

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

Annexure I

<u>SC. NO.9</u>	<u>UNION BANK OF INDIA RETIRED EMPLOYEES' MEDICAL ASSISTANCE SCHEME (UBIREMAS)</u>								
PARTICULARS	DETAILS								
Objective	To extend medical assistance to the retired employees of the Bank. The Scheme has come to effect from 01.01.2003 and has been modified time to time.								
Who can become a member under the Scheme	- Retired Employees of the Bank who have exited the Bank through 'Superannuation', VRS OR on Medical Incapacitation and have completed 60 years of age, along with their spouse can only opt for joining the Scheme, subject to the condition that the prospective member of the Scheme shall not be gainfully employed. The retiree along with his/her spouse shall be termed as 'Family Unit'. - The term 'gainfully employed' shall mean such primary/secondary member who is in employment and is receiving monthly remuneration of Rs. 12000.00 and above. - For joining the Scheme, the Retiree shall apply within 6 months of attaining 60 years and the membership number shall be allotted after due debit of one-time membership fee, as per the scheme guidelines. - If the secondary member (spouse) is not added while applying the membership, the same can be modified subsequently by sending an email to staffmediclaim@unionbankofindia.bank.								
Amount payable for availing membership	Presently, the non-refundable one-time membership fee as decided by the Staff Welfare Committee is as follows: <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td>Officers</td><td>: Rs.5000/-</td></tr> <tr> <td>Clerks</td><td>: Rs.3000/-</td></tr> <tr> <td>Sub Staff</td><td>: Rs.2000/-</td></tr> <tr> <td>Pre-1986 Retiree</td><td>: Rs.1000/-</td></tr> </table>	Officers	: Rs.5000/-	Clerks	: Rs.3000/-	Sub Staff	: Rs.2000/-	Pre-1986 Retiree	: Rs.1000/-
Officers	: Rs.5000/-								
Clerks	: Rs.3000/-								
Sub Staff	: Rs.2000/-								
Pre-1986 Retiree	: Rs.1000/-								
Reimbursement provided under the Scheme	<u>Annual Health Check-up</u> Reimbursement of annual health checkup, maximum to an extent of Rs. 2000.00 (Rs. Two Thousand Only), per financial year, per Family unit shall be payable in a Financial year, subject to production of original bill/cash receipt. Submission of report is exempted for claiming the reimbursement amount towards annual health checkup.								

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	- Reimbursement of Annual Health Checkup Expenses upto Rs.2000/- can be claimed for any test per year. This amount can be claimed for multiple checkups not exceeding 2 times in a financial year within the limit. - Retirees may claim reimbursement of the Annual Health Check-up done in a Financial Year upto one month after the end of Financial Year i.e. till April of the subsequent Financial Year. For example, Retirees having undergone Annual Health Check-up upto 31.03.2024 may claim the reimbursement of the same upto 30.04.2024. <u>Hospitalization:</u> - Reimbursement of Hospitalization expenses, maximum to an extent of Rs. 1.50 Lakhs (Rs. One Lakh Fifty Thousand Only), to the Family unit, during the entire currency of the membership, subject to ceiling of Rs. 0.50 Lakhs (Rs. Fifty Thousand Only) in a Financial year shall be payable. - During hospitalization, in case of death of primary member, the actual expenditure incurred or balance of limit available within overall limit of Rs.1.50 lac whichever is lower, will be reimbursed instead of existing cap of Rs.50,000/- to the spouse/nominee of the retiree. This provision is effective retrospective from 01.04.2023 Onwards. Hence, in such cases, the difference amount to be paid accordingly on submission of claim by the nominee. - The reimbursement of hospitalization expenses of Rs. 1.50 Lakhs is restricted to 100% of the eligible amount in case of primary member and 75% in case of secondary member, subject to the maximum reimbursement amount of Rs. 0.50 Lakhs in a Financial year. - The reimbursement for hospitalization expenses under the Scheme shall henceforth be made without any item-wise calculation/capping.

