

New Age ERP in NHPC

End User Training Document

HR-040- REHS Reimbursement Process

Document Control Information

Document Information

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Applicable Business Roles

Business Role ID	Business Role Description	Related Module/L2 Process
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Reviewed and approved by			
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1. DOCUMENT OVERVIEW

This training document provides step by step process for raising a Reimbursement request.

Process Name: Reimbursement Process

Prerequisites:

- Users must have an valid REHS Card to raise reimbursement requests.
- Users must have the appropriate system access and authorization to carry out tasks within these processes.

2. Process Description

Employee can raise REHS reimbursement request for below options:

1. IPD
2. OPD
3. Special
4. Hearing Aid
5. Artificial Appliances

Please follow step by step instructions below.

2.1 Login process

Enter employee id and password. Default password will be shared with users. User needs to enter the default password and login. Click on Continue button to login.



Sign In

Email or User Name

Password



☐ Keep me signed in

[Forgot password?](#)



Continue

User can reset their password by clicking on '**Forgot Password**' button. They can check their email for further instructions to reset their password.



Sign In

Email or User Name

Password



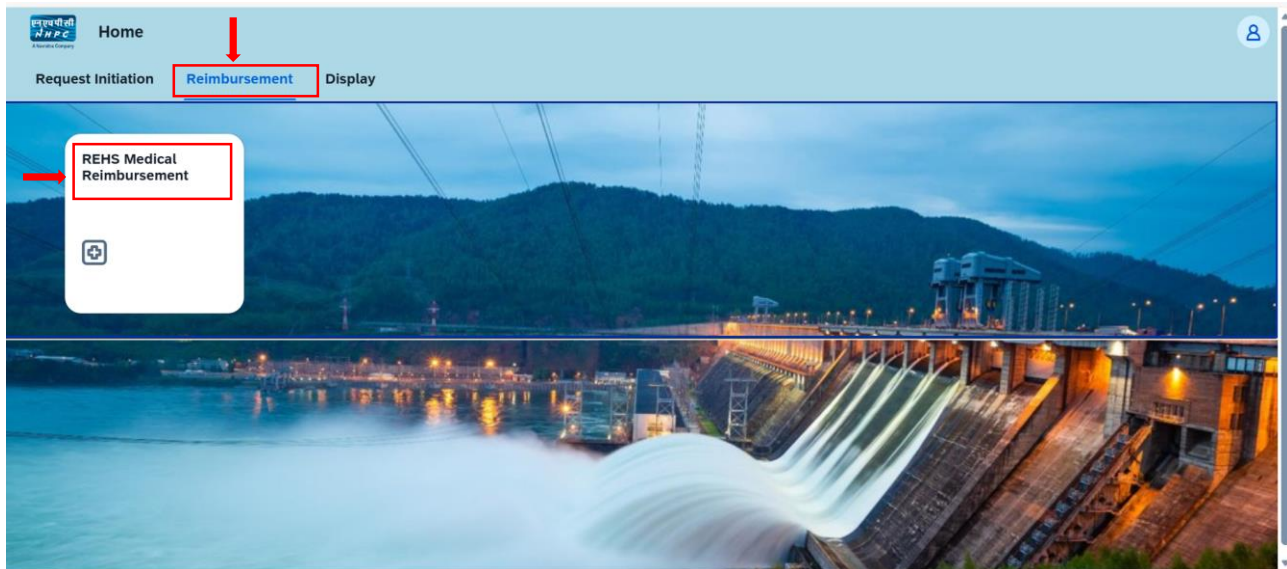
☐ Keep me signed in

[Forgot password?](#)

Continue

2.2 REHS – IPD

1. Select Reimbursement → REHS Medical Reimbursements.



2. Click on 'Create New REHS Medical Claim'

REHS Medical Reimbursement

Request Number: Request Date: Reimbursement Type: Status: [Go](#) [Clear](#) [Adapt Filters](#)

[+ Create New REHS Medical Claim](#) [Download Report](#)

Request Number	Request Date	Reimbursement Type	Total Claim Amount	Approved Amount	Non Taxable Amount	Taxable Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
No data										

3. Select 'REHS Medical Reimb – IPD' from drop down as shown below:

REHS Medical Reimbursement

Request Number: Request Date: Reimbursement Type: Status: [Go](#) [Clear](#) [Adapt Filters](#)

[+ Create New REHS Medical Claim](#) [Download Report](#)

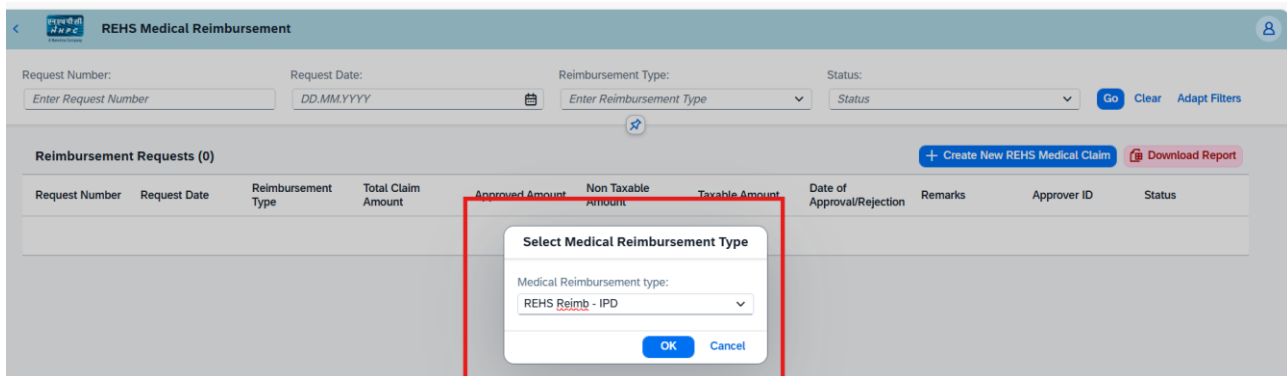
Select Medical Reimbursement Type

Medical Reimbursement type:

