

The Chief General Manager,
State Bank of India
Local Head Office
New Delhi

Dear Sir,

SBI Retired Employees Medical benefit Scheme
Reimbursement of Medical Expenses to near relatives of
Retired Employees where both the beneficiaries have died

With reference to your letter No.HR:SW:KRP:3647 dated 14-02-2008, the matter relating settlement of REMBS medical bills, where the beneficiaries have died during the course of treatment, was examined by us in consultation with Law Department. The trustees have approved the undernoted procedure for the same.

- i) If the amount claimed is not more than Rs.50,000/- the eligible amount can be paid to the legal heirs after getting a declaration from them and a stamped indemnity;
- ii) If the amount exceeds Rs.50,000/-, please follow the procedure stipulated by the Bank for settlement of claims relating to a "deceased constituent's Account" including obtention of Indemnity.

Yours faithfully,
Sd/-

For Deputy Managing Director and CDO

Copy forwarded for information and necessary action / guidance to the Chief General Manager, SBI, LHO, All Circles except New Delhi.

Encl :

SBI Retired Employees Medical Benefit Scheme
Proforma of Claim to be stamped in accordance with State and to be stamped as
an Agreement & Indemnity

Date :

To,
The Branch Manager/Dept.,.....,
State Bank of India,
.....Branch/Office,
.....

Dear Sir,

Claim in respect of Medical Bills of Shri/Smt/Kumari

.....(Deceased)

Paid to Shri/Smt/Kumari.....

(One of the legal heirs) OR

Paid to Sarvashri/Smt/Kumari.....

(Names) of the Legal Heirs

(Contd on next page.....)

Late Shri/Smt/Kumari.....was working as
.....in State Bank of India before his/her retirement and he/she was drawing
his/her pension from.....Branch of State Bank of India and was
residing at.....

OR

Shri./Smt.....is the surviving spouse of
late Shri./Smt./Kumari.....and presently residing at
.....(Address).

Shri/Smt/Kumari.....passed away on
.....(date). A copy of the Death Certificate is enclosed.

Shri/Smt/Kumari.....is survived by the following
legal heirs :

- 1)
- 2)
- 3)
- 4)

To support the statement, we are enclosing Legal Heir-ship Certificate / Affidavit duly signed
before the Notary along with two witnesses.

Shri/Smt/Kumari.....was ill for
(nature of the decease) admitted inNursing Home/Hospital.

Shri/Smt/Kumari..... passed away during the course of medical
treatment and the Nursing Home/Hospital authorities have submitted a total bill for Rs.....

There are no further claims to hospitalization expenses or medical expenses etc.

I/We.....(name/s) are duly authorized by the
legal heirs to claim the medical bill amount of late Shri/Smt/Kumari.....

from the Bank. The disclaimer in my/our favour is enclosed. In consideration of State Bank of
India paying this amount of Rs.....to me/us, I/We.....

.....(name/s of the undersigned), shall keep the Bank indemnified against
all the costs, claims, suits, etc. from the Nursing Home/Hospital or any other authorities.

NAME & SIGNATURE :

- 1)
- 2)

(Legal Heirs)

Address :-

Address :-

Date :

Place :