

## **NOTICE**

The claims made by members for reimbursement of Domiciliary Treatment will be processed on self-certification basis. The periodicity of the claim will be twice in a financial year on six months' period, i.e., first claim is to be made in the month of September and second claim is to be made in the month of March in respect of each financial year in the prescribed format (Annexure "A"). Such self-certification in the prescribed format should be submitted by the members within 1<sup>st</sup> to 15<sup>th</sup> day of September and 1<sup>st</sup> to 15<sup>th</sup> day of March in respect of each financial year.



**CLAIM FOR REIMBURSEMENT OF DOMICILIARY TREATMENT UNDER POST RETIREMENT  
MEDICAL BENEFIT SCHEME**

1.	Name of the ex-employee	:	
2.	Employee Code No.	:	
3.	Date of Retirement	:	
4.	Designation on Retirement	:	
5.	Name of the Spouse	:	

I certify that I have incurred a sum of Rs. \_\_\_\_\_ for medical expenses for myself and my spouse for the period from \_\_\_\_\_ to \_\_\_\_\_. Kindly reimburse the amount at my Bank A/c as per details below.

6.	Bank A/c No.	:	
7.	Name of Bank	:	
8.	Branch Name & Address	:	
9.	IFSC No.	:	

Signature	
Name of the Claimant	
Address	
E-mail	
Phone No	
Mobile No.	