- REHS Reimb - IPD
- REHS Reimb - OPD
- REHS Reimb - Special
- REHS Reimb - Hearing Aid
- REHS Reimb - Artificial Appliances

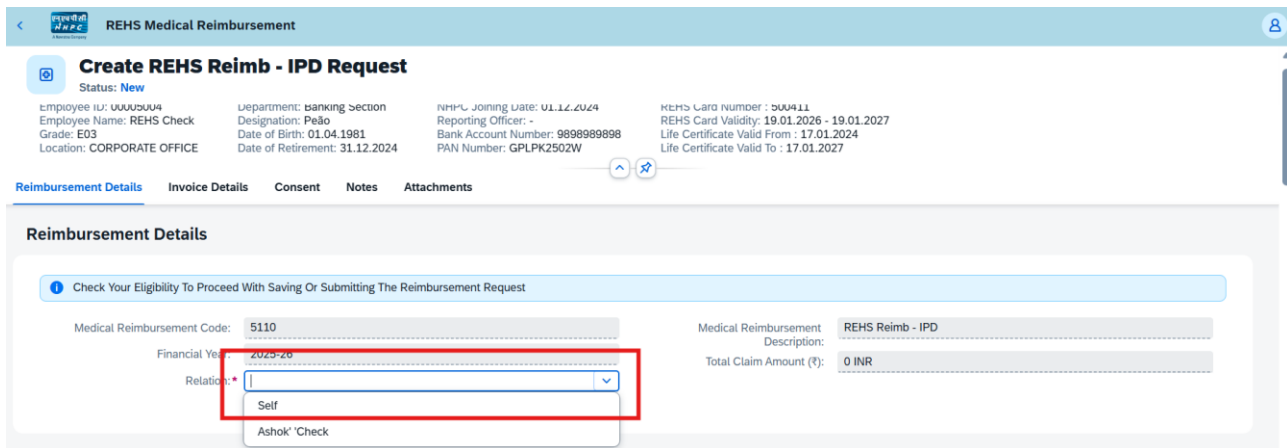
Request Number	Request Date	Reimbursement Type	Total Claim Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
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Selected for Reimbursement - IPD



The screenshot shows the 'REHS Medical Reimbursement' interface. At the top, there are fields for 'Request Number', 'Request Date', 'Reimbursement Type', and 'Status'. Below these is a table titled 'Reimbursement Requests (0)'. A modal titled 'Select Medical Reimbursement Type' is open, showing a dropdown menu with 'REHS Reimb - IPD' selected. The modal has 'OK' and 'Cancel' buttons.

4. Click on 'Relation' and enter details



The screenshot shows the 'Create REHS Reimb - IPD Request' form. The 'Status' is 'New'. The form includes fields for 'Employee ID', 'Employee Name', 'Location', 'Department', 'Designation', 'Date of Birth', 'Date of Retirement', 'NHPC Joining Date', 'Reporting Officer', 'Bank Account Number', 'PAN Number', 'REHS Card Number', 'REHS Card Validity', 'Life Certificate Valid From', and 'Life Certificate Valid To'. The 'Reimbursement Details' section is highlighted, showing 'Medical Reimbursement Code: 5110', 'Financial Year: 2023-24', 'Medical Reimbursement Description: REHS Reimb - IPD', and 'Total Claim Amount (₹): 0 INR'. The 'Relation' dropdown menu is open, showing 'Self' and 'Ashok' Check'.

5. Provide Bill Details



The screenshot shows the 'Create REHS Reimb - IPD Request' form. The 'Status' is 'New'. The form includes fields for 'Employee ID', 'Employee Name', 'Location', 'Department', 'Designation', 'Date of Birth', 'Date of Retirement', 'NHPC Joining Date', 'Reporting Officer', 'Bank Account Number', 'PAN Number', 'REHS Card Number', 'REHS Card Validity', 'Life Certificate Valid From', and 'Life Certificate Valid To'. The 'Reimbursement Details' section is highlighted, showing 'Medical Reimbursement Code: 5110', 'Financial Year: 2023-24', 'Medical Reimbursement Description: REHS Reimb - IPD', and 'Total Claim Amount (₹): 0 INR'. The 'IPD Bill Details' modal is open, showing 'Relation: Self', 'Treatment Period: 02.02.2026 - 12.02.2026', 'Treatment Type: ALLOPATHY', 'Classification: CARDIAC MONITORING', 'Hospital Type: EMPANELLED NON-CGHS', 'Hospital Name: Eye 7 Hospitals Pvt. Limited', 'Valid From: 27.12.2023', 'Valid To: 26.12.2026', 'Bill No: 121313', 'Bill Date: 12.02.2026', 'Claim Amount: 28,500 INR', and 'Remarks'.

6. Check the eligibility by clicking on button

Medical Reimbursement Description:
REHS Reimb - IPD

Total Claim Amount (₹):
28,500 INR


Success

You are Eligible . Please proceed to save / submit the request

OK

Once invoice details are uploaded, data can be seen as below

Invoice Details					
Invoice Details (1)					
					Check Eligibility + Add Bill Delete Bill
Relationship	Bill No	Bill Date	Treatment Type	Classification	Claim Amount (₹)
☐ Self	121313	12.02.2026	ALLOPATHY	CARDIAC MONITORING	28,500 INR
View More					

7. User needs to agree with all the consent and notes

Consent

Consent Number	Description	Agree
1	The statements made in the claim are true to the best of my knowledge and belief.	☒
2	I am a member of the NHPC Retired Employees' Health Scheme.	☒
3	I continue to fulfill the conditions of eligibility for availing the medical benefits under the scheme.	☒
4	The medical expenses were incurred for self / spouse/children (in case of deceased employee).	☒
5	That children (in case of deceased employee) are not employed. Their income from all sources does not exceed to Rs.6000/-, they have not attained the age of 25 in case of son and 30 in case of daughter and are not married/The child/children named ___ is/are physically handicapped / mentally retarded.	☒
6	That no claim is preferred in respect of diseases as listed in Rule 10.4.1 to 10.4.6.	☒
7	I fully understand that the Company may refuse / terminate my membership of the Scheme at any time without any notice and without assigning any reason thereof.	☒
8	In case of claiming for parents, that my parents are wholly dependent on me and their combined income from all sources (irrespective of pension amount) does not exceed Rs. 9000 p.m.	☒

