

## SBISA Medical Benefit Fund Scheme (2014-2015)

NAME OF THE EMPLOYEE :  
DESIGNATION :  
P.F. INDEX :  
BRANCH NAME & CODE :  
NAME OF THE REGION & MODULE :  
JOURNAL NO. :  
DATE OF PAYMENT TO THE SCHEME :  
NAME OF THE PATIENT :  
RELATIONSHIP WITH THE EMPLOYEE :  
PERIOD OF HOSPITALISATION : FROM : TO :  
TOTAL BILL FOR HOSPITALISATION (A) : Rs.  
AMOUNT PAID BY BANK (B) : Rs.  
AMOUNT NOT REIMBURSED BY THE BANK (A-B) : Rs.  
ACCOUNT NO. :  
MOBILE NO. :

**Date :**

**Signature**

**Enclosures :**

- 1. Photo Copy of the Sanction Letter from the controlling office.**
- 2. Photo Copy (both sides) of the calculation sheet for Hospitalisation dully filled up by the controlling office from which we can get the detailed break-up of all bills paid (or not paid) by the Bank.**
- 3. Print out of the Medical Reimbursement Page(s) of HRMS portal.**
- 4. Photo copy of the Discharged Certificate from Hospital.**