

**ANNEXURE - 4  
CANARA BANK  
HEAD OFFICE: BENGALURU**

**APPLICATION FORM FOR CLAIMING MEDICAL EXPENSES BY RETIRED EMPLOYEES.**

FROM: (Present Address)

TO:

Name &amp; Staff No.....

The Senior Manager/Manager

Desgn.....

Canara Bank

HRM Section

Mobile No.: -----

Sir,

I have incurred a sum of Rs..... (Rupees.....only) towards cost of medical checkup, medicines/ Premium towards Mediclaim Policy/ IBA Medical Insurance Policy. I confirm that I am drawing pension from ..... Branch which falls under your Circle Office.

Date of joining the Bank ::

Mode of exit ::

Date of Cessation ::

Date of birth &amp; age as on 01.04.2022 ::

Name of the Branch/Office where last worked ::

In case, it is reimbursement claim towards premium of Mediclaim Policy, following details be furnished ::

Mediclaim Policy/IBA Medical Insurance Policy Premium paid details [Ensure that the Policy is taken and renewed after 01.04.2022]. ::

Copy of the Premium Paid Receipt / Mediclaim Policy ::

I request you to sanction me a sum of Rs.3000/- and credit the same to the below mentioned account in terms of Memo No. 64/2022 dated 30.07.2022.

ACCOUNT : SB/OD No. ....

IFSC Code : -----

BRANCH : .....

DP CODE NO. : .....

I am Pensioner/Non-pensioner (Tick whichever is applicable).

(If Pensioner, also inform the Pension Account Number and the name of the Branch through which the pension is drawn).

Yours faithfully,

DATE :

SIGNATURE