



IIISLA BENEVOLENT FUND (IBF)

Administrative Office: Flat No. 315, Paras Chambers, Door No. 3-5-890,

Himayat Nagar, Hyderabad - 500029 Ph. 040-66253667

CLAIM INTIMATION

To be submitted within a week from the date of commencement of ailment/death on the above address by post or through email, email ID

1	Name of member					
	Address of correspondence					
	IIISLA membership No.		Surveyor's license No.			
	Contact No.					
		Tick whichever is applicable		<input checked="" type="checkbox"/>		
2	I am suffering from under mentioned critical disease (tick whichever is applicable)					
	A. Lever Cirrhosis	<input type="checkbox"/>	B. Cancer	<input type="checkbox"/>	C. Kidney transplant	<input type="checkbox"/>
	D. Liver transplant	<input type="checkbox"/>	E. Heart bypass surgery	<input type="checkbox"/>	F.	<input type="checkbox"/>
3	a. Need reimbursement for the treatment undergone					
	b. Need advance payment to the hospital for the treatment					
4	Date of treatment started					
5	Expected duration of treatment					
6	Expected expenditure in treatment.					
7	Date of death (only natural/suicidal death is covered)					

Signatures of claimant/ Nominee

Relation with member

Contact No.

Date: