

**PERSONAL DECLARATION FOR AVAILING MEDICAL FACILITIES
TOWARDS INDOOR TREATMENT, IF THE EXPENDITURE
EXCEEDS THE CURRENT CAP**

UNDERTAKING

**To be filled-in by the CMBS Prime beneficiary
/ Pensioner / Family Pensioner**

I,....., MID No..... **(name of the Prime Beneficiary / Pensioner / Family Pensioner)**, have / had been working in the.....**(name of the Division / Section)**, son / daughter of **(name of the father)**, residing at

.....
(permanent residential address), hereby solemnly declare that if the **IPD expenditure** (hospital treatment), in a Financial Year, for the treatment of **myself or any of my dependent/s** (as per the official records) exceeds the current cap of Rs. 3.00L, I will have no objection if the additional expenditure, up to a maximum of Rs. 1.5 Lakh, is taken-off from the total remaining amount [i.e. family-cap of Rs. 3.00L x Number of beneficiaries].

I also hereby accept that once a beneficiary uses Rs...X., my family-cap reduces to Rs. 3.00L x Number of total beneficiaries – Rs. ..X..

Date :

(Signature of the Prime Beneficiary / Pensioner / Family Pensioner