



**THE KALYAN JANATA
SAHAKARI BANK LTD.**
दि कल्याण जनता सहकारी बँक लि.

MULTI STATE SCHEDULED BANK

Head office : "Kalyanam_astu", Adharwadi, Kalyan (West) 421301

Website : www.kalyanjanata.in

SHR - 13

FORM FOR MEDICAL AID UNDER SHARE HOLDERS' WELFARE FUND

Mr./Mrs. _____
SURNAME FIRST NAME MIDDLE NAME

Room & Floor No. _____ Name of Building _____

Road Name / Lane No. _____ Area / Locality _____ City _____

Pin Code

Contact No. _____

Date :

To,
The Chief Executive Officer,
The Kalyan Janata Sahakari Bank Ltd.,
Kalyan (West)

Dear Sir / Madam,

I am member of the bank having Membership No. _____ . I wish to apply for medical aid under Share Holders' Welfare Fund Scheme for the following surgery / tests done.

* Details of Surgery / test done from the list given overleaf :

Sr. No.	Name of Surgery/ Test done	Date of Operation / Test

Please credit the medical aid amount to my SB/ CD A/c with _____ Branch.

Enclosed :

(Signature of Member)

- (1) Copy of Membership I-card or Share Certificate.
- (2) Reports of Operation or Test done (Only Discharge Card to be attached in case of Cataract Operation)
- (3) In case of 40% disability - Disability Certificate issued by All India Institute of Physical Medicine & Rehabilitation or other recognized Government Institute (Original verified).

FOR BRANCH USE ONLY

Customer No. _____ KYC Complied : Yes No Branch : _____

Copy of documents received & signature verified by _____

Date

EMPLOYEE NO.	SIGNATURE

(Signature of Branch Official with Branch Stamp)

FOR HEAD OFFICE USE ONLY (SHARE DEPARTMENT)

Hon. Doctor on Panel,

Mr./Mrs. _____ being member of our bank have applied for medical aid for _____ under **Shareholders' Welfare Fund Scheme**. As per rules of Share Holders' Welfare Fund Scheme, we are forwarding this application for your opinion. Please find attached herewith all related documents for your reference.

Officer's Signature with Stamp (H.O.)

DOCTOR'S REMARKOpinion : (1) Approved (2) Rejected

(3) Other : _____

Doctor's Signature with Stamp**LIST OF SURGERY / TEST**

Sr. No.	Name of Surgery/ Test	Amount of Medical aid
1.	Natural / Accidental disability	7,500/-
2.	Angiography	3,000/-
3.	Angioplasty	10,000/-
4.	Bypass Surgery	15,000/-
5.	Major Brain Surgery	15,000/-
6.	Kidney Transplant	15,000/-
7.	Cancer	7,500/-
8.	Cataract Operation	3,000/- (Each Eye)
9.	M.R.I.	1,500/-
10.	Scanning	500/-
11.	Color Doppler Test	500/-
12.	Operation of Ear-Nose-Throat	1,000/-
13.	Operation of Hernia/Hydrocele/Appendix/Prostate Gland	2,500/-
14.	Urinary stone / Gall Bladder Stone	2,500/-
15.	Operation of Eyes (Glaucoma / Retina)	3,000/-
16.	Spine surgery	7,000/-
17.	Joint Replacement	10,000/-
18.	Heart Valve Operation	10,000/-
19.	Liver Transplant	15,000/-
20.	Major Surgery : Abdominal, Pancreas, Gall Bladder, Uterus, Intestine, Spleen, Ovaries, Lungs, Liver, Anastomosis.	10,000/-
21.	Fracture of Bone requiring only Plaster	1,000/-
22.	Compound Fracture of Bones requiring surgery	3,000/-
23.	Dialysis (Only once)	5,000/-

Eligibility criteria for medical aid :

1. Member can apply only once for the recurring type of above medical surgery / test.
2. Member must have completed two years of membership & should apply within 2 years from the date of surgery/ test which has been done only after completion of two years for his / her membership.
3. In case of joint membership, benefits are extended only to the member whose name appears 1st in the register of shareholders maintained by bank.
4. Minimum shareholding of ₹ 1000/-.
5. Member should hold minimum deposit of ₹ 500/- or should have opted minimum loan facility of ₹ 1,00,000/-.
(As on 31st March of immediate preceding financial year)
6. Member should comply KYC requirements as per RBI guidelines.
7. From above mentioned list, point no.21 to 23 are applicable only for Surgery / Test done on and after 01/08/2018.