

### The Canara Bank Retired Officers' Association (Regd)

Central Office: 1 & 70, 9<sup>th</sup> Main, 3<sup>rd</sup> Block, Jayanagar, Bangalore-560011 Ph: 080 -26640003, Email: cbroablr@gmail.com

# **CBROA Welfare Schemes:** (Effective from 01.04.2017)

#### 1. Medical Relief i.e., Reimbursement of Hospitalization Expenses:

#### Objective:

To assist the member/spouse by way of reimbursement of Hospitalization expenses for any ailment / disease /accident to the member or his /her spouse.

#### **Eligibility:**

Member must be a Life member or in the case of Ordinary member, his/her subscription must be up to date. Members whose subscriptions are in arrears and just for the sake of claiming Medical Relief, clearing the arrears of subscription, are not entitled for reimbursement of Medical Relief.

#### **Other Provisions:**

Minimum Hospitalization expenses incurred must be Rs 1, 00,000/- (Rs One Lakh) under single bill concept. Investigation / Medicine expenses incurred before and after 30 days of Hospitalization (Pre & Post) on the medical advice will be considered as Hospitalization expenses for reimbursement purpose.

CBROA will reimburse 7.5% of the total bill amount or disallowed portion of the Health Insurance claim settlement whichever is less, subject to a minimum of Rs 7500/-. And the maximum reimbursement allowed under the scheme is Rs 25000/- (Rs Twenty-five thousand) only in his /her life time.

In the case of spouse hospitalization, maximum reimbursement amount allowed is Rs 10000/- (ten thousand) only, within the above said overall limit of Rs 25000/-.

Member can prefer any number of claims in his /her life time including the claim relating to spouse, subject to overall limit of Rs 25000/- per member.

Claims must be preferred within two months from the date of discharge from the Hospital.

Members claiming the reimbursement of Hospital expenses must provide following information on plain paper and forward the same to CBROA, Bengaluru office along with Xerox copies of Hospitalization / medicine bills & discharge summary.

Claim application format is available on our website -cbroa.co.in

#### 3. Death Relief:

<u>Eligibility</u>: Any member who is on the rolls of CBROA at the time of Death, provided his / her subscription is upto date.

**Quantum: Rs 7500/-** (Seven thousand five hundred) payable to spouse as recorded in the membership application form.

<u>How to Claim</u>: Application by spouse on plain paper furnishing the Name of the member with staff number or membership number, date of death along with the death certificate may be forwarded to our Central Office.

<u>Other Condition</u>: Application/information about death must be received at our end within a reasonable time from the date of death.

#### 3. Honoring of Members who have attained the age of 75+,90+.100+ years:

Members who have attained the age of 75+ years, 90+ years and 100+ years will be honored at Biennial Conference/various meetings conducted at different cities/places. In case if the members are unable to attend such conferences, meetings, our office bearers/activists will call on such members at their residences to felicitate them.

## **CBROA** Medical Reimbursement - Claim Application Format:

a	Name with Staff number	
b	Address of Member	
Ü	& Mobile Number	
c	CBROA Membership Number	
	Life Member / Ordinary Member	
d	If Ordinary member; whether	
	subscription is up to date	
e	Name of the Patient: (Member or	
	Spouse)	
f	Nature of ailment / treatment	
g	Date of admission to Hospital	
h	Date of Discharge from Hospital	
i	Tatal Haarital Dill amount (in aladia a	
1	Total Hospital Bill amount (including Pre & Post medicine bills amount)	
j	Amount settled by Health Ins Co.	
J k	Disallowed portion of claim amount	
V	by Health Ins. Co.	
1	Details of previous claims	
1	Preferred with CBROA – if any	
m	Canara Bank branch name with	
111	Account number (13 digits)	
n	Whether <b>Photo copies</b> following are	Yes / No
11	attached?	163/140
	1. Hospital /other medical bills	
	2. Hospital Discharge summery	
	3.sanction copy relating to Insurance	
	settled amount.	

The above are true and correct to the best of my knowledge. Please permit me the eligible reimbursement

### **Signature of Member with Date**