Notes

Note Number	Description	Agree
1	Claim for reimbursement should be submitted along with prescription from the doctor, bills of the Hospital receipt for consultation and injection fees, cash memo for the purchase of medicines, cash receipt from clinical laboratories for pathological tests, X-Ray, etc. if any.	☒
2	The prescription of doctor should contain the dates of consultation the name of medicines, dosages and number of days for which medicines are prescribed.	☒
3	The cash receipts from the clinical laboratory should contain details of the tests etc. conducted	☒
4	The employees should sign on the back of cash memos, cash receipts, X-Rays and other test result sheets.	☒
5	All the enclosure should be serialised datwise	☒
6	Each cash memo for medicines purchased should be attached with the relevant prescription from the doctor	☒
7	In case of claiming for parents, that my parents are wholly dependent on me and their combined income from all sources (irrespective of pension amount) does not exceed Rs 9000 p.m.	☒

☒ Agree All

8. Need to upload the below attachents.

Attachments

Please save/submit after attaching / deleting any document

Documents (0)

File Name File Category File Type Uploaded By



No documents available
Drag and drop files here to upload

File Category

Required

- Discharge Summary
- Attested Medical Card Copy by the hospital
- Prescription
- Detailed Bill

Uploaded all the necessary documents and proceed with Submit button.

Attachments

Please save/submit after attaching / deleting any document

Documents (4)

File Name	File Category	File Type	Uploaded By	Uploaded On
 20251208_103013.jpg	Discharge Summary	image/peg	TESTPYD_08 1234 (testpyd_08@test.com)	23.02.2026
 20251208_103013.jpg	Attested Medical Card Copy by the hospital	image/peg	TESTPYD_08 1234 (testpyd_08@test.com)	23.02.2026
 20251208_103013.jpg	Prescription	image/peg	TESTPYD_08 1234 (testpyd_08@test.com)	23.02.2026

9. If user clicks on Save button, in dashboard it will show as 'Saved' as below

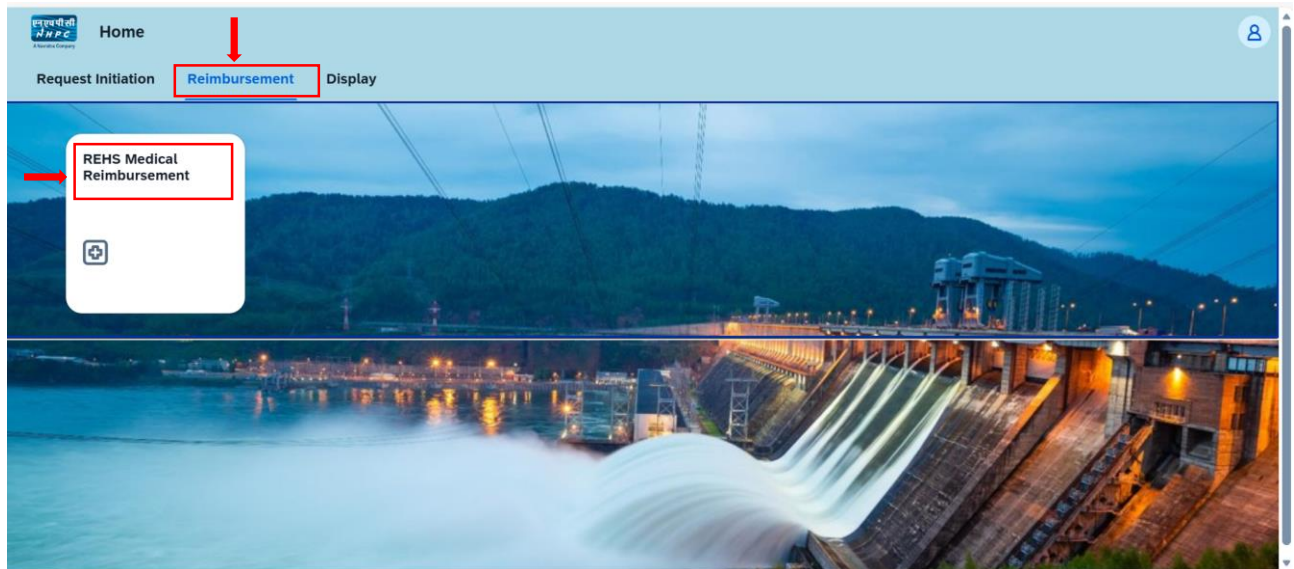
Reimbursement Requests (4)										
Request Number	Request Date	Reimbursement Type	Total Claim Amount	Approved Amount	Non Taxable Amount	Taxable Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
202602230004	23.02.2026	REHS Reimb - IPD	28,500 INR	0 INR	0 INR	0 INR	00.00.0000		00000000	Saved

10. If user clicks on Submit button, in Dashboard it will show 'To be Approved'.

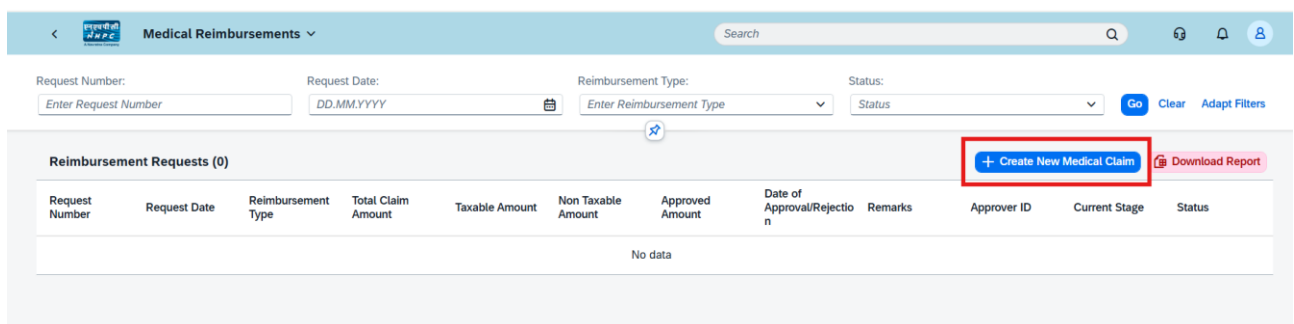
Reimbursement Requests (4)										
Request Number	Request Date	Reimbursement Type	Total Claim Amount	Approved Amount	Non Taxable Amount	Taxable Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
202602230004	23.02.2026	REHS Reimb - IPD	28,500 INR	0 INR	0 INR	0 INR	00.00.0000		00005002 Akhillesh Kumar	To Be Approved

