

**ANNEXURE - III**

**Claim for reimbursement of SyndArogya Insurance Premium paid by superannuated employees/spouse of deceased superannuated employees/ spouse of employees dying in harness /VRS employees/ IBA Health Insurance policy holders.**

1	Name of the Retired employee	
2	Employee Number	
3	Designation	
4	Branch/Office last worked (BIC)	
5	SyndArogya Policy Number(if Applicable)	
6	Policy valid upto	
7	Policy amount	
8	Insurance Premium paid	
9	Claim for reimbursement	<b>₹1000/-</b>

I hereby declare that the above details submitted by me are true and I have not claimed reimbursement under the scheme during this Financial Year. I am enclosing the copy of my SB Pass Book showing debit of IBA Health Insurance Premium/Original premium paid receipt under SyndArogya along with attested copy of SyndArogya policy. The eligible amount may please be credited to my account no. .... with you.

**Place:**

**Date:**

**SIGNATURE OF THE CLAIMANT**

**FOR USE BY SANCTIONING AUTHORITY**

Verified the details. Sanctioned ₹1000/- (Rupees one thousand only) being eligible amount of reimbursement.

**Date:**

**Sanctioning Authority  
(With Seal)**