



National Insurance Trust Board
Medical and Hospital charges Claim Form
Agrahara Protection Insurance
Proposal Scheme (Pensioners)

Tick the medium preferred for notifications

SMS or

By post

Applicant's National Identity Card Number
 (attach a photocopy)

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Pension Number

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Tick(✓) the type of claim relevant to you

Hospitalization due to other diseases	Govt. Hospital	<input type="checkbox"/>
	Private hospital	<input type="checkbox"/>
Heart surgery		<input type="checkbox"/>
Cancer diseases		<input type="checkbox"/>
Kidney diseases		<input type="checkbox"/>

1. Information of the applicant:

1.1 Full name (Rev./Mr./Mrs/Ms. :

Name with initials:.....

1.2 Personal address:.....

1.3 Date of birth :.....

1.4 Telephone number: home:..... mobile:.....

2. Name and address of the institute you served:.....

3. Information of the spouse

3.1 National Identity Card Number:

3.2 Name:.....

3.3 Name and address of the workplace:.....

4. Details of the Bank Account Number

4.1 Your name as in bank account:.....

4.2 Account Number :

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4.3 Name of the bank:..... Bank branch:.....

5. If the expenses relevant to this application form is claimed or paid from President's Fund or from any other institute, the details, thereof.

5.1 Name and address of the institute:.....

5.2 Amount paid:.....

5.3 Claim number/ Reference Number:.....

6. Declaration of the applicant

I hereby certify that all the particulars stated above is true and correct, I have not applied for the claim from another institute or via any other method as stated in clause 05.

Date :.....

Applicant's signature

7. To be completed by the Grama Niladhari (strike off the words not relevant)

I state that the documents pertained to the hospitalization of above named Mr/Ms.....is true and accurate, and herewith I submit his/her insurance claim with recommendation for necessary action.

Date:.....

Signature:.....

Name :.....

Grama Niladhari Division/No:.....

(Official rubber stamp is required)

Documents required to be submitted with the application

01. Certified copy of the Diagnosis card
(Name of the patient, date of admission to the hospital and the date of discharge and the signature and the official stamp of the consultant should be placed)
02. Original bills of the drugs purchased or medical tests performed under doctor's recommendations during the time of hospitalization and doctor's recommendation documents.
03. In a case of in-house treatment in a private hospital, relevant deposit receipts, final detailed bill, final cash payment receipt.
{ Very important: it is mandatory to submit the original documents. Claims will not be settled for the certified copies or photocopies of the bills.
This is not applicable in the instance where a reimbursement is already made from another institute and the balance amount is claimed. }
04. A certified copy of your bank account
05. Certified copy of the pension card
06. Certified copy of the National Identity Card

Other instructions

01. Application form should be presented to the National Insurance Trust Fund within 90 days of discharging from the hospital.
02. Copies of the documents you present should be certified only by the Grama Niladhari.
03. Benefit payments are made only for the in-house treatments under Agrahara insurance protection proposal scheme and only for the member himself/herself.

Please note that claim benefits can be obtained in expedited manner and without any delay by submitting duly completed claim form with required documents accurately at once.