2.3 REHS Reimbursement – OPD

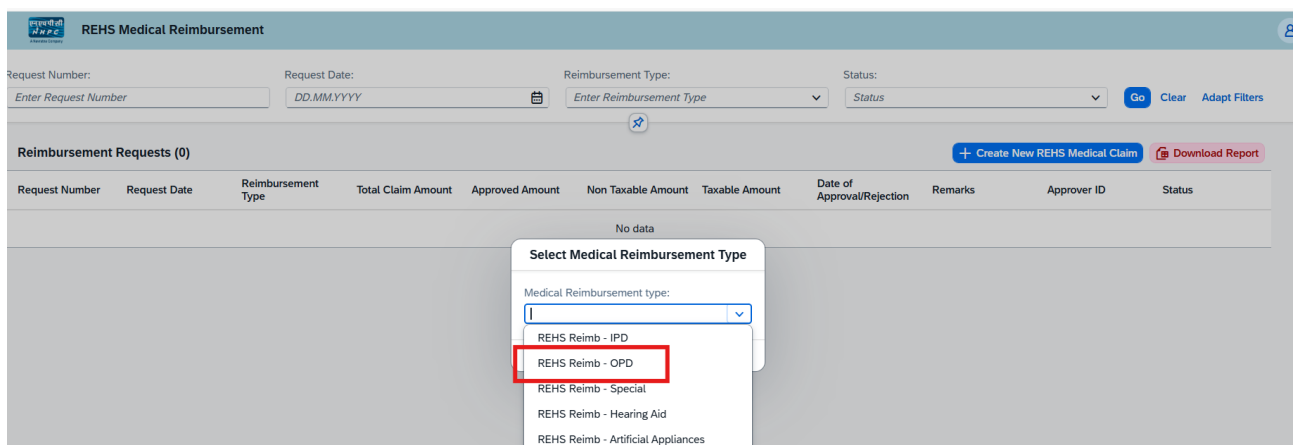
1. Select Reimbursement → REHS Medical Reimbursements.



2. Click on 'Create New Medical Claim'



3. Select 'Medical Reimb – OPD' as shown below:



OPD limit can be seen on header as per employee grade

Create REHS Reimb - OPD Request

Status: New

Employee Name: REHS Check Designation: Peño Reporting Officer: - REHS Card Validity: 19.01.2026 - 19.01.2027
 Grade: E03 Date of Birth: 01.04.1981 Bank Account Number: 9899999898 Life Certificate Valid From : 17.01.2024
 Location: CORPORATE OFFICE Date of Retirement: 31.12.2024 PAN Number: GPLPK2502W Life Certificate Valid To : 17.01.2027

Reimbursement Details Invoice Details Consent Notes Attachments

Reimbursement Details

Check Your Eligibility To Proceed With Saving Or Submitting The Reimbursement Request

Medical Reimbursement Code:	5115	Medical Reimbursement Description:	REHS Reimb - OPD
Financial Year:	2025-26	Total Claim Amount (₹):	0 INR
Eligible Amount (₹):	1,80,000 INR		
Balance Amount (₹):	1,80,000 INR		
Relation:	▼		

4. Click on 'Add bill' and enter details

Invoice Details

Invoice Details (1)

[Check Eligibility](#) [+ Add Bill](#) [Delete Bill](#)

Relationship	Bill No	Bill Date	Treatment Type	Classification	Claim Amount (₹)	
☐ Self	121343	13.02.2026	AYURVEDA	CARDIAC MONITORING	20,000 INR	View More

5. Click on Agree All for consent

Create Medical Reimb - OPD Request

Status: New

Reimbursement Details Invoice Details Consent Notes Attachments

Consent

Consent Number	Description	Agree
1	I agree that the expenditure as claimed has actually been incurred for medical treatment of the family member(s) of my family who is/are wholly dependent on me.	☒
2	I agree that I have "X" surviving dependent children.	☒
3	I agree that my son is not married and has not attained the age of 25 years. I agree that my daughter is not married has not attained the age of 30 years.	☒
4	I agree that my parents are wholly dependent on me and their combined income from all sources irrespective of the pension amount does not exceed Rs. 6000 per month	☒
5	I agree that my parents are residing with me / with mt family at "I have opted for keeping my family at"	☒

☒ Agree All

6. Please upload required attachments for OPD as below.

Medical Reimbursements Search 🔍 🔔 👤

Create Medical Reimb - OPD Request
Status: New

Reimbursement Details Invoice Details Consent Notes **Attachments**

Attachments

Please save/submit after attaching / deleting any document

Documents (0)

File Name	File Category	File Type	Uploaded By
 No documents available Drag and drop files here to upload			

File Category 📁 Upload

- Required
- Prescription
- Detailed Bill

7. In dashboard it will show as saved as below.

Medical Reimbursements Search 🔍 🔔 👤

Request Number: Request Date: Reimbursement Type: Status: Go Clear Adapt Filters

Reimbursement Requests (2) + Create New Medical Claim Download Report

Request Number	Request Date	Reimbursement Type	Total Claim Amount	Taxable Amount	Non Taxable Amount	Approved Amount	Date of Approval/Rejection	Remarks	Approver ID	Current Stage	Status
202602200025	20.02.2026	Medical Reimb - OPD	11,000 INR	0 INR	0 INR	0 INR	00.00.0000		00000000 Varun Kumar		Saved
202602200024	20.02.2026	Medical Reimb - IPD	7,000 INR	5,000 INR	2,000 INR	7,000 INR	20.02.2026	View Remarks	00003111 Aniket Kumar		Completed

