

Date of receipt of application :
Signature of the Officer receiving the application :

THE STATE BANK OF INDIA RETIRED EMPLOYEES MEDICAL BENEFIT TRUST

(Membership-cum-Declaration Form to be used by the retired/retiring employees)

(To be submitted in duplicate)

Membership No. of the Trust

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(to be filled at the Zonal Office)

A joint photograph of the member and spouse should be affixed in the box.

(The Branch Manager / Head of the Department receiving the application should attest the photograph. A copy of the photograph duly signed by the Branch Manager / Head of the Department receiving the application should also be enclosed with the form.)

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1. Name of the employee :
2. Address :
3. Provident Fund Index No. :
4. Date of Birth :
5. Date of joining the service :

(2)

6. Date of confirmation in the service :
7. Date of retirement :
8. Retired / retiring as :
9. Age as on the date of retirement. :
10. Whether Rule 19(3) was invoked on attaining the age of retirement. If yes, please furnish the details of the disciplinary case, date of its conclusion and penalty, if any imposed. :
11. Name of the Branch/Office from where retired :
12. Whether retired / retiring on attaining the age of retirement / superannuation or on medical grounds on being declared permanently incapacitated by bodily or mental infirmity from further active service (such infirmity not being the result of irregular or intemperate habits) by a Medical Board constituted for the purpose and pension sanctioned under rule 19(iii)/22(ii) of IBI/SBI Employees' Pension Fund Rules. If Retired on medical grounds, copy of the report of Medical Board constituted for the purpose be enclosed. :
13. Branch from where pension is being drawn/proposed to be drawn. :
14. Details of pension / provisional pension (copy of Pension payment advise / certificate of provisional pension should be enclosed.) :
- | | |
|-----------------|-----|
| Basic Pension | Rs. |
| Dearness Relief | Rs. |
| Total | Rs. |
- (a) Date of 1st Pension :
15. Proposed Plan of the Scheme/Trust :
16. Contribution payable for the Plan : Rs.

(3)

17. If currently employed/propose to take employment, if any, after retirement, please state the details of the current/proposed employer and medical benefits available therefrom. :
18. (a) Name of spouse :
(b) Date of birth of the spouse :
19. If the spouse is currently employed, please state the details of her/his current employer and medical benefits available therefrom. :
20. Details of invalid child/children, if any, who has/have been sanctioned pension for life :
21. Details of Draft enclosed. : Draft No. :
Amount :
Date of draft :
Issuing branch :
Drawn on : Branch Kurla Complex,
Mumbai (4380)

Date :

Place :

(Signature of the member)

(4)

DECLARATION

We declare that -

- (i) The particulars given above are correct.
- (ii) We have read and understood the terms and conditions of the Scheme / Trust and undertake to abide by the same.
- (iii) We shall not make any false claim from the Bank under the Scheme / Trust. 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 / Trust as also our membership to the Scheme / Trust.
- (iv) We undertake to pay to the hospital all expenses in excess of our eligibility for treatment under the Scheme/Trust and the Bank will not be liable for any such expenses in excess of our eligibility. The Bank is also hereby authorised to recover our share of the medical bill from our Pension/Family Pension/ Bank Account/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 authorisation is being registered with the Trustees of the Pension Fund.
- (v) We also not that in case the Board of Trustees decides to wind up the Scheme/Trust and dispose off the contributions/Income received by them in a manner deemed fit by them we shall have no legal claim against the Bank or the Managing Committee or the Trust.

(SIGNATURE OF THE SPOUSE)

Date :

(SIGNATURE OF THE MEMBER)

Date :

Branch : _____

Code Number : _____

Date : _____

(Countersignature by the Branch
Manager of the branch from where
pension is being drawn.)

(5)

ACKNOWLEDGEMENT

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

Received from Shri/Smt. _____

Membership-cum-Declaration Form (Annexure A) of the SBI Retired Employees Medical Benefit Trust
alongwith the draft No. _____ dated _____ for
Rs. _____ issued by _____ and drawn on Bandra Kurla Complex, Mumbai
for onward submission to PUNE Zonal Office.

Date _____

Stamp of the Branch

Signature of the officer
receiving the Form

Branch _____

(6)

FOR OFFICE USE

Based on the information provided as above and certificate, the said retired employee is admitted subject to rectification by the Managing Committee in due course.

i. Details of the draft received by way of membership fee/contribution. : Draft No. _____
Amount _____
Date _____
Drawn on Bandra Kurla Complex, Mumbai (4380)

ii. Name of the Zonal Office in whose geographical limits the member resides : PUNE

iii. Date of remitting the membership fee/ contribution to Central Office :

iv. Date of admission :

v. Date of ratification by the Managing Committee. :

Date :

Place :

(SIGNATURE)
CHIEF MANAGER (H.R.)
PUNE ZONAL OFFICE

We confirm that - i) the application has been carefully scrutinised at our end and has been found in order in all respects.
ii) the member is eligible to join the Scheme in terms of instructions contained in Central Office Circular No. CDO/PM/CIR/40 dated 12.09.1996 & CDO/PM/16/CIR/13 dated 27.06.2003.

(SIGNATURE)
ASST. GENERAL MANAGER (H.R.)
MUMBAI LOCAL HEAD OFFICE