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	- For Hospitalization cases, submission of original bills/receipts/related documents/reports are the necessary documents for submission of claims. However, If the members are holders of any Medclaim policy, then the reimbursement under this scheme can be claimed for the differential amount, not settled by the insurance company, subject to production of necessary documents. - The reimbursement for hospitalization expenses including day care expenditure henceforth will be made excluding non-medical charges as annexed herewith.
How to apply for membership	- Retired employee who wish to become a member of the Scheme must apply online through their Union Parivar Mobile Application/Desktop application, as under. (Path - Union Parivar > Employee Self Service > REMAS Membership application > Add new value). - No physical applications from the retirees will be entertained. - In Union Parivar, the details of the retiree will be automatically displayed in the application form and the applicant must enter his/her account number and nominated branch code (IBR code). Any modification required in the editable field, can be modified by the applicant. - Spouse of the deceased Retiree, who doesn't have the rights to login to Union Parivar and who wish to join the Scheme shall submit the application as annexed herewith to the nominated Branch/Regional Office, who shall duly verify the same and apply on behalf of the spouse of the retiree. - Branch Manager/Deputy Branch Manager who is having the HR rights can also apply in Union Parivar, on behalf of the retired employee/spouse. - Submitted application will be available in the worklist of RO HR Official, who shall verify the details and recommend the application.

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	- Recommended application now is available in the worklist of CO HR Officer and on successful debit of the membership fee, the application will be sanctioned and the membership number will be generated. - Once approved, the retiree can view the UBIREMAS membership number in Union Parivar, available at the top of the application page.
Process Flow for claiming reimbursement:	- Application Form for reimbursement of hospitalization expenses, as annexed herewith, along with all original documents to be submitted by the retiree to the Nominated Branch/Regional Office. - Nominated Branch to physically forward the documents to the Regional Office under whose jurisdiction it falls, after duly verifying the documents. - RO HR Administrator shall process the claim through path as mentioned hereunder, and submit the same to the competent authority viz., Regional Head/Deputy Regional Head not below the rank of Chief Manager, for sanction of the Claim. Workforce administration > Staff welfare >Health scheme > REMAS claim Register - In case of the reimbursement claim being processed for the first time, the expenditure already incurred shall be feeded as 0.00 (zero amount). - HR Admin shall mandatorily verify the account number of the retired employee as submitted in the claim application through Finacle, to avoid non-credit/wrong credit of the reimbursement claim. - Union Parivar will not permit submission of Claims exceeding Rs. 0.50 Lakhs in a financial year or more than the ceiling i.e. Rs.1.50 lakh.

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	• In case of consolidated claim of Rs. 1.50 Lakhs on death of the primary member during hospitalization, RO HR Administrator shall send a mail to our department at staffmediclaim@unionbankofindia.bank, for necessary modification in Union Parivar. • Once the application is sanctioned by the competent authority, the amount shall be directly credited to the account of the retiree, through auto credit process. • The application will then be available in the ID of CO officer-in-charge who will validate the same.
General Conditions	• The Retiree shall be the 'Primary member' and spouse shall be the 'Secondary member'. • Addition of 'Secondary member', if not done while applying for membership can be added subsequently, through request submitted to concerned Regional Office. • On death of retiree prior to attaining 60 years, the spouse can join the Scheme within 6 months of the retiree's age of 60 years. • On the death of the retired employee who is already a member, his/her spouse will continue to be covered under the scheme as 'Secondary member', for reimbursement of hospitalization expenses and annual health check-up.

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	- Any such retiree who has exited the Bank for reasons other than 'Superannuation', VRS OR on Medical Incapacitation will not be eligible for membership and the benefits under the scheme. - The Branch where Savings Bank account of the "Family Unit" will be maintained for crediting reimbursement under the Scheme will be called "Nominated Branch".
Point of Contact	Any clarifications regarding the Scheme Guidelines/Operational issues, please contact on the 022-22896383 OR on Email ID staffmedicclaim@unionbankofindia.bank .