8. In Dashboard it will show like below post submission.

REHS Medical Reimbursement Search 🔍 🔔 👤

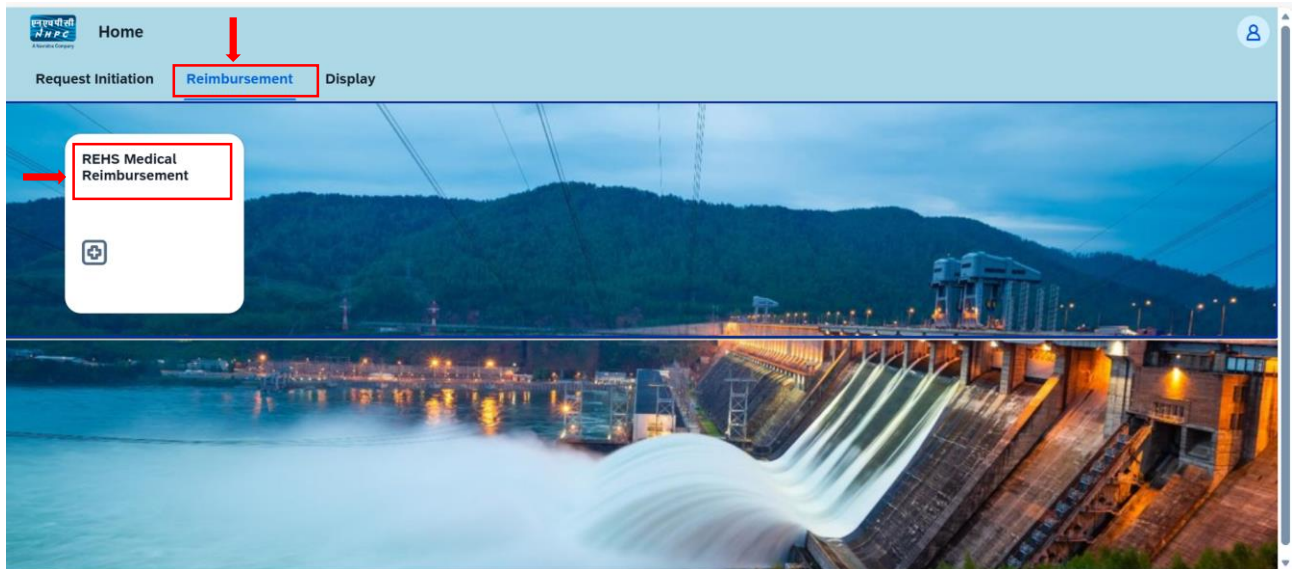
Request Number: Request Date: Reimbursement Type: Status: Go Clear Adapt Filters

Reimbursement Requests (1) + Create New REHS Medical Claim Download Report

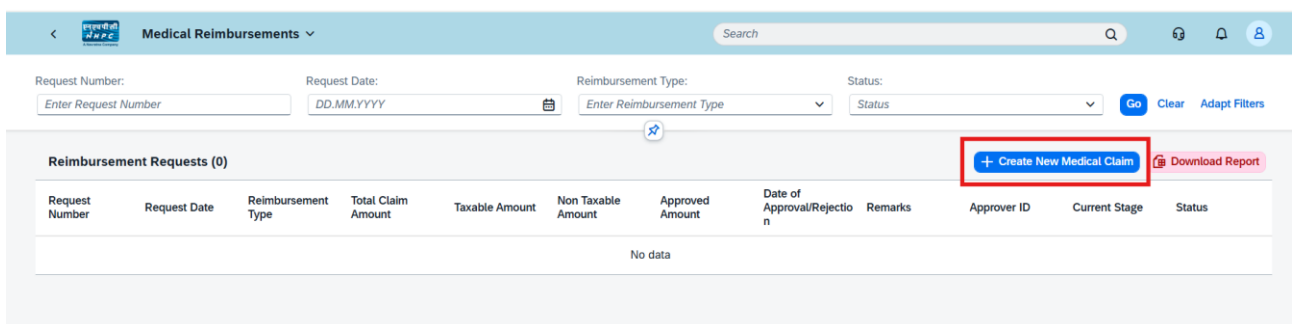
Request Number	Request Date	Reimbursement Type	Total Claim Amount	Approved Amount	Non Taxable Amount	Taxable Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
202602230001	23.02.2026	REHS Reimb - OPD	20,000 INR	0 INR	0 INR	0 INR	00.00.0000		00005002 Akhilesh Kumar	To Be Approved

2.4 REHS Reimbursement – Special

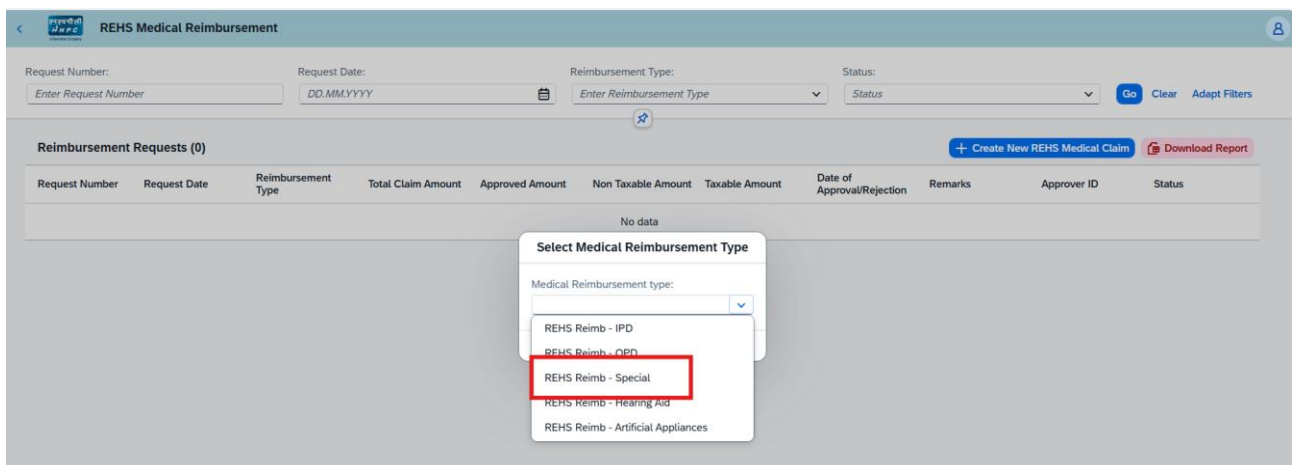
1. Select Reimbursement → REHS Medical Reimbursements.



