

**SBI RETIRED EMPLOYEES' MEDICAL BENEFIT SCHEME
(R E M B S)**

(FOR PENSIONERS SCHEME BALANCE BELOW RS.3 LAKHS)

**CLAIM FORM FOR REIMBURSEMENT OF
*HOSPITALISATION / DOMICILLIARY EXPENSES**

To be submitted to SBI Administrative Office, Through Pension Paying Branch

1. Name of the PENSIONER*	
2. PF INDEX NO*	
3. Address	
4. MOBILE Number*	
5. Pension Paying Branch	
6. Savings Bank Account NO	
7. Date OF admission to Hospital* (Please enclose the advice)	
8. Name of the Hospital*	
9. Disease for which treatment was taken	
10. Whether an approved hospital, if No, reasons * therefore	
11. Period of Hospitalization* DATE OF ADMISSION DATE OF DISCHARGE	

