



National Insurance Trust Fund



Ministry Of
Finance & Planning

Form: AIE

Medical and Personal Accident Insurance Scheme

Claim Form

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

Child Birth	Spectacles	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

Agrahara Normal Rs.125/-	Silver Rs.300/-	Gold Rs.600/-
<input type="checkbox"/>	<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)

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:-

Address: No.97, Maradana Road, Colombo 10.
Telephone No: 0114 873901, 0114 602487-8
Fax No: 0112 431145

Web-site: www.nitf.lk

E-mail: mail@nitf.lk

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, Peoples' Bank, Bank of Ceylon, Sampath Bank, Commercial Bank, Seylan Bank, Hutton 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
Spectacle

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 made Application to any other Insurance institution of scheme.

I also declare my spouse has not made a claim or applied for any benefit 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 II 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 charged and credited to the National Insurance Trust Fund Account No. 033-2-001-2-2467951 of the Queens Branch of the Peoples’ Bank by Cheque No..... of Branch Bank of the Bank, the amount of send cheque having also incorporated into the said contribution of his/her for the month previous to the month he/she left Hospital after treatment.

Signature:

Name:

Designation:

(Affixing official seal is essential)

Date:

11. Should be filled by the Medical Officer/Surgeon of the patient.

11.1 Name of the Patient:

11.2 Diagnosis of disease:

.....

11.3 Period unable to attend to usual business/works:

From: - To: -

11.4 If admitted to the hospital, Date of admission.....

Date of discharge.....

I hereby certify that I am Medical Officer/Surgeon of the above named patient and approve submission with regard to this claim.

Date:-

.....

Signature of Medical Officer/Surgeon

Instructions for filling-up Application form:

Form No. A I. Hospitalization and Surgery undergone:

Heart Operation, Child birth, Spectacles, treatment for ailments such as for Kidney trouble, cancer only.

1. The Application to the National Insurance Trust Fund should be submitted within 90 days of Leaving Hospital.
2. In all correspondence you have with us, it is necessary that the NIC No. should be stated legibly and correctly.
3. When copies of documents are sent they should be certified by the Head of the Institution.

4. If both Husband and Wife are insured,

- (a). The claim should be submitted by the patient with Insurance Cover.
- (b). As regards children of member claim to be made only by one Parent.

5. When claiming for dependants –

Certified copies of Photostat of following documents should be sent:

- (a). For Spouse – Photostat of Marriage Certificate.
- (b). For Children – Photostats of Birth Certificates.
(The child should be unmarried and less than 21 years of Age)

If the Insured Person is an unmarried person –

For Mother/Father of Insured person – should be less than 70 years.

- Certified Photostat of birth certificate of the Insured person.
- A Photostats of birth certificate or NIC of Mother/Father.
- A letter from Head of Institution certifying the unmarried state.
- A certificate from Grama Sewa Niladari counter signed by the Divisional Secretary to the effect that Mother/Father depend on the Insured person and he/she has no means of income.

6. If for the reason Insurance benefit is sought, Insurance benefit has been received from some other Institution, along with a letter stating such amount received should be sent Photostats of all Invoices/Bills/Receipts received.

7. Following documents should be forwarded together with the duly perfected Application:

(a). In connection with any instance of hospitalization or performance of surgery, Heart Operation/Treatment for ailment such as cancer.

- The original Diagnosis Card or a certified copy of it. (If should contain the name of patient, date of admission and date of discharge, the signature of the doctor who treated with the Official Stamps)
- In case of private hospital, the Deposit Receipts, final bill of payment (Amount receipt), Detailed Bill (Final Bill) originals of other receipts and Invoices (Originals with alteration of name, date etc., will not be accepted.)
- Where treatment is obtained from private hospitals all expenses should be stated in detail. Payments to specialist Doctors and other doctors should be given separately.
- Where treatment is obtained from private hospitals, certificate of the Doctor relating to question no. (II) is essential.
- In case of a heart operation, the letter of recommendation of Doctor for such operation.

(b). For child birth (Payment will be made only for two occasions)

- In addition to the above given documents a certified Photostat of the Birth certificate of the child or a certified copy of the birth detail card.
- If in a government hospital the Diagnostic Card is not made available, a certified copy of the pregnancy notes report. (Dates of admission and Discharge should be given)

(c). For Spectacle: (Should produce originals) answering question No. 3, 4, 7, 11 not necessary.

- If a private doctor has done the eye test the receipt of payment for channeling and prescription. (Should contain signature of the official stamp of the doctor)
- If eye test was done in a government hospital, the prescription. (Should contain the signature of the medical officer and the official stamp.)
- The receipt of payment for provision of spectacles should have the marking “Paid” and the official stamp of the Establishment. (Only the Insured Person will be paid once in 3 years)

Please note that by providing all required documents at once with the duly perfected entitlement application, speedy benefits could be obtained under the Agrahara Benefit Re-imbusement Scheme.