

To
Welfare Service Section,
Personnel Department,
Bridge & Roof Co. (India) Ltd., Howrah.

Proforma for Application of Post Retirement Mediciam Benefit

Employee Category: * Ex-Officer: ☐ Ex-Staff: ☐ Ex-Sub staff: ☐ Ex-Worker: ☐

Employment No.: Date of Retirement:

Date of Birth & Name of the Ex-employee: (dd mm yyyy)

First Name Middle Name Surname

Date of Birth & Name of the Spouse: (dd mm yyyy)

First Name Middle Name Surname

Policy No. & Date of Commencement: &

Name of the Insurance Co.: * National ☐ New India ☐ Oriental ☐ United India ☐

Amount Claimed & Date: ₹ & (dd mm yyyy)

I / we declare that I / we have read and fully understood Post Retirement Mediciam Benefit Scheme of Bridge & Roof Co. (India) Ltd. and I / we shall abide by all the Rules and Regulations governing the Scheme.

I / we further declare that the above information's is true to my / our knowledge and belief. In the event of any information being found false, the Management will be at the liberty to take appropriate measures against me / us and my / our entitlement for reimbursement of post retirement mediciam benefit will be forfeited.

I / we enclose herewith original money receipt, copy of renewal note / advise containing detailed break-up of all payment heads along with copy of the relevant policy. Reimbursement and original money receipt may be sent to me / us in the enclosed self addressed envelop attached herewith.

Signature of Ex-employee

Signature of Spouse

(Verification of Name of the Spouse from Personnel Department)

Date: (dd mm yyyy) Place:

* Please choose the applicable option by tick marks.

For Official Use Only

Medical Section

Gross Payment Receipt: ₹

(Less) Non-reimbursable Amount: ₹

Forwarded to Accounts Department

Total Amount: ₹

Cheque to be issued in the name of the Ex-employee / Spouse (in case of death of Ex-employee)

Accounts Department

Entitled Amount: ₹

Less Deduction, if any: ₹

Passed for Payment in favour of Sri / Ms.

vide Cheque / Voucher No.:

dated

(Prepared By)

(Passed By)

Pre-Receipt

Received with thanks ₹ towards my final settlement of my / our claim dated against Post Retirement Mediciam Benefit Scheme.

Signature of Ex-employee with date

Signature of Spouse with date