

Form-III

**Application Form for Settlement of Claim for Reimbursement
under West Bengal Kendu Leaves Collectors' Social Security Scheme, 2015**
(See sub-clause 3 of clause 15)

Registration No. under West Bengal Kendu : _____
Leaves Collectors' Social Security Scheme

Name of the Kendu Leave Collector : _____

Residential Address : _____

Claim is made for Self or Beneficiary : Self or Beneficiary

Name of Beneficiary with Relationship : _____

Claim is made for the purpose of : Assistance on death and permanent disablement
(Please Tick) : Medical benefit for major ailments
: Maternity benefit
: Funeral expenses

In case of permanent disablement or partial : loss of one hand from elbow
disability, please tick : loss of one leg below the knee
: loss of one eye
: loss of total hearing capacity – one ear
: loss of thumb
: loss of any other finger

In case of medical benefit for major ailments, : _____
please specify the name of the ailment

Name of the Hospital with Address where : _____
treatment of major ailment/maternal delivery
has been done

Period of Treatment (For reimbursement of : _____
medical ailment/maternal delivery)

Amount Claimed : _____

DECLARATION

I do hereby declare that the statements made in the application are true to the best of my knowledge and belief and in case the reimbursement is claimed for other members of the family, they are wholly dependent on me. I am a beneficiary of the West Bengal Kendu Leaves Collectors' Social Security Scheme, 2015 and my enrolment under the Scheme was valid at the time of attainment of sixty(60) years of age/maternal delivery/treatment/disability. I agree to the reimbursement as is admissible under the rules.

Date: _____

Signature of the Kendu Leave Collector/Beneficiary

CHECK-LIST

Sl. No.	Documents to be attached	Submitted or Not? (Put ✓ Mark)
1.	A Copy of Registration Certificate issued under the West Bengal Kendu Leaves Collectors' Social Security Scheme, 2015	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	A certificate from the concerned LAMPS and the registering authority regarding the attainment of 60 years of age along with a copy of birth certificate if available while submitting claim for financial assistance under Clause-10 (a)/10(b) or 10 (c) of the Scheme	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	A copy of death certificate in case the reimbursement is claimed for accidental/normal death in terms of Clause-11(1)(a)/11(1)(b) of the Scheme	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	A copy of the certificate of disablement from the competent authority in case the reimbursement is claimed for partial/permanent disablement in terms of Clause-11(2)(a-f) of the Scheme.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	A copy of the medical certificate issued by the registered medical practitioner/the competent authority of any Govt. Rural Health Centre /Hospital under the Administrative control of the Health and Family Welfare Deptt., Govt. of West Bengal along with an anticipated expenditure for the earmarked ailments of the Scheme in terms of Clause-12 of the Scheme	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	A copy of certificate issued by the registered medical practitioner/the competent authority of any Govt. Rural Health Centre /Hospital under the Administrative control of the Health and Family Welfare Deptt., Govt. of West Bengal confirming the institutional delivery along with a certificate from the Regional Manager/Regional Development Officer, WBTDC that such benefit has not been allowed more than twice including the recommendation for the present one while submitting claim for maternity benefit under Clause-13 of the Scheme	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	A copy of the death certificate issued by the competent authority while the claim is submitted for reimbursement of funeral expenses under Clause-14	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	A certificate from the registering authority to the effect that the registration of the beneficiaries has not been cancelled in terms of provision under Sub-Clause 1 of Clause 8 of the Scheme	Yes <input type="checkbox"/> No <input type="checkbox"/>

Date: _____

Signature of the Kendu Leave Collector/Beneficiary