



UCOBANK RETIREES' ASSOCIATION KARNATAKA (Regd)

(Regd as S.No: 699/97-98 Dated 20/01/1998 with the Registrar of Societies, Karnataka)

Regd Office: C/o UCO Bank, 3rd Floor, 13/22,
Kempegowda Road, Bangalore-560009

Website: urakar.com



UBRA-KAR/CIR/028/2020 - 23

Date: 26.03.2021.

To all members of our unit.

Dear Comrades,

SUB: AIUCBOF WELFARE AND BENEVOLENT TRUST MEDICAL AID SCHEME – 2021-22.

AIUCBOF Welfare & Benevolent Trust is extending the Medical Aid Scheme 2021-22. The detailed scheme guidelines are conveyed in their circular no.02/2020-21 dated.25.03.2021.

Members are requested to the contents of the circular in detail and avail the facility.

The following are the important points to be noted by members.

1. The facility is available to the existing members of AIUCBOF Welfare & Benevolent Trust. Presently new membership is not being entertained.
2. Members as mentioned in item no.1 should have taken Health Insurance cover under IBA Health Insurance Policy OR from any other agency.
3. The prescribed donation is to be paid by way of DD / cheque payable at Kolkata within the month of April 2021.
4. The application form along with donation must be sent through Life Trustee / Trustee.
5. The reimbursement amount is limited to Rs. 3.00 lacs (Rupees three lakhs only) out of the balance after the claim is settled by the Insurance Company.
6. The donations made to the Trust for the Medical Aid will be exempted under Section 80 G of Income Tax Act 1961.

A copy of their circular and applications are attached.

B.Lakshminarayana
Hon. Secretary.

All Correspondence to:

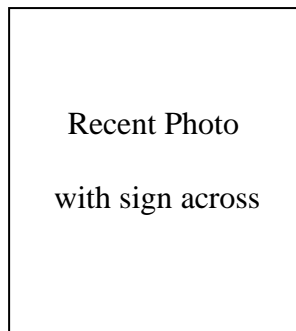


B.Lakshminarayana, No.1317, 11th Main, 5th A Cross
Srinivasanagar II Phase, B.S.K. III Stage,
BANGALORE – 560 050.

Mob: 9845443998; Email:balana56@gmail.com

APPLICATION FORM FOR DONATION TO MEDICAL AID SCHEME 2021-22.

**The Chairman
AIUCBOF Welfare & Benevolent Trust
Flat 1-B, 1st Floor
1-B Apurba Mitra Road,
Kolkata – 700 026.**



APPLICATION TO BE SUBMITTED THROUGH TRUSTEE

Dear Sir,

I am a (**Serving Officer / Supervisory Staff / Retired / Associate**) Member of the Trust and my Membership Number is...../...../...../.....

I have read the Medical Aid Scheme 2021-22 of AIUCBOF Welfare & Benevolent Trust and shall abide by the rules of the said Scheme.

I agree that the decision of the Trustees in the matter of providing Medical Aid to the Member and the dependent as provided in the Scheme shall be final and I shall not raise any dispute to the decision of the Trustees, regarding the quantum of Medical Aid provided by the Trust.

I wish to donate Rs..... towards Medical Aid Scheme 2021-22, vide Account Payee Cheque No.....dated.....drawn by UCO BankBranch / Demand Draft No..... dateddrawn by UCO BankBranch on **Kolkata Service Branch** favouring **AIUCBOF Welfare & Benevolent Trust**

Yours faithfully

(Signature)

Name (In Capital Letters): _____

EMP No. _____ **Mobile No.** _____ **PAN NO.** _____

E-Mail Id (In Capital Letters): _____

Present Branch/Office: (Applicable for Serving Members only):

Permanent Address: (With Pin Code) :------

Date:

Signature of Trustee_____

Encl.: DD / Cheque

Name of Trustee_____