



National Insurance Trust Fund

Medical Scheme for Semi Government Employee Claim Form

Your Claim relates to-
(tick (✓) the relevant cage)
Hospitalization:

Other	Child	Heart Surgery	Cancer/Other ailments	Govt. Hospital	Private Hospital
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use
Claim No.:

Inform Via

SMS ☐ OR
Post ☐
(Please tick the medium)

Select your Agrahara Scheme ☐

Silver Rs. 600/-	Gold Rs. 1000/-
<input type="checkbox"/>	<input type="checkbox"/>

(Please read the instructions attached before filling-up the Application Form)

1. Particulars of the Applicant:-

- 1.1 Name in Full (Rev/Mr/Mrs/Miss)
- 1.2 National Identity Card No:-
(Certified Photo Copy of the NIC should be attached)

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- 1.3 Private Address (In BLOCK LETTERS)
- 1.4 The Address to which the application should be sent:-
- 1.5 Telephone No:- Official: Private:
- 1.6 E-mail Address:-

2. Particulars of the Occupation:-

- 2.1 Designation:-
- 2.2 Name and Address of the Institution:
- 2.3 If a service transfer has been ordered this year, state the Name and Address of the Previous place of work:-

3. If spouse is a recipient of Agrahara benefits:-

3.1 Name:-

3.2 National Identity Card No.:-

3.3 Name and Address of work place:-

3.4 Designation:-

4. Insurance benefits are claimed for:-

Tick (✓) the relevant cage

4.1 You ☐ Spouse ☐ Children ☐ Father ☐ Mother ☐

4.2 If not for you, particulars of the relevant members:

4.2.1 His/Her Name:

4.2.2 His/Her Date of Birth: Age:

4.2.3 Occupation:

5. Particulars of Medical Treatment:

5.1 Sickness or Surgery

5.2 Expected claim amount

6. Particulars of Bank Account:

(Must be a Bank Account in the National Savings Bank, People's Bank, Bank of Ceylon, Sampath Bank, Commercial Bank, Seylan Bank, Hatton National Bank, Nations' Trust Bank, National Development Bank, Pan Asia Bank, Hong Kong and Shanghai Bank or Standard Chartered Bank)

6.1 Your name given the Bank Account:

6.2 Account No.

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6.3 Name of the Bank Branch

7. Has the amount of this claim reimbursed by or applied from any other institution:

If so,

7.1 Name and Address of such institution

7.2 Amount Paid

7.3 Claim / Reference No.

8. Details of benefits you have obtained under the Agrahara Insurance Scheme -

Type of Claim	Date	Amount Received
Child Birth

Any other Sickness/Surgery

9. Declaration of Applicant -

I declare that the particulars given above are true and correct and I have not as per Para 07 above make Application to any other Insurance institution of scheme.

I also declare my spouse has not made a claim or applied for any benefits in this regard. I am aware that any Officer found guilty of tendering bogus documents as per Section III of the PA Circular No. 12/2005.

He / She is liable to face action against him / her under provisions of Chapter XLVIII of Volume 11 of the Establishment Code and the Provisions of the Criminal Procedure Code.

I request that the amount for the claim be credited to the Bank Account stated under Section No. 06 above.

Date:

.....
Signature of Applicant

10. Certification of the Head of the Institution -

My No.-

I hereby recommend and forward the Insurance Claim of Mr/Mrs
Whose particulars are given above for necessary action. I certify that the particular give above are correct as supported by the information available in his/her Personal File. The contribution for month of
which being the month before the month he left Hospital after treatment, gad been changed and credited to the National Insurance Trust Fund Account the Queens Branch of the People's Bank by Cheque No. of
..... Branch Bank of the Bank, the amount of send cheque having laso
incorporated into the said contribution of his/her for the month previous to the month he/she left Hospital after treatment.

Signature:

Name:

Date:

Designation:

(Affixing official seal is essential)