

ANNEXURE -4 A

CANARA BANK
HEAD OFFICE: BENGALURUAPPLICATION FORM FOR CLAIMING MEDICAL EXPENSES BY ELIGIBLE SPOUSES OF DECEASED
EMPLOYEES.

FROM: (Present Address)

TO:

Name.....

The Senior Manager / Manager
Canara Bank

Address.....

HRM Section/ Pension Paying Branch

.....

.....

Mobile No. : -----

Sir,

I have incurred a sum of Rs..... (Rupees..... only) towards cost of medical checkup, medicines/ purchase of Medclaim Policy/ IBA Medclaim Insurance on or after 01.04.2022.

Name of the Employee with staff No ::

PPO No. and Date ::

Date of death of spouse ::

In case, it is reimbursement claimed Towards ::
premium of Medclaim Policy, following
details be furnished

Name of the Branch/Office where Family ::
Pension being paid

I request you to sanction me a sum of Rs.1000/- and credit the same to the below mentioned account in terms of Memo No. 64/2022 dated 30.07.2022

PENSION ACCOUNT NO. : SB/OD No.

IFSC Code:

BRANCH :

DP CODE NO :

Yours faithfully,

DATE :

SIGNATURE