

The Canara Bank Retired Officers' Association (Regd)

<u>Central Office:</u> 1 & 70, 9th Main, 3rd Block, Jayanagar, Bangalore Email: cbroablr@gmail.com. Web: https\\cbroa.co.in

CBROA Welfare Schemes: (Effective from 29.11.2024)

I. Medical Relief Scheme (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:

All the life members are eligible for the scheme. The benefit of the scheme will be **available one year after** becoming a life member of the Association.

Other Provisions:

- 1. Maximum limit for each member is Rs.30000/- during his/her lifetime (a sub-limit of Rs.10,000/- would be made available for the spouse of the member, provided he/she is our associate member.
- 2. **Minimum** hospitalization expenses incurred must be **Rs 3**, **00**,**000/-** (**Rs Three Lakhs only**) under single hospitalization bill concept. However, in case of critical illnesses like cancer, kidney ailments etc the treatment is for a longer period of time. Hence, in such cases, expenses regarding treatment given up to **one year** may be consolidated and claimed for the purpose of reimbursement. 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.
- 3. CBROA will reimburse **75**% of the disallowed portion over and above the hospitalisation bill of Rs.3 lakhs and above (per hospitalisation bill) subject to a minimum reimbursement of Rs.7500/- in respect of members and Rs.5000/- in respect of spouses of members.
- 4. Members may prefer any number of claims during his/her lifetime, including claim for his/her spouse, subject to the overall limit of Rs.30000/-
- 5. In respect of members who are not covered under any insurance scheme, but claiming the amount from CBROA, reimbursement will be made at 50% of the amount over and above the minimum hospitalisation bill of Rs.3 lakhs, subject to a minimum reimbursement of Rs.7500/- in respect of members and Rs.5000/- in respect of spouses of members.
- 6. Hospitalisation claims from CBROA shall be made within a reasonable period of **2 months** after discharge from the hospital.

Members claiming the reimbursement of Hospital expenses must submit the claim form to CBROA, Bengaluru office along with xerox copies of hospitalization / medicine bills & discharge summary.

II. 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 the members are unable to attend such conferences or meetings, our office bearers/activists will call on such members at their residences to felicitate them.



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Claim form for reimbursement of hospitalisation expenses from CBROA

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1.	Name with Staff number	
2.	Address of Member	
	& Mobile Number	
3.	CDDOA Mambarship Number	
3.	CBROA Membership Number	
4.	Name of the Patient: (Member or Spouse)	
1.	name of the rations. (Member of Spouse)	
5.	If spouse, Associate Membership No.	
J.	ii spouse, Associate Membership No.	
6.	Nature of ailment / treatment	
0.	nature of antiferre / deadment	
7.	Date of admission to Hospital	
	•	
8.	Date of Discharge from Hospital	
9.	Total Hospital Bill amount (including Pre &	
	Post medicine bills amount)	
10.	Amount settled by Health Insurance Co.	
11.	Disallowed portion of claim amount by	
11.	Disallowed portion of claim amount by Health Ins. Co.	
	neatti iiis. Co.	
12.	Details of previous claims	
	Preferred with CBROA - if any	
4.2	6 8 11 1 11 11	
13.	Canara Bank branch name with Account	
	number (13 digits)	
14.	Whether Photo copies of the following are	Yes / No
	attached?	
	1. Hospital /other medical bills	
	2. Hospital Discharge summery 3. 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

PS: Please send the claim form along with documents mentioned under SI. No.14 to Canara Bank Retired Officers' Association, No. 1 & 70, 9^{th} Main, 3^{rd} Block, Jayanagar, Bangalore-560011