



Regd. Office: 361, Laxmi Sadan, V P Road, Girgaum, Mumbai, 400 004.

**APPLICATION FORM FOR ASSISTANCE UNDER MEMBERS WELFARE FUND
MEDICAL CHECK UP SCHEME**

Date -
Membership No:-L/F
Membership Date -
No. of Shares -
Co-operative year -

The Manager,

_____ Branch

Dear Sir/Madam,

I, hereby apply for assistance of Rs._____ under the Members Welfare Scheme of the Bank and for this purpose I furnish the following particulars: -

1) Name of the Member

First Name	Middle Name	Surname	Sex	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="F/M"/>	<input type="text"/>

2) Name of the spouse *

First Name	Middle Name	Surname	Sex	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="F/M"/>	<input type="text"/>

3) Residential Address

_____	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone No. - (O)_____ (R)_____	

4) Medical Check up done from : _____

Bill No._____ Date _____ Bill Amount paid Rs._____

5) Date of Last availment: _____

6) Proof submitted

- a) Age proof :- Birth Certificate / passport/ Election card/ Ration card etc
- b) Membership :- Xerox Copy of Certificate/ Membership No. _____.
- c) Bill/ Receipt for Medical Check up from approved Centre.

7) Whether reimbursement availed from any other institution. **YES / NO**

DECLARATION

"I hereby state that I have read the Rules of Members Welfare Fund mentioned overleaf and agree to abide to the same. The above information is true to the best of my knowledge and if the same is found to be false, I will, on demand by the Bank, return the relief granted to me.

Kindly grant me assistance under Bank's Members Welfare Scheme and credit the same to my SB account no _____ with _____ Branch."

Yours faithfully

Signature of the Member/s

FOR OFFICE USE ONLY

Received Date _____

Being eligible as per scrutiny, we recommend the above case for assistance of Rs _____ under Members Welfare Fund Scheme for **Financial Assistance towards Medical Checkup Scheme for Members.**

BR. MANAGER

Date: _____

* To be filled, in case request is for the spouse



RULES OF THE MEMBERS WELFARE FUND
FOR
MEDICAL CHECKUP SCHEME
(amended w.e.f 01.06.2021)

The Scheme will enable Members of the Bank and /or their spouse who are above **50 years of age** & are shareholders for **minimum 5 years** with minimum shareholding of **50 shares** to get medical checkup done free of cost at any of the medical centres/hospitals.

AMOUNT OF REIMBURSEMENT:

For Shareholders holding 500 or more shares of the Bank.

- ❖ Rs.5000/- maximum or actual expenses incurred whichever is lower.
- ❖ Rs.5000/-maximum or actual expenses incurred whichever is lower for CT Scan subject to recommendation from doctors.

For Shareholders holding less than 500 shares of the Bank.

- ❖ Rs.1500/- maximum or actual expenses incurred whichever is lower.
- ❖ Rs.3000/-maximum or actual expenses incurred whichever is lower for CT Scan subject to recommendation from doctors.

ELIGIBILITY:

- ❖ Member/spouse should be **above 50 years of age**.
- ❖ Member should be shareholder of the Bank for **minimum period of 5 years** having minimum shareholding of **50 shares**.
- ❖ The scheme is applicable only to individual members of the Bank. In case of joint share holding a member whose name stands first will be eligible for assistance.
- ❖ The shareholder & his/her spouse can avail reimbursement under the scheme **once in two year**.
- ❖ The co-operative year will be from 1st April to 31st March.
- ❖ The scheme will not be applicable to a member who is also a Staff member of this Bank or whose spouse is a staff member of this Bank.

PROCEDURE FOR ASSISTANCE:

- ❖ The member should submit his/her application along with proof of membership & Age .

GENERAL :

- a) The Board's decision to sanction, reject or to sanction only a part of expenses will be final.
- b) Disbursement of assistance will be strictly subject to availability of amount from the Members Welfare Fund in the co-operative year.
- c) Board shall have absolute power at any time or from time to time to add , to amend
or
modify or delete any of the schemes herein and to consider on merit any deserving cases and to sanction appropriate higher relief as the Board may deem fit.