यूनियन बैंक ऑफ इंडिया Union Bank of India

भारत सरकार का उपक्रम A Government of India Undertaking

Human Resources Administrative Division
Human Resources Department, Central Office, Mumbai

Annexure I

APPLICATION FORM FOR REIMBURSEMENT OF HOSPITALIZATION EXPENSES & ANNUAL HEALTH CHECK-UP AMOUNT UNDER UNION BANK OF INDIA RETIRES EMPLOYEES' MEDICAL ASSISTANCE SCHEME (UBIREMAS)

1	Name of The Primary Member with Employee/PF no.		
2	Name of Secondary Member (Spouse)		
3	UBIREMAS Membership No. of family unit under this scheme		
4	Nominated Branch		
5	Saving Bank Account Number		
6	Residential Address & Mobile No		
7	Reimbursement claimed for (Hospitalization or Annual Health Checkup)	☐ Annual Health Check-Up ☐ Hospitalization Expenses	
8	Expenses Incurred for whom, (Mention name and also mention whether Primary Member or Secondary Member)		
	Reimbursement of Annual health Check-Up		
9.a	Nature of Health Check-Up (indicate the nature of test)		
b	Name of Diagnostic Centre Details of Bill for which reimbursement is sought for	Name	
		Bill No & Date	
		Amount	
c	Claim submitted for Financial Year		
d	Amount already Sanctioned for Health Check-up for Financial Year		
e	**Amount of reimbursement requested**		
	Reimbursement of Hospitalization Expenses		
10.a	Name of Hospital and Duration of Hospitalization for which reimbursement is sought for	Name	
		Duration	From To
		Bill No & Date	
		Amount	
b	Claim submitted for Financial Year		

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c	Amount of Reimbursement towards hospitalization expenses already received so far under the scheme, if any, for the family unit, i.e., for self and spouse	
d	Whether holding any Mediclaim Policy in the name of self or spouse	
e	Amount of claim settled by the Insurance Company/TPA, (Enclose copy of the certificate/sanction letter of the Insurance Company)	
f	Balance amount not settled by the Insurance Company	
g	**Amount of Reimbursement Requested**	

#The total reimbursement of hospitalization expenses including present bill should not exceed Rs.50,000/- in a financial year and maximum limit of Rs 1,50,000/- to the Family Unit, during the entire currency of membership under the scheme. The reimbursement of annual health check-up amount including present bill should not exceed Rs.2,000/- in a financial year.

I certify the correctness of information given herein above. All Bills/Certificates/Vouchers/Cash Memos/documents in respect of expenses incurred as reported are enclosed.

I agree that the reimbursement will be as per UBIREMAS scheme guidelines.

Place:

Name & Signature of Primary/Secondary Member

RECOMMEDED / DECLINED

Recommended Rs._____ to Shri / Smt. _____ _____, Membership No._____ under UBIREMAS which may be credit to his/her S.B. A/c. No._____with _____ _____ _____ Branch (Nominated Branch)

HR Administrator
Regional Office,

APPROVED / DECLINED

Sanctioned Rs._____ to Shri / Smt. _____ _____, Membership No._____ under UBIREMAS.

Regional Head/ Dy. Regional Head
Regional Office