2. Click on 'Create New Medical Claim'



3. Select 'Medical Reimb – Special' as shown below:



limit can be seen on header as per employee grade

Create REHS Reimb - Special Request

Status: New

Location: CORPORATE OFFICE Date of Retirement: 31.12.2024 PAN Number: GPLPK2502W Life Certificate Valid To : 17.01.2027

Reimbursement Details Invoice Details Consent Notes Attachments

Reimbursement Details

Check Your Eligibility To Proceed With Saving Or Submitting The Reimbursement Request

Medical Reimbursement Code: 5120 Medical Reimbursement Description: REHS Reimb - Special

Financial Year: 2025-26 Total Claim Amount (₹): 30,000 INR

Relation: * Self

Invoice Details

4. Click on 'Add bill' and enter details

Invoice Details

Invoice Details (1) Check Eligibility + Add Bill Delete Bill

Relationship	Bill No	Bill Date	Treatment Type	Classification	Claim Amount (₹)
☐ Self	121313	11.02.2026	ALLOPATHY	ANESTHESIA	30,000 INR

[View More](#)

5. Click on Agree All for consent

Create Medical Reimb - OPD Request

Status: New

Reimbursement Details Invoice Details Consent Notes Attachments

Consent

Consent Number	Description	Agree
1	I agree that the expenditure as claimed has actually been incurred for medical treatment of the family member(s) of my family who is/are wholly dependent on me.	☒
2	I agree that I have "X" surviving dependent children.	☒
3	I agree that my son is not married and has not attained the age of 25 years. I agree that my daughter is not married has not attained the age of 30 years.	☒
4	I agree that my parents are wholly dependent on me and their combined income from all sources irrespective of the pension amount does not exceed Rs. 6000 per month	☒
5	I agree that my parents are residing with me / with mt family at "I have opted for keeping my family at"	☒

☒ Agree All

6. Please upload required attachments for OPD as below.

Attachments

Please save/submit after attaching / deleting any document

Documents (0) File Category Upload

File Name	File Category	File Type	Uploaded By
No documents available			

Drag and drop files here to upload

Required

- Prescription
- Detailed Bill
- Annexure VI

7. In dashboard it will show as saved as below.

Request Number: Request Date: Reimbursement Type: Status: [Go](#) [Clear](#) [Adapt Filters](#)

Request Number	Request Date	Reimbursement Type	Total Claim Amount	Approved Amount	Non Taxable Amount	Taxable Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
202602230001	23.02.2026	REHS Reimb - Special	30,000 INR	0 INR	0 INR	0 INR	00.00.0000		00000000	Saved

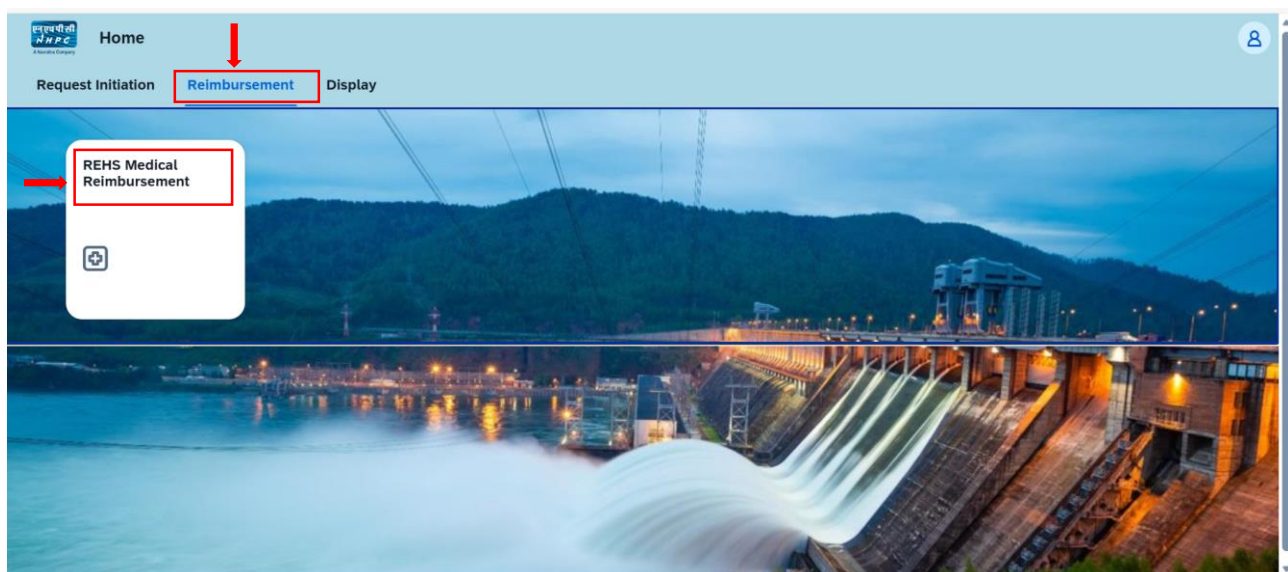
8. In Dashboard it will show like below post submission.

