

No. 65141/P. 2/83-1, (Secretariat Branch) Dated 25th June, 1984.

Sub: Medical Attendance—Reimbursement of medical expenses incurred by employees in cases where husband and wife are employed—Joint Declaration—Form—Prescribed.

Ref: Board Office Secretariat Branch Memo. No. 72754/P. 2/ 81-2, dated 12-4-1982.

In the Board's Memo. cited, certain procedures have been ordered to be followed while availing the medical reimbursement claims in cases where both the husband and wife are employed in Board/Government etc. As per item (1) of the instructions in the memo. cited, a joint declaration to be filled by the employee who will prefer the claim for reimbursement of medical expenses incurred in connection with the treatment of their Children/Respective dependents shall be obtained from both the husband and wife in duplicate and a copy of each declaration shall be recorded in the Service Books of the employees. In continuation of the above orders, it is hereby ordered that the 'Joint Declaration' referred to above shall be in the form annexed to this memo.

2. It is also ordered that every Board employee whose spouse is not employed should also fill a certificate as follows which shall be kept recorded in the Service Book of the employee.

Certificate

I, Thiru/Tmty..... Certify that my wife/husband is not employed in any of the following: Board/State Government/Central Government/Government Undertakings/Corporate Bodies/Private Companies etc.

Signature of Employee:

Date:

(By Order of the Chairman)

S. Shanmugam,
Secretary.

ANNEXURE Declaration

(To be given in triplicate as per Board's Memo. No. 72754/P. 2/84-2, dated 12-4-1982 in cases where husband and wife are employed).

We, Thiru..... employed as..... in the (Name of Office/Department) and Tmty..... employed as..... in the (name of Office/Department) do hereby choose to avail the medical reimbursement concessions and specialisation facilities under the (Mention the relevant Medical Rules) and orders issued thereunder from time to time, and jointly declare that the claims for reimbursement of medical facilities (including specialisation) will be preferred as follows:—

Particulars of Children etc. for whom
Thiru..... will claim
medical reimbursement.

Particulars of Children, etc. for whom
Tmty..... will claim
Medical reimbursement.

Name	Relationship	Age	Name	Relationship	Age
------	--------------	-----	------	--------------	-----

* We also hereby declare that the dependants referred to above are not covered under any other medical benefit scheme.

* Not applicable in the case if both the husband and wife are Board employees.

Signature :

Name :

Designation :

Office :

Signature :

Name :

Designation :

Office :