National Council for Cement and Building Materials

Reimbursement of Medical Expenses (Domiciliary) to officials retired on Superannuation

(NCB Medical Benefit Rules, 1977)

	Employee No.:
	Contact No.:
	SB A/c No.:
Name:	
Date of Superannuation:	
Basic Pay at the time of Superannuation Rs	Grade
Period of Claim : From to _	

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		_
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		-
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1) The paid up bills and relevant prescriptions are enclosed.

2) **Requisite declaration** in accordance with the clause 4.8 of NCB Medical Benefit Rules, 1977, duly signed by me, is enclosed.

3) The amount as admissible may please be reimbursed to me.

Encls :

Signature & Date

Ledger Folio No : _____

(FOR USE IN FAS)

 Balance at his credit as on ______ is Rs _____

 Claim admitted for Rs ______

Dealing Assistant

DECLARATION

I,	declare that:
i)	The reimbursement claimed is in respect of myself and my spouse only.
ii)	I was not re-employed on full time : Yes / No basis during the period of claim preferred.
iii)	I am neither availing nor entitled : Yes / No to any other medical facilities from any other source either in consequence of my past employment or employment of the spouse and / or of the wards or for any other account.
iv)	The amount claimed has been actually spent by me on medical services and medicines. No part of the amount has been incurred on treatment of a Veneral disease, psychiatric treatment or intentional self injury, Intemperance or the use of intoxicating drugs or liquor / or any injury, disease or illness directly or indirectly attributable to one or more of these causes.
v)	The amount claimed does not include the following :
	 (a) Charges incurred on diagnostic or X-ray, or laboratory examinations or other diagnostic tests not consistent with and incidental to the diagnosis and treatment of ailment, sickness or injury and not prescribed by the Medical Attendant. (b) Treatment of congenital defects/ diseases if these are incurable. (c) Expenditure on treatment pertaining to menopause. (d) Expenditure on special nursing. (e) Expenditure towards cosmetic surgery.

Date :

SIGNATURE

NOTE : EACH PRESCRIPTION OR BILL FOR TREATMENT SHOULD CLEARLY SPECIFY THE DISEASE FOR WHICH TREATMENT HAS BEEN PRESCRIBED TO FACILITATE TIMELY PAYMENT.