Request Number: Request Date: Reimbursement Type: Status: [Go](#) [Clear](#) [Adapt Filters](#)

Request Number	Request Date	Reimbursement Type	Total Claim Amount	Approved Amount	Non Taxable Amount	Taxable Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
202602230001	23.02.2026	REHS Reimb - Special	30,000 INR	0 INR	0 INR	0 INR	00.00.0000		00005002 Akhilesh Kumar	To Be Approved

2.5 REHS Reimbursement – Hearing AID

1. Select Reimbursement → REHS Medical Reimbursements.



2. Click on 'Create New Medical Claim'

Medical Reimbursements

Request Number: Request Date: Reimbursement Type: Status:

[Go](#) [Clear](#) [Adapt Filters](#)

Reimbursement Requests (0)

[+ Create New Medical Claim](#) [Download Report](#)

Request Number	Request Date	Reimbursement Type	Total Claim Amount	Taxable Amount	Non Taxable Amount	Approved Amount	Date of Approval/Rejection	Remarks	Approver ID	Current Stage	Status
No data											

3. Select 'Medical Reimb – Hearing Aid' as shown below:

REHS Medical Reimbursement

Request Number: Request Date: Reimbursement Type: Status:

[Go](#) [Clear](#) [Adapt Filters](#)

Reimbursement Requests (1)

[+ Create New REHS Medical Claim](#) [Download Report](#)

Request Number	Request Date	Reimbursement Type	Total Claim Amount	Approved Amount	Non Taxable Amount	Taxable Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
202602230001	23.02.2026	REHS Reimb - Special	30,000 INR	30,000 INR	0 INR	30,000 INR	23.02.2026	View Remarks	00005002 Akhlesh Kumar	Completed

Select Medical Reimbursement Type

Medical Reimbursement type:

- REHS Reimb - IPD
- REHS Reimb - OPD
- REHS Reimb - Special
- REHS Reimb - Hearing Aid**
- REHS Reimb - Artificial Appliances

limit can be seen on header as per employee grade

Create REHS Reimb - Hearing Aid Request

Status: New

Employee ID: 00005004
Employee Name: REHS Check
Grade: E03
Location: CORPORATE OFFICE

Department: Banking Section
Designation: Peelo
Date of Birth: 01.04.1981
Date of Retirement: 31.12.2024

NHPC Joining Date: 01.12.2024
Reporting Officer: -
Bank Account Number: 9898989898
PAN Number: GPLPK2502W

REHS Card Number: 500411
REHS Card Validity: 19.01.2026 - 19.01.2027
Life Certificate Valid From: 17.01.2024
Life Certificate Valid To: 17.01.2027

[Reimbursement Details](#) [Invoice Details](#) [Acknowledgment](#) [Consent](#) [Notes](#) [Attachments](#)

Reimbursement Details

Check Your Eligibility To Proceed With Saving Or Submitting The Reimbursement Request

Medical Reimbursement Code: 5120
Financial Year: 2025-26
Relation: Self

Medical Reimbursement Description: REHS Reimb - Hearing Aid
Total Claim Amount (₹): 25,000 INR

4. Click on 'Add bill' and enter details

Invoice Details (1)

[Check Eligibility](#) [+ Add Bill](#) [Delete Bill](#)

Relationship	Bill No	Bill Date	Treatment Type	Classification	Claim Amount (₹)	
☐ Self	12121	12.02.2026	ALLOPATHY	HEARING AID (BOTH)	25,000 INR	View More

5. Click on Agree All for consent

Consent

Consent Number	Description	Agree
1	The statements made in the claim are true to the best of my knowledge and belief.	☒
2	I am a member of the NHPC Retired Employees' Health Scheme.	☒
3	I continue to fulfill the conditions of eligibility for availing the medical benefits under the scheme.	☒
4	The medical expenses were incurred for self / spouse/children (in case of deceased employee).	☒
5	That children (in case of deceased employee) are not employed. Their income from all sources does not exceed to Rs.6000/-, they have not attained the age of 25 in case of son and 30 in case of daughter and are not married/The child/children named ___ is/are physically handicapped / mentally retarded.	☒
6	That no claim is preferred in respect of diseases as listed in Rule 10.4.1 to 10.4.6.	☒
7	I fully understand that the Company may refuse / terminate my membership of the Scheme at any time without any notice and without assigning any reason thereof.	☒
8	In case of claiming for parents, that my parents are wholly dependent on me and their combined income from all sources (irrespective of pension amount) does not exceed Rs.9000 p.m.	☒

6. Please upload required attachments for as below.

Attachments

Please save/submit after attaching / deleting any document

Documents (0)

File Name	File Category	File Type	Uploaded By	Uploaded On
No documents available Drag and drop files here to upload				

File Category

Required

Prescription

Detailed Bill

Annexure VI

Audiometry Report

Upload

Save

Documents (4)

File Name	File Category	File Type	Uploaded By	Uploaded On
 20251208_103013.jpg	Prescription	image/jpeg	TESTPYD_08 1234 (testpyd_08@test.com)	23.02.2026
 20251208_103013.jpg	Detailed Bill	image/jpeg	TESTPYD_08 1234 (testpyd_08@test.com)	23.02.2026
 20251208_103013.jpg	Annexure VI	image/jpeg	TESTPYD_08 1234 (testpyd_08@test.com)	23.02.2026
 20251208_103013.jpg	Audiometry Report	image/jpeg	TESTPYD_08 1234 (testpyd_08@test.com)	23.02.2026

