Signature of the Officer receiving the application:									
FORM - A									
THE STATE BANK OF IN MEDICAL BENEF	NDIA RETIRED EMPLOYEES FIT SCHEME - III								
(Membership-cum-Declaration Form to be Bank of India Retired Employees Medical	used by the existing members of the State l Benefit Scheme - I & II)								
(FOR THE USE OF REGULAR RETIREES, RETIREMENTS ETC.)	OTHERTHAN VRS/ EXIT / VOLUNTARY								
Membership No. of the Scheme - III	(To be filled at the Admin Office)								
<b>3</b>	Rs. Rs. (To be filled by the applicant)								
Amount of medical assistance availed un the Scheme - II: (To be filled by the applicant)	nder Rs.								
(A photocopy of the Identity Card-cum-Fissued under the Scheme - I $\setminus$ II should enclosed with the Form)									
(A joint photograph of the member and s should be affixed in the box. =>	spouse								
(The Branch Manager/ Head of the Depart receiving the application should attest photograph. A copy of the photograph du by the Branch Manager/ Head of the Depa receiving the application should also be enclosed with the form)	t the uly signed artment								
1. Name of the employee	:								
2. Address with Pin Code	:								
Residence Number Mobile Number	:								
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 (in Years) as on the date of retirement	:								

Date of receipt of application:

If y of t	attaini yes, pl the dis	ng the ease fi ciplin	age of urnish ary cas	f retir the de se, dat	rement.								
11.Name		e Bran	ch/Offi	ice fro	om where	:							
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14.Deta		_	_	_			:		Basic Per FDR FAR AFADR Dearness		Rs. Rs. Rs. Rs.		
15.Prop		lan of the ap					:						
(Fiease	PLAN A	PLAN B	PLAN C	PLAN D		PLAN A-1	1	PLAN B-1		PLAN D-1			PLAN E
16.Cont	ributi	on pay	able fo	or the	Plan		:		F	Rs.			
		on paid		the men	mbership	of	:		F	Rs.			
18.Cont	ributi	on now	payabl	le (16-	-17) Rs.		:						
det	cails c	f the	current	emplo	se state byer and there fro		:						
20. (a)	Name	of the	spouse	<b>)</b>		: [							
(b)	Date	of bir	th of t	the spo	ouse	: [	İ						<u> </u>
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22.Deta			alid c	hild/c	hildren,	if	any	, wh	no has/ha	ave be	en s	anct	ioned

Date of Birth:

a) Name : b) Age : 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)

(SIGNATURE OF THE MEMBER)

Name: Date:

Branch

Date

Name: Date:

Code Number:

(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
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Received f	•		Form (Fo	orm - A)	of the	SBI Retired
_		Benefit	Scheme		with the	draft No.
and drawn				sion to Adm		
Date Branch	s	stamp of t	he Branch	Signat		