

MEDICLAIM POLICY - REIMBURSEMENT

<p>From</p> <p>Employee Code: _____</p> <p>Name : _____</p> <p>Designation: _____</p> <p>Deptt. / Section: _____</p>	<p>To</p> <p>The Director</p> <p>Deptt. of HRD (P)</p> <p>The Institute of Chartered Accountants of India</p> <p>New Delhi - 110 002</p>
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Dear Sir,

I have taken / renewed Mediclaim policy No. _____

w.e.f. _____ from _____

I enclose herewith a copy of the said Mediclaim Policy taken for the said period for

Rs. _____

I request to reimburse the premium paid as per rule.

Yours faithfully,

(SIGNATURE)

Name : _____

Employee Code: _____

[For Office Use]

Entitled sum assured	Entitled premium	Entered in Page No. _____ of Register for reimbursement of Mediclaim policy.
1.		Eligible premium amount of Rs. _____ may be reimbursed and 50% of that Amount in 12 equal monthly instalments may be deducted from his / her salary
2.		
3.		
4.		
Total	:	
Less 10% discount	:	
Amount	:	
Add 10.2% S.T.	:	
Total reimbursement to be made	:	

S.O.

Asstt. Secy.

Director (HRD, P)

Jt. Secy. (Accounts)