



THE SARASWAT CO-OPERATIVE BANK LTD. (A SCHEDULED BANK)

Application for the Reimbursement of Medical Expenses under Members' Welfare Fund Scheme of the Bank

Please refer to the eligibility norms stated overleaf

To,
Share Department,
Madhushree, Plot No. 85, Sector 17,
District Businee Centre, Vashi,
Navi Mumbai 400 703.
Tel.: 2789 2947 Fax: 2765 1108

No.: _____

1) Member's Full Name	Mr./Mrs./Ms. _____ Age _____ (SURNAME FIRST NAME FATHER'S/HUSBAND'S NAME) M.R.NO. _____ Member Since _____ No. of Shares _____ Occupation: Retired/Pensioner/Housewife/Service/Business/Profession (Please ✓)
2) Address in Full: Residence	_____ _____ _____ Pin Code _____ Tel. No. _____
Office:	_____ _____ _____ Pin Code _____ Tel. No. _____
3) i) Reimbursement Requested ii) Nature of illness	Reimbursement claim for ailment of self/Spouse or Both/Handicapped child Total Amount of Bills _____ _____
4) Claim made/received from Applicant's Employer/Employer of Spouse/Medical Insurance Policy (Please attach certificate)	Yes/No Rs. _____ from _____ (NAME OF THE INSURANCE CO./EMPLOYER)

I hereby declare that the above statements are true. I request you to sanction me the reimbursement to the extent permissible under the scheme. Please credit the proceeds to my Saving A/c. No. _____ at _____ Branch or arrange to send me your Pay Order at the earliest after deducting Bank and Postal charges. I am enclosing following documents. (Please ✓)

- 1) **Income Proof:** Salary slip/certificate from employer/I T Returns/Self declaration (as applicable)
- 2) All the original bills alongwith the list of bills. (Please ensure that bills are serially numbered and that original bills . are from the 1st January to 31st December)
- 3) Certificate and prescription from Doctor (Xerox copy in case of the long treatment)
- 4) Stamp receipt for bills over Rs. 5000/-

Date: _____

Signature of Member

- Note:** (i) Incomplete application will be returned for completion of the requirement.
(ii) Claim for reimbursement of bills for current calendar year is to be submitted only once during the year or latest by 15th March of the next year, at Share Department
(iii) Please attach bills and certificates properly.

SELF DECLARATION

Re.: Self Declaration for Income proof from Pensioner/Retired person (above 60 years)/House Wife

I hereby declare that my income from all sources is below Rs. 10000/- p.m., which is within eligibility limit of Members' Welfare Fund Scheme of the Bank for the Reimbursement of Medical Expenses

Thanking you,

Yours faithfully,

(TO TEAR HERE)

ACKNOWLEDGEMENT

Inward No.: _____

This is to acknowledge receipt of Medical Reimbursement application from

Mr./Mrs./Smt. _____

under M R No. _____ Amount of bills Rs. _____ Date _____

Br. Manager/Officer
Branch