



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

**APPLICATION FORM FOR ASSISTANCE UNDER MEMBERS WELFARE FUND
REIMBURSEMENT OF MEDICAL / HOSPITALISATION EXPENSES**

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

To,
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"/>	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"/>	F/M	<input type="text"/>

3) Address :- Residential Address

<input type="text"/>
<input type="text"/>
Phone No - <input type="text"/>

Office Address

<input type="text"/>
<input type="text"/>
Phone No - <input type="text"/>

4) Annual Income :- a) Member :- _____

5) Nature of illness / Ailment _____ Total Expenditure :- _____

6) Name of the Employer _____	No. of Years of Service
Address _____	
PIN <input type="text"/>	

7) Amount claimed and settled by :-
Employer

8) Benefit availed under Medical Insurance Policy:- Yes/ No If Yes Amount Rs. _____

DECLARATION

" I declare that I have not availed any reimbursement from an Insurance Company. I declare that as per certificate enclosed, I have availed reimbursement of Rs _____ from our employer. 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 us.

Kindly grant me/us 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 Reimbursement of Hospitalisation Expenses**

BR. MANAGER
Date-_____

* To be filled , in case of spouse OR request by family member of the deceased member.



RULES OF THE MEMBERS WELFARE FUND
FOR
REIMBURSEMENT OF MEDICAL HOSPITALISATION EXPENSES
(amended w.e.f 01.11.2010)

Eligible members will be reimbursed in case of hospital & medical expenses incurred on account of Hospitalisation due to major and protracted illness (like T.B, Paralysis, Mental Disease, Brain Tumor etc) major accidents or major surgical operations for self or his/her spouse as under.

- | | | |
|----|---|-------------|
| A] | Angiography | Rs 5,000/- |
| B] | Angioplasty | Rs 15,000/- |
| C] | Bypass surgery, Cancer, Kidney transplant/ brain/spinal surgery | Rs 20,000/- |
| D] | Eye / Brain surgeries or major accidents / operations | Rs 5,000/- |
- E] In any other cases other than A, B C & D above, medical reimbursement will be as under
- i) 50% of the expenses incurred & original bills submitted during the Co-operative year.
- OR
- ii) 50% of the difference between amount claimed and amount settled by his/her employer for reimbursement.
- OR
- iii) Rs. 15,000/- whichever is lower for the Co-operative Year, irrespective of number of bills submitted.

Note: No reimbursement will be granted for maternity and allied operations and ailment.

An eligible member shall have to submit an application for reimbursement alongwith **original bills** of any medical hospitals or institutions run by Public and Charitable Trust in Mumbai, Thane Districts, Goa & Karnataka or such other hospitals as approved by the Board. In case of category E (ii) above, the member will have to submit a certificate of reimbursements paid to him by his employer as a part of medical expenses together with certified copies of bills submitted to the employer.

In case the patient who is a member dies, the reimbursement upto the above ceiling will be available to his/her spouse or to his/her son/daughter who pays the hospital bills.

ELIGIBILITY:

- a) A member who is **above 50 years** of age & is Shareholder of the Bank for a **minimum 5 years** with minimum shareholding of **50 shares**.
- b) In case of joint shareholding, a member whose name stands first will be eligible for the assistance under the scheme.
- c) Members availing benefit of medical insurance policy will not be eligible for reimbursement of medical expenses.
- d) The scheme will not apply to a member who is also a staff member of this Bank OR whose spouse is a staff member of this Bank.
- e) The shareholder can avail reimbursement under the scheme **once in two years**.
- f) A Co-operative year will be from 1st April to 31st March.
- g) If information supplied by a member is found to be false, the Board will call back the relief granted.

PROCEDURE FOR ASSISTANCE:

An eligible member desiring to avail benefit of the scheme will have to submit his application **within 6 months from date of discharge from the Hospital**, to the Managing Director of the Bank directly or through any of the Branches of the Bank, together with Original bills / employer's certificate (for medical reimbursement), payment receipt and discharge card of the Hospital.

GENERAL :

- a) The Board 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 reliefs as the Board may deem fit.