

**APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES UNDER e-SBP RETIRED EMPLOYEES' MEDICAL BENEFIT SCHEME**

1. Name of the Retired employee & address \_\_\_\_\_
2. Designation at the time of Retirement : \_\_\_\_\_
3. Name of the Spouse, in case of death of Retiree : \_\_\_\_\_
4. **HRMS ID/PF Index** : \_\_\_\_\_ **Membership No. of REMBS** \_\_\_\_\_
5. Whether Reimbursement claimed for self or spouse : \_\_\_\_\_
6. Nature of Disease : \_\_\_\_\_
7. a) Name & Address of Hospital : \_\_\_\_\_  
b) Period of Hospitalisation : \_\_\_\_\_
8. In case claim is for domiciliary treatment  
a) Period the claimant remained Previously hospitalised and name of Hospital : \_\_\_\_\_  
b) Period of present illness : \_\_\_\_\_
9. If Hospital is approved by Bank : YES/NO
10. Medical expenses reimbursed so far under the Scheme (Year wise details to be given) : \_\_\_\_\_
- 11.. Account number for credit of amount \_\_\_\_\_ Branch \_\_\_\_\_
12. Details of Medical Expenditure incurred (Prescription and supporting Vouchers to be Attached in Original).

Sr No.	Particulars	Bill details	Amount
1	Physician's /Consultant's Fee		
2	Bed/Room Charges		
3	Surgeon's Fee (including anaesthetists charges):		
4	Operation Theatre Charges		
5	Diagnostic material charges including X-rays, Pathological Tests.ECG etc.		
6	Medicines and Drugs, except Tonics		
	Total		

Certified that the expenses as detailed above have actually been incurred by me for self treatment / for the treatment of my spouse and the particulars given as above are true and correct.

**Dated:** -----

**Claimant's Signature**

Forwarded in original to the Asstt. General Manager (PPG),, State Bank of India, 17B,Local Head Office, Sector 17,Chandigarh for reimbursement of medical expenses incurred by the above named retiree .

**Branch** : \_\_\_\_\_

**No.** : \_\_\_\_\_

**Dated** : \_\_\_\_\_

**Manager**