APPLICATION FORM FOR CLAIMING MEDICAL AID REIMBURSEMENT FROM THE TRUST – 2026-27

The Chairman
AIUCBOF Welfare & BenevolentTrust
Flat 1-B, 1st Floor
1-B Apurba Mitra Road,
Kolkata-700 026

APPLICATION TO BE SUBMITTED BY MEMBER
DIRECTLY TO THE REGISTERED OFFICE OF THE TURST

Dear Sir,

Reimbursement of Hospitalisation Expenses-Medical Aid Scheme 2026-27

I do hereby apply for Reimbursement of Hospitalisation expenses of Medical Aid Scheme 2025-26 from the Trust enclosing relevant documents with my particulars as under:

1) Name of Member**(In Block Letters)**

2) Membership Number

3) Employee Number

4) Present Branch/Office of Posting
(Not applicable for Retired Member/ Associate Member)

5) Permanent Address (with Pin code):

6) Name of Person Hospitalised and Relation:

7) Date of Admission to Hospital

8) Date of Discharge from Hospital

9) Nature of disease

10) Please state whether you have registered Under Group Medical Scheme of Bank: **Yes/No**

11) If"No" in clause No10, please state whether you have separate Mediclaim Policy of your own : **Yes/No**

12) Total claim amount from Insurance Company/TPA

i) Expense during Hospitalisation :Rs._____

ii) Pre & Post Hospitalisation expense :Rs._____

iii) Total :Rs.....

13) Amount sanctioned by Insurance Company/TPA

i) Cashless authorization during Hospitalisation :Rs._____

ii) Sanction of Pre & Post Hospitalisation expense :Rs._____

iii) **Total :** :Rs. _ _ _ _ _ _ _ _ _

14) Amount deducted by Insurance Company (Enclose the relative document of lnsurance Company).

i) Hospitalisation expense :Rs._ _ _ _ _ _ _ _ _ _

ii) Pre-Post Hospitalisation expense :Rs._____

iii) Total deduction :Rs._ _ _ _ _ _ _ _ _ _

15) Balance Amount Claimed from Trust.

i) Hospitalisation Expense :Rs._____

ii) Pre & Post Hospitalisation expense :Rs._____

iii) Total :Rs.....

16) **S.B.A/c No.** of UCO Bank, with Branch Name:.....

17) Mobile No.

18) E-MailId:(in capital letters):

Yours faithfully,

Date :

Signature

NOTE:
Following documents must be furnished along with application:-

1) List of total expenses incurred should be supported with the following documents:-

a) Copy of the sanction advice of the Insurance Company/ Companies along with the calculation sheets / work sheets.

b) Total bill amount, Authorised amount ofTPA and Total deducted amount showing there in item wise, amount wise deduction with reason of deduction.(Enclose sanction advice of TPA related to Hospitalisation and pre -post Hospitalisation expense).

c) Copies of all Cash Memos and Vouchers

d) Documentary evidence showing the date of Admission and date of Discharge from the Hospital

e) Copies of Doctor's prescriptions