CLAIR CODE	es:	FORMAT - F
CLAIM FORM FOR REIMBURSEMENT OF MEDI Non - Executive FOR out pati	ent/domiciliary treatme	RRED BY SEPERATEI
Registration of Medical Card		
Present address at which the Cheque is to be sent		
ranic of the Patient.		Note
- Relationship with the		1) Doctor's prescription
Retired Non-Executive :		and cash memos in original should be
. Idoo de Willett patient leil III :		attached.
dedutient taken at place other		2) Receipts of amount
than place of residence, give reasons :		claimed should be enclosed.
Name of the doctor & hospital		Separate claims
from where treatment taken		should be prepared for
Qualification of the Doctor:		each patient and each spell of treatment.
(To be certified by the ret	ired Non-Executive)	
do hereby declare that :		
The statements made in the claim are true to the best of	mu knowlada	
are true to the best of		
i) I am a member of Contributory Post Retirement Medicare	Schome and belief	
 I am a member of Contributory Post Retirement Medicare 	Scheme and my Medical C	ard is valid since
 I am a member of Contributory Post Retirement Medicare I continue to fulfill the conditions of eligibility for availing the 	Scheme and my Medical C	ard is valid sincee.
 I am a member of Contributory Post Retirement Medicare I continue to fulfill the conditions of eligibility for availing the The Medical expenses were incurred for self/spouse. I fully understand that the Company may refuse/torminate 	Scheme and my Medical Cone benefits under the scheme	e.
 I am a member of Contributory Post Retirement Medicare I continue to fulfill the conditions of eligibility for availing the The Medical expenses were incurred for self/spouse. I fully understand that the Company may refuse/terminate notice and without assigning any reasons. 	Scheme and my Medical Cone benefits under the scheme my membership of the sch	e. eme at any time without a
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