

Date of receipt of application :

Signature of officer receiving the application :

**Form :**

**A**

## The State Bank of India Retired Employees Medical Benefit Scheme – II

(To be submitted in duplicate along with a copy of the pension Payment Advice)

(Membership-cum Declaration Form to be used by the existing member of the  
State Bank of India retired Employees Medical Benefit Scheme -I)

Membership No. of the Scheme – II \_\_\_\_\_  
(to be filled at the Zonal office)

Membership No. of the Scheme – I \_\_\_\_\_  
(to be filled by the applicant)

Amount of Medical Assistance : Rs.  
Availed under the Scheme - I ( to be filled by the applicant)

(A photocopy of the Identity Card - cum Pass book issued under the Scheme I  
should be enclosed with the Form)

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)**

1. Name of the employee :
2. Address :
3. Provident Fund Index Number :
4. Date of Birth :
5. Date of Joining the service :
6. Date of confirmation in the service :
7. Date of retirement :
8. Retired 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 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 (ii) 22 (iii) 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.

14. Details of pension (copy of Pension: Rs. payment advice should be enclosed)	Basic Pension		
	FDR		Rs.
	FAR	Rs.	
	AFADR		Rs.
	Dearness Relief	Rs.	
	<b>TOTAL</b>		<b>Rs.</b>

15. Proposed plan of the Scheme - II : Plan A / Plan B / Plan C / Plan D  
(Please tick the appropriate plan and also write it )

16. Contribution payable for the Plan : Rs.

17. Contribution paid for the Membership of the Scheme - I : Rs.

18. Contribution now payable : Rs.

19. If currently employed, please State the details of the current employer and medical benefits available therefrom

- 20. (a) Name of the spouse :
- (b) Date of birth of the spouse :

21. If the spouse is currently employed please state the details of her/his current employer and medical benefits available therefrom.

22. Details of invalid child / children if any, who has / have been sanctioned pension for life.

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

24. Details of Draft enclosed. :                      Draft No. :  
Amount :  
Date of draft :  
Issuing Branch :  
Drawn on :

Date :  
Place :  
Member)

(Signature of the

# Declaration

## We declare that :-

- (i) The particulars given above are correct.
- ii) We have read and understood the terms and conditions of the Scheme 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 benefit under the scheme as also 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 authorised to recover our share of 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 authorisation is being registered with the Trustee of the Pension Fund.
- v) We also note that in case the Bank decides to wind up the Scheme and dispose off the contribution / fee 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)

Date :

(Signature of the Member)

Date :

Branch : \_\_\_\_\_

Code Number : \_\_\_\_\_

Date : \_\_\_\_\_

(Countersignature by the Branch Manager

of the branch from where pension

is being drawn)

## **For Use at Zonal**

1. Eligibility for medical benefits under Scheme I : Rs. 2,00,000/-

2. Amount of benefit availed so far to the member : Rs.

3. Balance amount left to the credit of member under Scheme (1-2) : Rs.

4. Plan opted for : B/C/D :

5. Maximum eligibility under the Plan : Rs. 3/4/5/lacs

6. Amount of eligibility of Member : Rs.

(Rs. 3/4/5 lacs - Amount in 3)

To be carried forward to the ledger sheet and pass book.

Date :

(Signature with date of the officer In charge  
of the scheme at Zonal Office)

Place :

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## **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 - II alongwith the draft No. \_\_\_\_\_ dated

\_\_\_\_\_ for Rs. \_\_\_\_\_ issued by \_\_\_\_\_ and

drawn on \_\_\_\_\_ for onwards submission to \_\_\_\_\_

zonal office.

Date : \_\_\_\_\_

Stamp of the Branch

Signature of the officer  
receiving the Form

Branch :

## Declaration

We declare that :

i) The particulars given above are correct.

ii) We have read and understood the terms and conditions of the Scheme and undertake to abide by the same.

iii) We shall not make any false medical claim from the Bank under the Scheme. In the event of our making any false medical claim or not setting the medical bill, we are liable to forfeit the benefits under the Scheme 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 authorised to recover our share to the medical bill from our Pension / Family Pension, in case this is not paid by us within 15 days of its receipt by me. A copy of this authorisation is being registered with the Trustees of the Pension Fund.

v. We note that claim made under the scheme will be settled subject to availability of Funds.

vi. We also note that in case the Bank decides to wind up the Scheme and dispose off the contributions / fees received from me in a manner deemed fit, we shall have no legal claim against the Bank or the Managing Committee. One extra joint photograph duly attested, for Passbook, is enclosed.

(Signature of the spouse)

Date :

First pension credited to SB A/c on \_\_\_\_\_ Gross Amount of pension is Rs. \_\_\_\_\_ (without commutation)

(Signature of the Member)

Date :

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

Branch : \_\_\_\_\_

Code Number :

Date :

## 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 : Draft No. \_\_\_\_\_  
way of membership fee / contribution. Amount \_\_\_\_\_  
Date \_\_\_\_\_  
Drawn on Madam Cama Road, Mumbai

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

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

iv. Date of admission :

v. Date of ratification by the Managing Committee :

Date :

(Signature)  
Chief Manager (P&HRD)  
\_\_\_\_\_ Zonal Office

Place :

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 12.9.1996

(Signature)  
Asst. General Manager (P&HRD)  
\_\_\_\_\_ Local Head Office