

**REQUEST FOR QUARTERLY MEDICAL REIMBURSEMENT  
OUT DOOR TREATMENT- CERTIFICATE**

This is to certify that I, ..... am not re-employed elsewhere on full time basis and not availing medical facility from any other source or in consequence of employment of my spouse or Children.

I may be paid my quarterly reimbursement of medical expenses for out door treatment from .....to..... since I have incurred the above expenditure.

Signature of retired employees/Spouse

Date \_\_\_\_\_

Retired as \_\_\_\_\_  
From Hudco  
Emp. Code \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_