[Signature]

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**LIST OF TREATMENT PERMISSIBLE IN DAY CARE
(24 HOUR HOSPITALIZATION NOT REQUIRED)**

SR	LIST OF TREATMENT
1	ADENOIDECTOMY
2	APPENDECTOMY
3	ASCITIC/PLEURAL TAPPING
4	AUROPLASTY NOT COSMETIC IN NATURE
5	CORONARY/RENAL ANGIOGRAPHY
6	CORONARY ANGIOPLASTY
7	DENTAL SURGERY
8	D&C
9	EXCISION OF CYST/GRANULOMA/LUMP/TUMOR
10	EYE SURGERY
11	FRACTURE INCLUDING HAIRLINE FRACTURE/DISLOCATION
12	RADIOTHERAPY
13	CHEMOTHERAPY
14	LITHOTRIPSY
15	INCISION AND DRAINAGE OF ABSCESS
16	VARICOCELECTOMY
17	WOUND SUTURING
18	FESS
19	OPERATIONS/MICRO SURGICAL OPERATIONS ON THE NOSE, MOUTH, MIDDLE EAR/INTERNAL EAR, TONGUE, FACE, TONSILS & ADENOIDS, SALIVARY DUCTS, BREAST, SKIN & SUBCUTANEOUS TISSUES, DIGESTIVE TRACT, FEMALE/MALE SEXUAL ORGANS.
20	APPROVED TARGETED THERAPIES FOR TREATMENT OF CANCER IN DAY CARE AND ON STANDALONE BASIS. (IMMUNOTHERAPY — MONOCLONAL ANTIBODY CANCER TREATMENT ON STANDALONE BASIS).
21	HAEMO DIALYSIS
22	FISSURECTOMY/FISTULECTOMY
23	MASTOIDECTOMY
24	HYDROCELE SURGERIES
25	HYSTERECTOMY
26	INGUINAL/VENTRAL/MBILICALFHEMORAL HERNIA SURGERIES
27	PARENTERAL CHEMOTHERAPY
28	POLYPECTOMY
29	SEPTOPLASTY
30	PILES/FISTULA SURGERIES
31	PROSTATE SURGERIES
32	SINUSITIS SURGERIES
33	TONSILLECTOMY
34	LIVER ASPIRATION
35	SCLEROTHERAPY
36	VARICOSE VEIN LIGATION
37	ALL SCOPIES ALONG WITH BIOSPIES
38	LUMBAR PUNCTURE
39	TREATMENT FOR AGE RELATED MACULAR DEGENERATION (ARMD) AND INTRA VITREAL INJECTIONS FOR EYE DISORDERS OTHER THAN ARMD ALSO.

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LIST OF NON-MEDICAL EXPENSES EXCLUDED (NOT PAYABLE) UNDER UBIREMAS

SN NO	LIST OF EXPENSES	REMARK
1	HAIR REMOVAL CREAM	Not Payable
2	BRUSH	Not Payable
3	COSY TOWEL	Not Payable
4	HAND WASH	Not Payable
5	MOISTURISER PASTE BRUSH	Not Payable
6	POWDER	Not Payable
7	RAZOR	Not Payable
8	SHOE COVER	Not Payable
9	BEAUTY SERVICES	Not Payable
10	BELTS/ BRACES	Not Payable.
11	BUDS	Not Payable
12	BARBER CHARGES	Not Payable
13	CAPS	Not Payable
14	COLD PACK/HOT PACK	Not Payable
15	CARRY BAGS	Not Payable
16	COMB	Not Payable
17	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
18	EYE PAD	Not Payable
19	EYE SHEILD	Not Payable
20	EMAIL / INTERNET CHARGES	Not Payable
21	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
22	FOOT COVER	Not Payable
23	GOWN	Not Payable
24	LEGGINGS	Not Payable
25	LAUNDRY CHARGES	Not Payable
26	MINERAL WATER	Not Payable
27	OIL CHARGES	Not Payable
28	SANITARY PAD	Not Payable
29	SLIPPERS	Not Payable
30	TELEPHONE CHARGES	Not Payable
31	TISSUE PAPER	Not Payable
32	TOOTH PASTE	Not Payable
33	TOOTH BRUSH	Not Payable
34	GUEST SERVICES	Not Payable
35	BED PAN	Not Payable
36	BED UNDER PAD CHARGES	Not Payable

