Saraswat Bank | **Saraswat Co-operative Bank Ltd.**
(Scheduled Bank)

To,
Share Department,
Ekanath Thakur Bhavan, 953
Appasaheb Marathe Marg, Prabhadevi,
Mumbai 400 025. Tel : (022) 6600 5555

Application for the Reimbursement of Medical Expenses under Members' Welfare Fund Scheme of the Bank
Please refer to the eligibility norms stated overleaf

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
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) Prescription and certificate stating nature of illness from Doctor (Xerox copy in case of the long treatment)

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 Housewife/Pensioner/Retired person (over the age of 60 years)

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 _____

_____ Branch
Br. Manager / Dy. Manager