



THE MERCHANT NAVY OFFICERS' WELFARE FUND

"Udyog Bhavan", 4th Floor, 29 Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001.

Tel No. (91-22) 22619321 Fax : (91-22) 22644670 **Email : mail@mnowf.com**

HOSPITALISATION TREATMENT REIMBURSEMENT FORM

For Office Use Only

Inward Date : _____ Inw No. _____ By : _____ Claim No. _____

IN CAPITAL LETTERS : **Plese fill the Form correctly after reading the instruction. (Refer overleaf)**

Officers' Name : _____ Rank : _____

Name of Company : _____ Initial Date of Joining : _____

Ship's Name and Date of Signed Off : _____

(Attach photo copy of relevat page of CDC)

Are you a permanent employee of the Company? (Yes/ No) _____ Are you on Short Term Contract? (Yes/ No) _____

Is your Company remitting donation to the MNOWF Corpus on your behalf? (Yes/ No) _____

Are you a member of Company's Provident Fund? (If yes) Provdient Fund Account No. _____

Your MUI Membership No. (If any) _____ on Authorised Leave from: _____ to _____

Name of the Patient: _____ Date of Birth : _____

Relationship: _____ Nature of Illness : _____

Is the depenent Patient employed? (If yes) _____ Name of the Employer : _____

Hospitalised from _____ to _____ Name & Address of the Hospital _____

(Officers' Bank details):

Name of the A/c Holder : _____

Name of the Bank: _____ A/c. No. : _____ IFSC CODE : _____

Name of the Branch: _____ Bank Address: _____

Residence Address: _____

Pin Code: _____

Email: _____ Tel No. _____ Mob. No. _____

DETAILS OF MEDICAL EXPENSES

Name of the Hospital: _____

Date of Admission: _____ Date of Discharge: _____

Diagnosis: _____

1. Registration Charges : ₹ _____

2. Stay / Bed Charages : ₹ _____

3. Doctors Visiting Fee(s) : ₹ _____

4. Consultation Fee(s) : ₹ _____

5. Operation Theater Charges : ₹ _____

6. Surgeon / Anesthetist Fee(s) : ₹ _____

7. Investigation Charges : ₹ _____

8. Medicine Charges : ₹ _____

9. Any other Medical Expenses : ₹ _____

Total : ₹ _____

Hospital
Stamp

Name of Doctor and Registration No.

Total Amount of this Claim is Rupees : _____

I hereby declare that the above statement is true to the best of my knowledge and belief.

Date : _____

Signature _____

Officer or His Wife
(PTO)

INSTRUCTIONS TO BE FOLLOWED:

- 1. Fill Declaration form for the first time Claiming for Medical Reimbursement.
- 2. Details of Medical Expenses should be supported by relevant documents like Hospitalisation bill, Doctors prescription, Discharge Card, Investigation Reports, Medical Receipts and Cash Memos in Original (to expedite its settlement of your claim).
- 3. Separate Claim Form should be submitted for each illness.
- 4. In case of Maternity claim certified photo copy of Birth Certificate should be attached.
- 5. Officers are requested to submit photo copy relevant page of CDC of last Vessel signed off while filling of Claim Forms.
- 6. Claim Form should be submitted within 90 days after completion of treatment.
- 7. The officer must ensure that Claim Form should be signed either by the Officer or in his absence by his wife.
- 8. Verification by the Doctor giving the diagnosis and period of treatment is a MUST for audit purpose.
- 9. Please intimate if you are receiving medical financial benefits for self and family from any other source(s). Please give details.
- 10. Officer's children's up to the age of 25 years are entitled for the Medical reimbursement benefits, subject to the condition that they are unmarried, unemployed and are solely dependent on him.
- 11. Parents, Brothers, Sisters and Relatives of Officer will not be entitled for the Medical benefits.
- 12. Reimbursement of medical expenses will be made by NEFT/ RTGS only. Please ensure to submit correct details of your Bank Account.
- 13. Additional information pertaining to your Medical Claims may be furnish in a separate sheet or to be mentioned in covering letter for sake of clarification.
- 14. Medical Reimbursement Forms (Hospitalisation Treatment or Domiciliary Treatment) can be obtained from the Funds office on request or you can download Claim Forms from **www.mnowf.com**
- 15. For more details please refer Medical & Education Brochure.
- 16. All correspondence relating to Medical claims should be sent directly to "**The Merchant Navy Officers' Welfare Fund**", Udyog Bhavan, 4th Floor, 29 Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001.

THIS CERTIFICATE TO BE SIGNED BY OFFICER OR HIS WIFE IN CLAMS OF THEIR CHILDREN

Certificate that my son / daughter _____

Age _____ is unmarried, unemployed and solely dependent on me.

Date : _____

Signature : _____

(Officer / Wife)