

ANNEXURE - II
SPECIMEN OF DECLARATION

DECLARATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES FOR THE YEAR 201.. BY THE SUPERANNUATED/SPOUSE OF SUPERANNUATED EMPLOYEES/ SPOUSE OF EMPLOYEE DYING IN HARNESS/VRS EMPLOYEES WHO HAVE COMPLETED 60 YEARS OF AGE.

Name	
Emp. No.	
Pension No	
Date of Birth	
Date of Joining Bank	
Date of Superannuation/VRS	
Date of Death of Employee	

I,, superannuated employee/Spouse of superannuated employee/ spouse of employee dying in harness/VRS Employee, do hereby solemnly declare that I have truly and honestly incurred a sum of ₹..... during the calendar year as medical expenses for myself and I request that the eligible amount may be reimbursed to me in terms of the rules of the Bank now in force and credited to my SB A/c No..... at Branch.

Place:

Date:

Signature of the Claimant

FOR USE BY SANCTIONING AUTHORITY

Verified the details. Sanctioned ₹_____being eligible amount of reimbursement.

Date:

**Sanctioning Authority
(With Seal)**