(Enclosure to Mumbai LHO Cir. No.LHO/cirDo/PER & HRD/CWC/S/7-2002-2003)

**SBI RETIRED EMPLOYEES MEDICAL BENEFIT SCHEME**

# CLAIM FORM FOR REIMBURSEMENT OF HOSPITALISATION EXPENSES

| | | |
|---|---|---|
| 1. | Name of the Retired Employee | : |
| 2. | Membership Number | : |
| 3. | Address | : |
| 4. | Telephone Number | : |
| 5. | Pension Paying Branch<br>Savings Bank Account No. | :<br>: |
| 6. | Nature of Illness | : |
| 7. | Date of Advice for Admission into Hospital (Please enclose the Advice) | : |
| 8. | Name of the Hospital | : |
| 9. | Whether an approved Hospital<br>If No, Reasons therefor | :<br>: |
| 10. | Period of Hospitalisation | : |
| 11. | Details of Bills / Cash Memos<br>No. Date Amount<br><br>(Please enclose The Relative Prescriptions) | :<br><br>: |
| 12. | Amount Claimed | : |
| 13. | Amount claimed earlier, if any | : |

Place :
Date :

Signature of the Retired Employee

Scrutinised & found in order
for Rs._____

Recommended for Payment
of Rs._____

**Bank's Medical Officer**

**Branch Manager**

SANCTIONED Rs._____

CHIEF MANAGER (P & HRD)
ZONAL OFFICE _____