BANK OF INDIA STAFF CO-OPERATIVE CREDIT SOCIETY LTD., MUMBAI

(Regd. No.18536 of 1950)

C/o Bank of India Building, 70-80, M.G. Road, Fort, Mumbai-400 023.

APPLICATION FOR REIBURSEMENT OF MEDICAL EXPENSES

To,
The Hon. Secretary,
Bank of India Staff Co-op. Credit Society Ltd.,
70-80, M.G. Road,
Fort, Mumbai -400 023.

P/F NO. :

Dear Sir,

I am member of Society since _____. Am regularly contributing towards "Medical Aid and Reimbursement of Medical Expenses Scheme" I hereby apply for a medical reimbursement of Rs._____ In respect of self/my family. I give blow the details of the same.

1) NAME OF THE MEMBERS: _____
(Block letters – Surname First)

2) Name of the patient : _____Relation _____

3) Whether wholly dependent on the members: Yes / No

4) Nature of Illness (Block letters) _____

5) Name of the Hospital: _____

6) Period of the Hospitalisation : _____

7) Whether you have claimed assistance under medical Claim Policy/bank's Ex-gratia Scheme : Yes/No

8) Please enclose bank's Certificate/letter as regards to Reimbursement of Expenses and Ex-gratia Amount sanctioned.

9) Whether you have availed Medical Aid in past: Yes/No Month/Year _____

10) Whether spouse is Employed : Yes/No name of the Employer : _____

11) Whether medical Facility is vailed from Spouse's Employer : Yes/No

I wish to inform you that if any of the information submitted above is found to be incorrect at later stage, I undertake to return back the amount reimbursed by the Society.

Thanking you,

Yours faithfully,

(_____)

Date : _____ Branch _____

Encl Xerox copy of latest salary slip, bank's Certificate, Xerox copy of Bills Discharge Certificate
Definition of family - Spouse/dependent son/daughter.

OFFICE USE ONLY :

Inward No.: _____ Society A/c No. _____

Position of Member's Account

No. of Shares	Loan (Rs.)	Cum. Dep. (Rs.)	Bene. Fund (Rs.)	Medical Aid (Rs.)	**Remark**

Amount Claimed from Bank Rs._____ Rs. _____

Amount Reimbursed by the Bank Rs._____ Amount Sanctioned in Past Rs._____

Amount Claimed from Society Rs._____ Amount Sanctioned Rs._____

Date : _____

CHECKED BY POSTED BY HON. SECRETARY.