

THE SHAMRAO VITHAL CO-OPERATIVE BANK LIMITED

MEMBERS WELFARE ASSOCIATION

MEDICAL REIMBURSEMENT APPLICATION FORM

MWA – 1

To,
The Hon. Secretary
The Shamrao Vithal Co-operative Bank Limited Members Welfare Association
C/o SVC Co-operative Bank Ltd. SVC Tower, Nehru Road, Vakola, Santacruz (E),
Mumbai – 400 055.

Subject: Application for Reimbursement of Medical Expenses

General Eligibility Criteria [Applicable to all Individual Members]

1. A **needy & poor** member who has completed 5 full years of regular membership of the Bank as on the immediate previous year ended 31st March is automatically a member of The Shamrao Vithal Co-operative Bank Ltd. Members Welfare Association (MWA) [E.g. a member who has joined on or before March 31st, 2021, is automatically eligible for the benefits from April 01st, 2026 and so on]
2. In Joint shareholding, **only Primary shareholder is ELIGIBLE.**
3. Member must be a **Primary Account holder in Savings Bank** account at any of the SVC Bank's branch.

RULES, BENEFITS AND RELATED ELIGIBILITY CRITERIA [FROM 01ST SEPTEMBER 2026 ONWARDS]

Criteria for Reimbursement of Prescribed Allopathic Medicines only in General Category Per Year*	
Membership	5 completed years of membership of the Bank as on March 31 st
Age Limit	58 years and above
Income Level (per annum)	Upto Rs 5 lakhs with Latest ITR copy
Eligibility Amount	75% of cost of prescribed medicines OR Rs. 15,000/- p.a., whichever is lower.

Criteria for Reimbursement of Medical Surgery (One Surgery Per Year)*		
Membership	5 completed years of membership of the Bank as on March 31 st	
Age Limit	No Age Limit	
Income Level (per annum)	Upto Rs 5 lakhs with Latest ITR copy	Rs.5 lakhs Upto Rs 10 lakhs with Latest ITR copy
Eligibility Amount	100% of cost of medical treatment OR below mentioned amount, whichever is lower.	75% of cost of medical treatment OR below mentioned amount, whichever is lower.
Type of Surgery/Treatment	Amount (in Rs.)	Amount (in Rs.)
Angiography	50,000	50,000
Angioplasty	1,00,000	1,00,000
Cardiac by-pass	2,00,000	1,00,000
Orthopaedic	2,00,000	1,00,000
Neurosurgery	2,00,000	1,00,000
Cancer related treatment per annum	75,000	75,000
Other major surgeries	1,00,000	1,00,000
Cataract per Eye	30,000	10,000
Dialysis per annum	75,000	75,000
Dental (excluding aesthetic modifications)	25,000	10,000
Hearing Aid treatment & instruments	25,000	10,000

***Terms & Conditions:**

1. Reimbursements will be made exclusively as per the prevailing rules, regulations and policies of MWA.
2. Applicant Member must mandatorily submit latest **Income Tax Returns (ITR)** copy for claiming reimbursements under general and/or surgery category.
3. Reimbursement of medical expenses shall be applied for within 3 months from the event under general and/or surgery category. Reimbursement limit shall be evaluated on paid basis.
4. Cost of non-prescribed allopathic medicines shall not be reimbursed. Vitamins and tonics will be considered only if supported with latest doctor prescription.
5. Applications returned for submission of documents must be re-submitted with compliance within 7 days.
6. Reimbursement of expenses for **one surgery** only in a financial year subject to availability of funds.
7. Reimbursement of expenses for surgery to be applied with supporting **original hospital discharge summary along with original receipts/bills.**

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8. Reimbursement of expenses for surgery settled in part/full under Third Party Insurance/Mediclaim will not be considered.
9. Each claim shall have to be accompanied by a **photocopy of Doctor's relevant prescription**. Original receipts/ cash memos submitted with the claim shall not be returned on settlement.
10. In case there is shortfall, or in deserving cases, Hon. President shall have powers to reimburse over and above eligible amount, based on recommendation of the trustees, and shall be processed in last quarter of the financial year subject to availability of funds. **President's decision shall be final and binding on members.**

Applicant Name			
Communication Address			
Date of Birth		Mobile No.	
Email Id			
Membership No.		No. of Shares	
Annual Income as per latest ITR			
CBS Account No.			
Branch Name			
Reimbursement Requested	General (Amt. in Rs.)	Surgery (Amt. in Rs.)	

Declaration:

1. I have read, understood and agree to abide by the rules of MWA
2. All the information given in this application is factual, accurate & correct.
3. Bills attached for the amount claimed.
4. Email ID & Mobile No. if not recorded in folio should be updated in database.

Place:

Date:

SIGNATURE OF PRIMARY
MEMBER

For Branch use only

CBS Customer ID (CIF)	
Banking Since	
Branch Name & SOL	
Official Name	
Branch Outward Number	

Branch Official Sign

For Shares Dept. use only

Member Since		
Amount eligible	General (Amt. in Rs.)	Surgery (Amt. in Rs.)
Amount rejected		
Total Amount reimbursed till date		Date
Balance Amount payable		
Checked by		
Approved by		

Share Dept. Official Sign

Accountant / Auditor Sign