

**STATE BANK OF INDIA RETIRED EMPLOYEES MEDICAL  
BENEFIT FUND LOCAL HEAD OFFICE, BANGALORE**

Application For Claiming Reimbursement

1. Name of the Retired Employee & address					
2. Mobile/Phone :					
3. Designation at the time of Retirement					
4. Name of the Spouse, in case of death of Retiree					
5. Membership No.					
6. PPO No.					
7. Whether Reimbursement claimed for Self or Spouse					
8. Nature of Disease					
9. a) Name & Address of Hospital b) Period of Hospitalisation					
10. In case the Claim is for domiciliary treatment : a) Period the claimant remained previously hospitalised, if any and name of Hospital b) Period of Present illness					
11. Medical expenses reimbursed, so far under the Scheme (Year wise details to be given)					
12. Details of Medical Expenditure incurred (Prescription and supporting Vouchers to be Attached in Original)					
Sl. No.	Particulars	Amount			
a.	Physician's /Consultant's Fee				
b.	Bed/Room Charges				
c.	Surgeon's Fee (including anaesthetists charges)				
d.	Operation Theatre Charges				
e.	Diagnostic material charges				
f.	Medicines and Drugs, except Tonics				
	Total				

Certified that the expenses as detailed above have actually been incurred by me for self treatment/for the treatment of my spouse and the particulars given as above are true and correct.

Claimant's Signature

We confirm that the above retired Employee is drawing Pension from our Branch.

His/her Savings/Current account No. is

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Branch Manager/  
Head of Department

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