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SN NO	LIST OF EXPENSES	REMARK
37	CAMERA COVER	Not Payable
38	CLINIPLAST	Not Payable
39	CREPE BANDAGE	Not Payable
40	CURAPORE	Not Payable
41	DIAPER OF ANY TYPE	Not Payable
42	DVD, CD CHARGES	Not Payable
43	EYELET COLLAR	Not Payable
44	FACE MASK	Not Payable
45	FLEXI MASK	Not Payable
46	GAUSE SOFT	Not Payable
47	GAUZE	Not Payable
48	HAND HOLDER	Not Payable
49	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
50	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
51	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
52	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
53	HORMONE REPLACEMENT THERAPY	Not Payable
54	HOME VISIT CHARGES	Not Payable
55	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
56	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
57	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
58	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
59	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
60	DONOR SCREENING CHARGES	Not Payable
61	ADMISSION/REGISTRATION CHARGES	Not Payable
62	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
63	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
64	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable
65	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable
66	WARD AND THEATRE BOOKING CHARGES	Not Payable
67	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Not Payable

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SN NO	LIST OF EXPENSES	REMARK
68	MICROSCOPE COVER	Not Payable
69	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Not Payable
70	SURGICAL DRILL	Not Payable
71	EYE KIT	Not Payable
72	EYE DRAPE	Not Payable
73	X-RAY FILM	Not Payable
74	SPUTUM CUP	Not Payable
75	BOYLES APPARATUS CHARGES	Not Payable
76	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
77	Antiseptic or disinfectant lotions	Not Payable
78	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable
79	COTTON	Not Payable
80	COTTON BANDAGE	Not Payable
81	MICROPORE/ SURGICAL TAPE	Not Payable
82	BLADE	Not Payable
83	APRON	Not Payable
84	TORNIQUET	Not Payable
85	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable
86	URINE CONTAINER	Not Payable
87	LUXURY TAX	Not Payable
88	HVAC	Not Payable
89	HOUSE KEEPING CHARGES	Not Payable
90	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Not Payable
91	TELEVISION & AIR CONDITIONER CHARGES	Not Payable
92	SURCHARGES	Not Payable
93	ATTENDANT CHARGES	Not Payable
94	IM IV INJECTION CHARGES	Not Payable
95	CLEAN SHEET	Not Payable
96	BLANKET/WARMER BLANKET	Not Payable
97	ADMISSION KIT	Not Payable
98	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
99	CERTIFICATE CHARGES	Not Payable
100	COURIER CHARGES	Not Payable
101	CONVENYANCE CHARGES	Not Payable
102	DIABETIC CHART CHARGES	Not Payable
103	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable

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SN NO	LIST OF EXPENSES	REMARK
104	DISCHARGE PROCEDURE CHARGES	Not Payable
105	DAILY CHART CHARGES	Not Payable
106	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
107	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Not Payable
108	FILE OPENING CHARGES	Not Payable
109	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
110	MEDICAL CERTIFICATE	Not Payable
111	MAINTENANCE CHARGES	Not Payable
112	MEDICAL RECORDS	Not Payable
113	PREPARATION CHARGES	Not Payable
114	PHOTOCOPIES CHARGES	Not Payable
115	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
116	WASHING CHARGES	Not Payable
117	MEDICINE BOX	Not Payable
118	MORTUARY CHARGES	Payable up to 24 hrs, shifting charges not payable
119	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
120	WALKING AIDS CHARGES	Not Payable
121	BIPAP MACHINE	Not Payable
122	COMMODE	Not Payable
123	CPAP/ CAPD EQUIPMENTS	Device not payable
124	INFUSION PUMP – COST	Device not payable
125	PULSEOXYMETER CHARGES	Device not payable
126	SPACER	Not Payable
127	SPIROMETRE	Device not payable
128	SPO2 PROBE	Not Payable
129	NEBULIZER KIT	Not Payable
130	STEAM INHALER	Not Payable
131	ARMSLING	Not Payable
132	THERMOMETER	Not Payable
133	CERVICAL COLLAR	Not Payable
134	SPLINT	Not Payable
135	DIABETIC FOOT WEAR	Not Payable
136	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
137	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
138	LUMBOSACRAL BELT	Payable for surgery
139	AMBULANCE CHARGES	Max Rs. 2,500/- per

