

**BSNL RETIRED EMPLOYEES MEDICAL REIMBURSEMENT OPTION FORM
OPTION FOR REIMBURSEMENT WITHOUT VOUCHER**

(FOR OUTDOOR TREATMENT ONLY)

(w.r.to BSNL HQ. ND No. BSNL/Admn.1/15-22/14 Dated 17-04-2017)

**Name & details of the retired employee
(HR No, designation at the time of retirement,
& place where last worked.)**

Date of Retirement

**Basic Pay & Pay Scale corresponding
at the time of retirement:**

Basic Pension authorized:

PPO details:

PAN No.

**Bank Account details
(Name of the Bank/Post Office,
IFSC code & A/c No.)**

Permanent address with Cont. Nos.

Option

I hereby opt for medical (O/D) reimbursement as (i) or (ii) below and agree to abide by the terms & conditions of BSNLMRS rules & guidelines issued from time to time .

(Tick one of the below)

- i. Outdoor treatment reimbursement against vouchers.
- li. Outdoor treatment- entitlement without voucher (medical allowance)

(Signature of Retired Employee)

Please attach copy of the BSNLMRS Card.