



**Annexure B-1**

Contributory Scheme for Post Retirement Medical Facilities for Expenses (Clause 6.1)

**CLAIM FORM FOR PAYMENT OF OUTDOOR TREATMENT EXPENSES**

Period of Claim: Half year ending 30<sup>th</sup> June \_\_\_\_\_ / 31<sup>st</sup> December \_\_\_\_\_

1. Name & grade of the retired executive/spouse :
2. PIS No. :
3. Registration No. of Medical Card :
4. Fixed Amount for Outdoor/Domiciliary treatment :  
Based on date of retirement (Rupees)
5. Amount Claimed (Rupees/Paise) :
6. Name of Bank and Branch with single-owned :  
Savings Bank Account Number where the amount  
Shall be credited AND  
Present Address at which Cheque is to be sent :

(To be certified by the retired executive)

- i. The statements made in the claim are true to the best of my knowledge and belief
- ii. I am a member of Contributory Scheme for Post Retirement Medical Facilities and my Medical Card is valid since \_\_\_\_\_
- iii. I continue to fulfill the conditions of eligibility for availing the benefits under the scheme
- iv. The Medical expenses were incurred for self/spouse
- v. I fully understand that the Company may refuse/terminate my membership of the scheme at any time without any notice and without assigning any reason.
- vi. Certified that myself and my spouse are not availing any medical facilities from or through the Central/State Govt./Public Sector Undertaking/Quasi Govt. Body or any Medical Insurance Company either in individual capacity or as dependent

Date :

Signature of the retired executive/spouse

The claim has been scrutinized and recommended for payment of Rs.....  
(Rupees \_\_\_\_\_) only

Chief of Medical Service

(To be filled in by the Accounts Department)

Claim passed for payment of Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_

Accountant

Sr. A.O/A.O.

Date :