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140	AUTO/TAXI CHARGES	Max. Rs.750/- per
141	AMBULANCE COLLAR	Not Payable
142	AMBULANCE EQUIPMENT	Not Payable
143	VACCINATION CHARGES	Not Payable
144	MICROSHEILD	Not Payable
145	BETADINE / HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC	Not Payable
146	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
147	NUTRITION PLANNING CHARGES - DIETICIAN CHARGESDIET CHARGES	Not Payable
148	AHD	Not Payable
149	ALCOHOL SWABES	Not Payable
150	SCRUB SOLUTION/STERILLIUM	Not Payable
151	AESTHETIC TREATMENT / SURGERY	Not Payable
152	TPA CHARGES	Not Payable
153	VISCO BELT CHARGES	Not Payable
154	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
155	EXAMINATION GLOVES	Not payable
156	KIDNEY TRAY	Not Payable
157	MASK	Not Payable
158	OUNCE GLASS	Not Payable
159	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
160	OXYGEN MASK	Not Payable
161	PAPER GLOVES	Not Payable
162	REFERAL DOCTOR'S FEES	Not Payable
163	ACCU CHECK (Glucometery/ Strips)	Not Payable
164	PAN CAN	Not Payable
165	SOFNET	Not Payable
166	TROLLY COVER	Not Payable
167	UROMETER, URINE JUG	Not Payable
168	SOFTOVAC	Not Payable

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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 Bill No & Date Amount	From To
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

RECOMMENDED / 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

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MEMBERSHIP FORM
(To be Submitted by Spouse of Deceased Retired Employee Only)

To,
Asst. General Manager,
Human Resource Department,
Union Bank of India
239, Vidhan Bhavan Marg
Mumbai -400 021.

Passport Size Photo
of to be affixed and
attested by
Nominated Branch

Dear Sir/Madam,

My Spouse retired on _____ and thereafter expired on _____
prior to enrolling for **UBIREMAS** membership.

I desire to become a **Single** member of the Union Bank of India Retired Employees Medical Assistance Scheme (UBIREMAS) by paying non-refundable membership fees of Rs. _____ under the scheme.

I hereby authorize the bank to debit the membership fee from my account
_____ (Enter 15 digit Account number).

I will ensure that sufficient balance is maintained in the above mentioned account.

The details are as under:

1. Employee ID -
2. Name of Employee -
3. Date of Birth -
4. Date of retirement from service -
5. Retired on superannuation or under VRS Scheme or voluntary retirement under OSR/Pension Scheme -
6. Designation at the time of Retirement from service (PPO Copy to be attached) -
7. Branch/Office last worked -
8. Date of Death of Employee (If employee already expired after retirement) -

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Copy of Death Certificate to be enclosed

- | | |
|--|---|
| 9. Name of the Spouse(Applicant) | - |
| 10. Date of Birth of Spouse(Applicant) | - |
| 11. Telephone No with STD Code | - |
| 12. Mobile No | - |
| 13. Email ID | - |
| 14. Address | - |
| 15. Saving Bank A/c No.
(15 digit Account no) | - |
| 16. Nominated Branch of Union Bank of India
(Enter 6 digit Branch Code) | - |
| 17. Past Major illness, if any | - |

Declarations :

- ✓ I hereby authorize the Bank to debit the membership fee as per the cadre of employee from my above mentioned account number. I will ensure that sufficient balance is maintained in the above mentioned account.
- ✓ I have read the scheme and the rules there under. I will abide by the rules made under.
- ✓ I am not gainfully employed.
- ✓ I hereby declare that information furnished above is true to the best of my knowledge and I shall give any other information as and when required by the bank.
- ✓ Kindly enrol me as member of the Union Bank of India Retired Employees Medical Assistance Scheme (UBIREMAS).

Place
Date

Signature
Name