SBI RETIRED EMPLOYEES' MEDICAL BENEFIT SCHEME

(R E M B S)

(FOR PENSIONERS SCHEME BALANCE BELOW RS.3 LAKHS)

CLAIM FORM FOR REIMBURSEMENT OF

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***HOSPITALISATION / DOMICILLIARY EXPENSES**

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

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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	

(P	lease enclose relative PRESCRIPTIONS/DISC	CHARGE SUMMARY)		
SI No	Particulars	Date of Bill	Amount	
13. Ai	mount Claimed			
14. Re	esidual Balance in REMB Scheme as on 31.	5.2020		
of disc	e column (7, 8 &9) should be completed in case charge summary should be enclosed.	e of reimbursement of hospitalizati	on expenses and copy	
Place	e:			
Date	:	Signature of the	Signature of the Pensioner	
	UTINISED AND FOUND IN ORDER	Forwarded For Payment I	Rs	
BAN	BANKS MEDICAL OFFICER BRANCH MANAGER		NAGER	
DAT	Ξ:	DATE:	DATE:	
	For use at SBI Administrat	tive Office		
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Sanc	tioned Rs			
(Rs)	
	f Manager (HR) inistrative Office,	Chief Manager (GB) Administrative Office,		

12. Details MEDICINES PURCHASED/HOSPITALISATION BILLS

DATE:

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