bangalore

Dear Sir,

Please find my application for reimbursement of Hospitalisation to the extent of Rs.................................... I hereby attach the particulars as required to settle the claim.

I have read the UCO Bank Retirees Welfare Trust “Jeevan Raksha” Scheme being reimbursement of Hospitalisation Expenses. I am agreeable to the Terms and Conditions of the Scheme. I hereby agree that the decision of the Trustees shall be final and no member shall have any vested right to the Trust Fund or dispute the decision of the Trustees, regarding the quantum of reimbursement provided by the Trust.

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| --- | --- | --- |
| Sl No | Particulars | Details |
| 1 | Name of the Member (Capitals Please) |  |
| 2 | J R S Membership Number |  |
| 3 | Present Address with Contact Mobile / Phone Numbers |  |
|  |
|  |
|  |
| 4 | Name of the person Hospitalised |  |
| 5 | Name of Hospital / Nursing Home |  |
| 6 | Date of Admission to Hospital |  |
| 7 | Date of Discharge from Hospital |  |
| 8 | Nature of Disease causing the Hospitalisation |  |
| 9 | Total Expenses Incurred (Please furnish full Details / List) Enclose copies of Bills etc |  |
| 10 | Total Amount reimbursed by the Insurance Company, if any |  |
| 11 | Total Amount reimbursed by the Employees’ Welfare Trust or any such Organisation(s) |  |
| 12 | Balance amount Claimed |  |
| 13 | Mode of Payment: Cheque / Credit to A/c Please give A/c No / Branch |  |

Signature of the Member/Claimant

Mail to :

G.R. Sreenivasa Murthy

#216, 6th cross, 6th main Road

Ideal Homes Township, R. R. Nagar

BANGALORE – 560 098.

Mob No: 9538838989

**APPLICATION FOR REIMBURSEMENT OF HOSPITALISATION EXPENSES UNDER**

**“JEEVAN RAKSHA” SCHEME**

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

|  |  |  |
| --- | --- | --- |
| Sl No | Particulars | Details |
| 1 | Date of Receipt of Application for reimbursement of Hospitalisation expenses |  |
| 2 | Total Expenses incurred as per details furnished |  |
| 3 | Name of the Insurance Company with which member has been insured |  |
| 4 | Amount settled by the Insurance Company |  |
| 5 | Amount Settled by any other Welfare Trust or any such organisation |  |
| 6 | Reasons for difference between claim and reimbursement by Insurance Company |  |
| 7 | Amount Sanctioned to be reimbursement by our Trust |  |
| 8 | Payment Particulars: |  |
| 9 | If Rejected, Reasons for Rejection |  |

Remarks by the Trustees, if any:

Signature of Trustee Signature of Trustee