

23.Savings Bank account no. at pension paying branch:

24.Details of Draft enclosed.

Draft No.									
Amount									
Date of draft									
Issuing branch									
Drawn on									

Date
Place

(SIGNATURE OF THE MEMBER)

DECLARATION

We declare that-

- (i) The particulars given above are correct.
- (ii) We have read and understood the terms and conditions of the Scheme III and undertake to abide by the same.
- (iii) We shall not make any false claim from the Bank under the Scheme. In the event of our making any false medical claim or not settling the medical bill, we are liable to forfeit the benefits under the Scheme(s) as also our membership to the Scheme.
- (iv) We undertake to pay to the hospital all expenses in excess of our eligibility for treatment under the Scheme and the Bank will not be liable for any such expenses in excess of our eligibility. The Bank is also hereby authorized to recover our share of the medical bill from our Pension Family Pension or from the legal heirs in case this is not paid by us within 15 days of receipt of advice thereof. A copy of this authorization is being registered with the Trustees of the Pension Fund.
- (v) We also note that in case the Bank decides to wind up the Scheme and dispose off the contributions/fees received from them in a manner deemed fit we shall have no legal claim against the Bank or the Managing Committee or the Trust.

(SIGNATURE OF THE SPOUSE)
Name:
Date:

(SIGNATURE OF THE MEMBER)
Name:
Date:

Branch
Code Number:
Date

(Counter signature by the
Branch Manager of the
branch from where pension
Is being drawn)

FOR USE AT ADMIN OFFICE

- 1. Eligibility's for medical benefits: Rs. /under Scheme III
 - 2. Amount of Benefit availed so far by the Member: Rs.
 - 3. Balance amount left to the credit of member under Scheme II (1-2): Rs.
 - 4. Plan opted for: A-1/B-1/C-1/D-1/E
 - 5. Maximum eligibility under the Plan: Rs 3/4/5/7/10/15/20 lac
 - 6. Amount of eligibility of Member (Rs 3/4/5/7/10/15/20 lac - Amount in 3): Rs.
- To be carried forward to the ledger sheet and pass book: Rs

Date:
Place:

(SIGNATURE WITH DATE OF THE
OFFICER INCHARGE OF THE SCHEME AT
ADMIN OFFICE)

ACKNOWLEDGEMENT

(To be given to the applicant by the branch/office receiving the Form)

Received from Shri/Smt.

Membership-cum-Declaration Form (Form - A) of the SBI Retired Employees Medical Benefit Scheme -III along with the draft No. _____ dated _____ for Rs. _-,----,---,---,--_ issued by _____ and drawn on _____ for onward submission to Admin Office.

Date _____

Branch _____

Stamp of the Branch

Signature of the
officer receiving the Form