

**HOSPITALISATION SCHEME
CLAIM FORM**

From: _____ (Staff No. _____)

Designation _____,
Canara Bank, _____,
_____.

Date:

Submitted Through:
The Regional Secretary,
Canara Bank Officers' Association,
_____ Region.

To:
The Secretary,
CANARA BANK OFFICERS' ASSOCIATION,
WELFARE FUND,
MUMBAI.

Dear Sir,

Sub: Medical Reimbursement under Welfare Scheme evolved by the Association.

I am submitting my claim for the reimbursement of Hospitalization Expenses incurred for Self / Spouse, under the Scheme evolved by the Association as per Circular No.GSCO/05/2005 dt. 25.07.2005. Full particulars are as under:

1. Name of the Member :
2. Membership Number :
3. Branch/Office presently working :
4. Name of Patient and Relation :
5. Nature of ailment :
6. Date/s of Hospitalization :
7. Date of Operation / Surgery :
8. Amount actually incurred by the Member :
9. Amount Sanctioned by the Bank (Inclusive of sanction under Bank's "Staff Welfare Scheme) :
10. Sanction Proceedings No. and Date (Xerox copy should be enclosed) :
11. Amount disallowed by the Bank :
12. Amount claimed from the Association :

Thanking you,

Yours faithfully,

(Signature)

Forwarded to The Secretary, CBOA Welfare Fund, Mumbai.:

On verification of the records available with us, and Computer Sheet supplied by Staff Section, I certify that there are no arrears of Subscription from the member.

(REGIONAL SECRETARY)

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Note:

- A) The Scheme is operative from 01.01.1996 and is modified from time to time. The existing Scheme is as per Circular GSCO/05/2005 dt. 25.07.2005, which is effective from 01.06.2005 and maximum amount limit is changed w.e.f 01.01.2014.
- B) Claim should be submitted through respective Regional Secretary.
- C) Claims received directly will not be entertained.
- D) If there are arrears of Subscription / Levy as per the records of the Association, the claim is liable to be rejected.

Maximum amount reimbursable is as under HOSPITALISATION SCHEME (wef 01/01/2014)

<i>Total amount spent by the Member as shown in Sanction proceedings of the Bank</i>	Maximum amount reimbursable in respect of hospitalization of the Member	Maximum amount reimbursable in respect of hospitalization of Spouse and Children of the Member
Rs.35001/- to Rs.50,000/-	Rs.10,000/-	Rs.5,000/-
Rs.50001/- to Rs.1,00,000/-	Rs.15,000/-	Rs.7,500/-
Rs.1,00,001/- to Rs.2,00,000/-	Rs.30,000/-	Rs.15,000/-
Rs.2,00,001/- and above	Rs.50,000/-	Rs.25,000/-

FOR THE USE OF OFFICE :

1. Total Amount Incurred :
2. Amount claimed by the Member from Bank :
3. Amount Sanctioned by the Bank :
4. Amount sanctioned by the Bank under 'Staff Welfare Scheme' :
5. Difference between the Total expenses incurred and the amount Paid by the Bank. :
- 6.Amount claimed from the CBOA Welfare Fund :
7. Amount Sanctioned :
8. Amount so far reimbursed to member under the scheme:

We certify that there are no arrears of Subscription / Levy of the Member.

SECRETARY
CBOA WELFARE FUND

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