

<b>RETIRED EMPLOYEES</b> <b>ANNEXURE 12.1</b>
--

**MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS AS PER CENTRAL GOVERNMENT HEALTH SCHEME AND NEW MEDICAL SCHEME FOR RETIREES/SPOUSE IN V.O.CHIDAMBARANAR PORT TRUST**

1. Retired Employees Medical ID Card No. :
2. Date of Enrolment :
3. Full Name of Retired Employee/ Spouse Card Holder and present Residential Address with Tel.No. ( Block letters) :
4. Status ( Pensioner / spouse ) :
5. The following documents are submitted ( Please tick the relevant column)
  - (a) Medical Form for reimbursement as per CGHS rate : Yes / No
  - (b) Photocopy of Medical I.D. Card of Retired Employee / Spouse : Yes/ No
  - (c) No. of original bills : Yes/ No
  - (d) Copy of discharge summary : Yes/ No
  - (e) Copy of reference letter issued by the CMO, TPT : Yes/ No
  - (f) Whether the hospital has given break up For lab investigations : Yes/ No
  - (g) Original papers have been lost the following documents are submitted
    - I. Photocopies of claim papers : Yes/ No
    - II. Affidavit on Stamp paper : Yes/ No
  - (h) In case of death of Retiree / Spouse the following documents are submitted
    - I. Affidavit on Stamp paper by claimant : Yes/ No
    - II. No objection from other legal heirs On Stamp papers with Legal Heir Certificate : Yes/ No

Signature of Retired  
Employee / Spouse

Place :

Date :

Name of the Bank ..... Branch .....

SB A/c No. .... ( in which Pension / Family pension is credited)

Branch MICR Code ..... Tel.No. of Bank Branch .....