7. In dashboard it will show as saved as below.

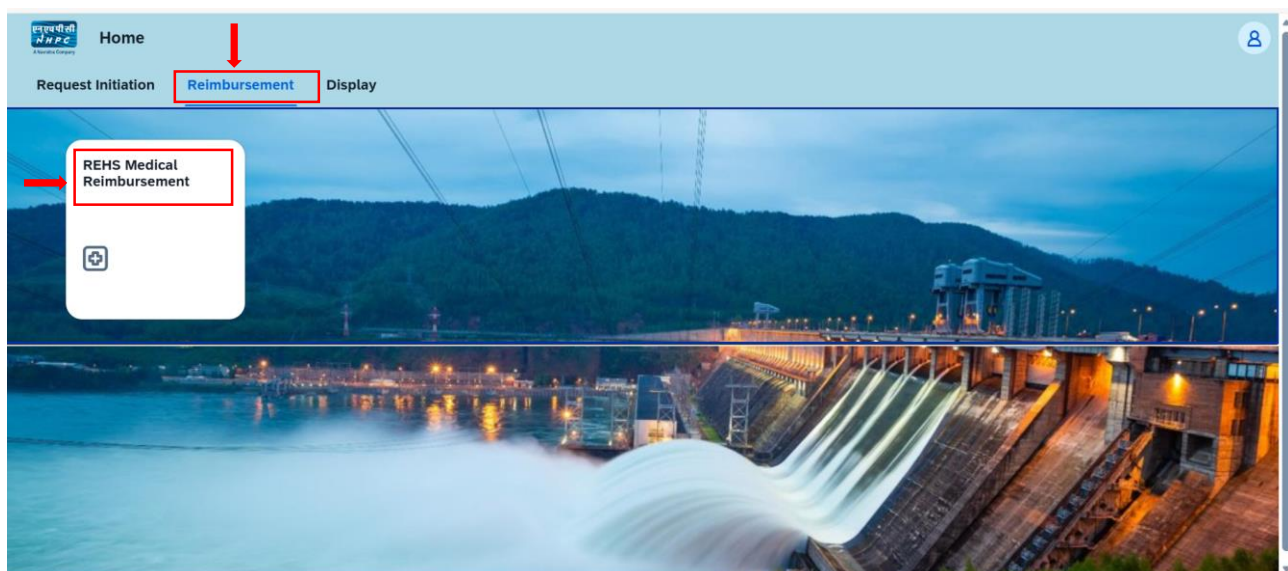
Reimbursement Requests (2)										
Request Number	Request Date	Reimbursement Type	Total Claim Amount	Approved Amount	Non Taxable Amount	Taxable Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
202602230002	23.02.2026	REHS Reimb - Hearing Aid	25,000 INR	0 INR	0 INR	0 INR	00.00.0000		00000000	Saved

8. In Dashboard it will show like below post submission.

Reimbursement Requests (2)										
Request Number	Request Date	Reimbursement Type	Total Claim Amount	Approved Amount	Non Taxable Amount	Taxable Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
202602230002	23.02.2026	REHS Reimb - Hearing Aid	25,000 INR	0 INR	0 INR	0 INR	00.00.0000		00005002 Akhilesh Kumar	To Be Approved

2.6 REHS Reimbursement – Artificial Appliances

1. Select Reimbursement → REHS Medical Reimbursements.



2. Click on 'Create New Medical Claim'

Medical Reimbursements

Search

Request Number:

Request Date:

Reimbursement Type:

Status:

Enter Request Number

DD.MM.YYYY

Enter Reimbursement Type

Status

Go

Clear

Adapt Filters

Reimbursement Requests (0)										
Request Number	Request Date	Reimbursement Type	Total Claim Amount	Taxable Amount	Non Taxable Amount	Approved Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
No data										

3. Select 'Medical Reimb – Hearing Aid' as shown below:

limit can be seen on header as per employee grade

4. Click on 'Add bill' and enter details

21

5. Click on Agree All for consent

Consent

Consent Number	Description	Agree
1	The statements made in the claim are true to the best of my knowledge and belief.	☒
2	I am a member of the NHPC Retired Employees' Health Scheme.	☒
3	I continue to fulfill the conditions of eligibility for availing the medical benefits under the scheme.	☒
4	The medical expenses were incurred for self / spouse/children (in case of deceased employee).	☒
5	That children (in case of deceased employee) are not employed. Their income from all sources does not exceed to Rs.6000/-, they have not attained the age of 25 in case of son and 30 in case of daughter and are not married/The child/children named ___ is/are physically handicapped / mentally retarded.	☒
6	That no claim is preferred in respect of diseases as listed in Rule 10.4.1 to 10.4.6.	☒
7	I fully understand that the Company may refuse / terminate my membership of the Scheme at any time without any notice and without assigning any reason thereof.	☒
8	In case of claiming for parents, that my parents are wholly dependent on me and their combined income from all sources (irrespective of pension amount) does not exceed Rs 9000 m m	☒

6. Please upload required attachments for as below.

Attachments

Please save/submit after attaching / deleting any document

Documents (0)

File Name	File Category	File Type	Uploaded By	Uploaded On
 No documents available Drag and drop files here to upload				

File Category

Required

Prescription

Detailed Bill

Annexure VI

Attachments

Please save/submit after attaching / deleting any document

Documents (3)

File Name	File Category	File Type	Uploaded By	Uploaded On
 20251208_103013.jpg	Prescription	image/jpeg	TESTPYD_08 1234 (testpyd_08@test.com)	23.02.2026 
 20251208_103013.jpg	Detailed Bill	image/jpeg	TESTPYD_08 1234 (testpyd_08@test.com)	23.02.2026 
 20251208_103013.jpg	Annexure VI	image/jpeg	TESTPYD_08 1234 (testpyd_08@test.com)	23.02.2026 

7. In dashboard it will show as saved as below.


REHS Medical Reimbursement

Request Number:
Request Date:
Reimbursement Type:
Status:

Reimbursement Requests (3)

Request Number	Request Date	Reimbursement Type	Total Claim Amount	Approved Amount	Non Taxable Amount	Taxable Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
202602230003	23.02.2026	REHS Reimb - Artificial Appliances	18,500 INR	0 INR	0 INR	0 INR	00.00.0000		00000000	Saved

8. In Dashboard it will show like below post submission.

Reimbursement Requests (3)										
Request Number	Request Date	Reimbursement Type	Total Claim Amount	Approved Amount	Non Taxable Amount	Taxable Amount	Date of Approval/Rejection	Remarks	Approver ID	Status
202602230003	23.02.2026	REHS Reimb - Artificial Appliances	18,500 INR	0 INR	0 INR	0 INR	00.00.0000		00005002 Akhilesh Kumar	To Be Approved

*****End of Document*****