



# Medical and Hospitalization fee Claim Application

## Agrahara Insurance Scheme

### National Insurance Trust Fund



Form No – 01 (E)

Mark the (✓) scheme you contributed

Agrahara Normal	Silver	Gold

Applicant's NIC No. :-

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(It is mandatory to attach a copy of NIC certified by Head of the Department)

Mark (✓) the category relevant to the Claim	
Government Hospital	
Private Hospital	
Child Birth	
Spectacles	
Heart Surgery	
Cancer	
Any other disease	

**1. Particulars about the Applicant**

1.1 Full Name : Rev./Mr./Mrs./Miss. :-

.....  
 .....

1.2 Name with Initials : Rev./ Mr./ Mrs. /Miss. :-

.....  
 .....

1.3 Private Address :-

.....  
 .....

1.4 Date of Birth :- .....

1.5 Telephone No. : Fixed line :- ..... Mobile :- .....

**2. Particulars about the Institution (completion is compulsory)**

2.1 Name of the Institution :- .....

.....

2.2 Address :- .....

.....

2.3 Designation :- .....

2.4 Telephone No : Office :- .....

**3. Spouse Details (completion is compulsory)**

3.1 NIC No. :-

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3.2 Name :- .....

3.3 Designation :- .....

3.4 Name of the Workplace :- .....

3.5 Office Address :- .....

3.6 Telephone No. : Fixed line :- ..... Mobile :- .....

**4. Insurance benefits are claim for, mark (✓) in the relevant section**

1) to spouse  2) to children  3) to mother  4) to father

4.1 His/ Her Name :- .....

4.2 His/ Her Birthday :- ..... Age :- .....

4.3 Occupation :- .....

4.4 His/ Her NIC Number :- 

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**5. Particular of Bank Account**

(Bank Account details relevant to account that the monthly Salary of the applicant is Credited. It is compulsory to submit a certified copy of the Pass Book)

5.1 Your name on the bank account :- .....

5.2 Account No. :- 

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5.3 Bank Name :- ..... Bank Branch:- .....

**6. Provide the details if the expenses related to this claim application have been applied or received from the President’s Fund or any other institution**

6.1 Name of the Institution and Address :- .....

6.2 Amount applied :- .....

6.3 Received Amount :- .....

6.4 Claim No./Reference No. :- .....

**7. Salary details of 03 months prior to the month of hospitalization/ purchase of Spectacles are attached,**

Yes  No

*(Salary details are not required if the Agrahara Premiums of the respective months have been accounted through the SLIPS method)*

**8. Applicant’s Declaration**

I hereby declare that the above information is true and correct, no request has been made or money received from any other institution or method for this claim, and I have no objection to verifying the information contained in my National Identity Card with the Department of Registration of Persons.

Date :- .....

.....  
Applicant’s Signature

**9. Certification of the Accountant of the Institution**

(File Number)

The File Number given to you from the National Insurance Trust Fund :- 

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I certify that the salary of Rev./Mr./Mrs. ....  
monthly salary is credited to the Account Number ..... of  
.....(bank).....(Branch).

Signature :- .....

Name :- .....

Date :- .....

Position :- .....

(Affixing the official seal is essential)

**10. Certification of Head of Department**

I hereby certify and submit the above details of Rev/Mr./Mrs..... for the necessary purposes of Insurance claim. I certify that the above information true and correct according to his/ her personal file. I hereby certify that the Agrahara contribution amounting to Rs:..... for the month of ..... 20....., the month before the date of discharge of the insurer/ beneficiary is included the amount has been collected and credited to the Account No: **033-2001-2246-7951 / 033-1007-8246-7951** of National Insurance Trust Fund, People's Bank, Queens Branch to the total amount of Rs:..... credited by Cheque (Cheque No. :- ..... ) / SLIPS.

Signature :- .....

Name :- .....

Position :- .....

(Affixing the official seal is essential)

Date :- .....

**11. Should be filled by the Medical Officer/ Surgeon of the Patient**

(Please note that it is compulsory to fill this section clearly stating the name of the patient, the date of admission and the date of discharge as per the diagnosis card)

11.1 Name of the patient :- .....

11.2 Diagnosis of Disease :- .....

11.3 Bed Head Ticket(BHT) :- .....

11.4 If admitted to the hospital,

Date of Admission :- .....

