



STATE BANK OF INDIA

CHENNAI CIRCLE

SBI EMPLOYEES MUTUAL WELFARE SCHEME (MWS)

Refund of the welfare fund will be made to the member on his/her attaining the age of superannuation i.e. 60 years. Medical account is opened at the Zonal Office and medical benefits are available to the pensioner.

If an employee goes on VRS / Exit before attaining the age of superannuation i.e. 60 years, the employee has to pay the arrears upto the age of 60 years in lumpsum within 6 months from the date of retirement and wait upto 60 years to avail the refund and medical benefits.

SUBSCRIPTION AMOUNT AND BENEFITS :

UNIT	Reimbursement of Medical Bills for		Refund after attaining the age of Superannuation	Lumpsum payable on death during service	Monthly Financial Relief payable to Spouse
	Ordinary/Serious illness (Overall Limit)	Hospitalisation expenses			
Rs.10/15	Rs.6,000 (Rs.500 p.a.)	Rs.6,000	Actual Amount Paid	Rs.10,000	Rs.200
Rs.20/30	Rs.15,000 (Rs.1,000 p.a.)	Rs.15,000	Actual Amount Paid	Rs.10,000	Rs.250
Rs.30/45	Rs.22,500 (Rs.1,500 p.a.)	Rs.22,500	Actual Amount Paid	Rs.15,000	Rs.375
Rs.40/60	Rs.30,000 (Rs.2,000 p.a.)	Rs.30,000	Actual Amount Paid	Rs.20,000	Rs.500

SERIOUS DISEASES :

The following diseases are classified as serious under the Scheme :-

Cancer, Tuberculosis, Leprosy, Mental Diseases, Accidents of serious nature, cardiac diseases.

REIMBURSEMENT WILL BE MADE WITHOUT CEILING - SUBJECT TO OVERALL ENTITLEMENT.



भा. स्टेट बैंक कर्मचारी पारस्परिक कल्याण योजना
SBI EMPLOYEES MUTUAL WELFARE SCHEME

नेटवर्क-1, प्रशा.इ, चेन्नई - 600 001. फोन : 2524 6054
NW-1, AU, Chennai - 600 001. PHONE : 2524 6054

चिकित्सा खाता सं / Medical A/c No.

पेंशनर / पति या पत्नी के संबंध में किए गए चिकित्सा खर्चों की प्रतिपूर्ति के लिए आवेदन
APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED IN RESPECT OF PENSIONER / SPOUSE

फोन / Phone:

1. पेंशनर का नाम / Name of the Pensioner :

2. पता / Address :

:

:

3.की हैसियत से सेवानिवृत्त / Retired as :

4. पेंशन शाखा / Pension Branch :

5. खाता सं / Account Number :

6. सेवानिवृत्त की तारीख / Date of Retirement :

7. पति या पत्नी का नाम व आय / Name Age of the Spouse :

8. बीमारी का नाम (स्वयं/पति या पत्नी) / Name of illness (Self / Spouse) :

9. बीमारी की अवधि (स्वयं/पति या पत्नी) / Duration of illness (Self / Spouse) : से / From तक / To :

10. कुल प्रतिपूर्ति - रुपा / Total Reimbursement claimed :

रुपए (Rupees.....)

(धरप पृष्ठानुसार) (as detailed overleaf)

प्रमाणित किया जाता है कि उपरोक्त खर्च मेरे लिए / मुझपर संपूर्णतः आश्रित मेरे पति / पत्नी के लिए / मेरे द्वारा वास्तव में किए गए हैं।
आगे यह भी प्रमाणित किया जाता है कि मैंने न तो कोई प्रतिपूर्ति ली है और न ही मैं किसी दुर्घटना के संबंध में वैयक्तिक दुर्घटना पोलिसी के
अधीन कोई भी दावा या कोई अन्य स्रोत से ऐसी प्रतिपूर्ति के लिए अद्यतन या कोई प्रतिपूर्ति पाने के लिए इच्छा करता हूँ।

I here by certify that the expenses as detailed above were actually incurred by me for myself / my spouse who is fully dependant on me. Further certify that, I have not received nor I am entitled to, any reimbursement or contribution towards such expenses under a Personal Accident Policy or under any claim in respect of any accident or from anyother source.

दिनांक / Date : पेंशनर हस्ताक्षर / Signature of the Pensioner

FORWARDED TO Admin. Unit, NW-1, CHENNAI FOR SANCTION;

प्रमाणित किया जाता है कि बिल में पश्चात्कार प्रभर शामिल नहीं है और खरीदी गयी दवाओं के सेवेप में मुसखों से समर्थित है।
Certified that the bills donot include diet charges and the bills in respect of medicines purchased are supported by prescriptions.

भारतीय स्टेट बैंक / STATE BANK OF INDIA,

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शाखा प्रबंधक / BRANCH MANAGER

CHECK LIST FOR REIMBURSEMENT OF MWS MEDICAL BILLS

1. Medical bills should be submitted in the proper claim form.
2. Medical bills more than 6 months will not be reimbursed.
3. Doctor's prescriptions (current) to be enclosed.
4. Medical bills to be counter signed by the pensioner.
5. Original medical bills should be submitted with Break-up of medicines.
6. Nature of disease and treatment for self or spouse to be mentioned.
7. Discharge summary has to be enclosed in case of Hospitalisation.
8. Re.1/- Revenue stamp to be affixed for receipts more than Rs. 5,000/-
9. SB A/C NO., P.F. NO., present address and Phone No., has to be mentioned in the claim bill.
10. Medical bills should always be forwarded through the pension drawing branch.