Date of Discharge :- .....

I hereby certify that I am the Medical Officer/ Surgeon of the above named patient and certify that above service is given by me.

Date :- .....

.....  
**Signature of Medical Officer / Surgeon  
with Rubber Stamp**

(Note : It is mandatory to complete all the information requested in the application. The subject Officer should submit the Check List along with the application)

## Instructions for Filling Application Form

(This application is only for applying claims related to Hospitalization, Heart surgeries, Child birth, Spectacles, Cancer and Kidney diseases)

1. The Claim application should be received to the National Insurance Trust Fund within 90 days of discharge from the hospital.
2. The photo copies of the documents you submit with the claim should be certified by the head of the Department.  
(It is compulsory to mention the NIC number while completing the fault documents)
3. If both husband and wife are Agraphara members,
  - 3.1 The Claim Form should be submitted by the patient member.
  - 3.2 Claims on behalf of children should be made by one of the member only.
4. When Claiming for dependents submitted the certified photo copies of the following documents.
  - 4.1 If the member is married,
    - 4.1.1 For Spouse - Certified copy of Marriage Certificate
    - 4.1.2 For Children - Certified copy of Birthday Certificate  
(The child must be below 21 years of age, unmarried and not employed)
    - 4.1.3 Certified copy of the birth Certificate if the age is over 16 year old
  - 4.2 If the member is unmarried,  
For member's mother and father (Mother/ Father – Age should be less than 70 years)
    - 4.2.1 Certified Photo copy of birth certificate and NIC of the Insured Person
    - 4.2.2 Certified photocopy of National Identity Card of mother/ father
    - 4.2.3 A letter from the Head of the Department to confirm unmarried status.
5. When insurance benefits have been obtained from another insurance institution for the same matter of claim, or expect to obtain, certified copies of the bills/ receipts should be submitted along with a letter stating the amount paid by the relevant institution.
6. The following documents should be submitted along with the duly completed application.
  - 6.1 For all claims,
    - 6.1.1 Original or certified copy of Diagnosis Card  
(Name, date of admission, date of discharge, signature and stamp of treated Medical Officer)
    - 6.1.2 Original of Receipt of advance payment in case of private hospital, Other paid receipts, Final Bill
    - 6.1.3 When receiving treatment in a private hospital, every expense must be categorized in detail and the patient's National Identity Card number must be mentioned.
    - 6.1.4 While showing the doctor's expenses, the expenses incurred by the specialist and other doctors should be shown separately.
    - 6.1.5 Separate applications should be submitted for different hospitalization cases and more than one diagnosis card attached to a single application will not be used for claim payment.
    - 6.1.6 Child Birth (payable only in two cases)
      - 6.1.6.1 Certified copy of Birth Certificate or pregnancy Record Card if Diagnosis Card is not provided in a Government hospital (The Date of Admission and discharge from the hospital should be mentioned)
    - 6.1.7 For Spectacles (The Originals should be submitted)
      - 6.1.7.1 Doctor's prescription if the eye was examined by a doctor in a private hospital (Must have doctor's signature and official seal)
      - 6.1.7.2 Doctor's prescription if the eye was examined by a doctor in a Government hospital.
      - 6.1.7.3 The receipts for the spectacles must have the official seal of the institution and the paid seal.
      - 6.1.7.4 Once in 03 years pay only to the member.
      - 6.1.7.5 The claim application should be forwarded to the National Insurance Trust Fund within 90 days from the date of the bill purchase of the spectacles.
  7. When submitting claims for private hospitals, all bills (Final Bill and Receipts) issued by those hospitals must be computer printed and no payments will be done for hand written bills and receipts.

**(Important : Submission of original copies of bills and receipts is compulsory and no claims will be made to certified or certified copies of other bills. This is not applicable in the case of applying balance amount when an amount has been reimbursed from another institution)**

**Please note that Agraphara Insurance benefits could be received promptly by submitting the claim application along with the duly completed relevant documents.**