

NOTICE TO RETIRED EMPLOYEES OF WBSEDCL

The Group Medical Insurance Policy for the retired employees of WBSEDCL shall be implemented from the year 2020-21, with the introduction of a proposed two-part policy scheme.

The salient features of the proposed policy are listed hereunder:

1. All retired employees of WBSEDCL including Pensioners/ Family Pensioners/ Non-Pensioners (CPF holders or their wife in case of deceased CPF holder) shall be eligible to opt for this Group Medical Insurance Policy.

2. The policy shall comprise of two parts:

Part A – Where the sum insured amount shall be fixed at Rs. 2,00,000 (Rupees Two lacs only), against which premium amount equivalent to the lowest quote as provided by the Insurance Company, obtained through bid procedure, shall be payable. The policy shall be funded by self contribution, i. e, surrender of the Medical Relief including future relief in case of Pensioners/ Family Pensioners to the tune of Rs 500/- per month which may be recovered on monthly basis from their Pension, and payment of same amount to the tune of Rs 6000/- (annually) in advance through Demand Draft in case of other retired employees (i.e CPF holders). The balance Premium amount shall be borne by WBSEDCL as subsidy.

Part B – Where the sum insured amount shall be fixed at Rs. 3,50,000 (Rupees Three Lakhs Fifty thousand only), against which premium amount equivalent to the lowest quote as provided by the Insurance Company, obtained through bid procedure, shall be payable. The policy shall be funded by surrender value of Medical Relief to the tune of Rs 500/- per month to be deducted from the monthly pension /family pension and the additional premium amount to be borne by self contribution to be deducted from their Pension Account in consecutive (three) monthly instalments, in case of Pensioners/Family Pensioners . In case of other retired employees (i.e CPF account holders), the additional Premium amount as well as the surrender value of Medical Relief @Rs 500/-per month shall be paid in advance through Demand Draft . An equal amount of subsidy shall be borne by WBSEDCL as in case of Part A thereof.

{Illustration:

Part A

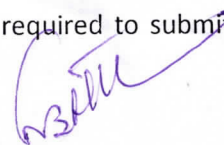
Total Premium(X)=Yearly Medical Relief (Y) + WBSEDCL subsidy(Z)

Part B

Total Premium (X1)= Yearly Medical Relief(Y)+ WBSEDCL subsidy(Z) + Differential Amount }

Before going into the procedural formalities regarding invitation of “Expression of Interest” etc. from the Insurance Companies, option is hereby invited from the retired employees (Pensioners/ Family Pensioners/ CPF account holders (non-pensioners) or their spouses in case of deceased employees) who want to opt for this proposed Group Medical Insurance Policy. Exercise of Option is very important as the coverage of the policy will depend upon the no. of optees against each part.

Retired employees (Pensioners/ Family Pensioners only) who were covered under the Group Medical Insurance Policy for the period 15.08.2019 to 14.08.2020 and are seeking to opt for the Part B of the proposed policy / discontinue for the proposed policy are also required to submit the Option form in the



given format within the specified date. In case of non-submission of any option on their part, the office will automatically enlist them under Part A of the proposed policy.

Retired employees (Pensioners/ Family Pensioners only) who were previously not covered under the Group Medical Insurance Policy for the period 15.08.2019 to 14.08.2020 are also required to submit the Option form in the given format within the specified date.

All the Retired employees of CPF account holders(i.e Non-Pensioners) are required to submit the Option form in the given format within the specified date. One Demand Draft as mentioned above shall have to be submitted by them after finalization of tender procedure and publication of Office Order in future mentioning the policy details of the proposed Policy.

Option Forms are available at Zonal, Regional and Divisional offices of WBSEDCL and may also be downloaded from the company's website www.wbsedcl.in. → **Retired Employees Corner** The completed Option Forms may be sent to the following address: "DROP BOX, Group Medical Insurance Cell, 6th Floor, C Block, Vidyut Bhavan, Kolkata – 700091."

The last date for submission of filled in Option Form is **31.07.2020**.

The Option Forms submitted after due date or containing incorrect/ incomplete/ illegible details shall be rejected summarily and WBSEDCL shall not take any responsibility for the same.

Further developments and details of the proposed policy will be hosted in the company's website (www.wbsedcl.in → **Retired Employees Corner** in due course. WBSEDCL reserves the right to modify the terms & conditions for implementation of the Proposed Policy at any point of time.

For queries, contact: Group Medical Insurance Cell , Retired Persons' Help Desk, , 6th Floor, C Block, Vidyut Bhavan, Kolkata – 700091 (Tel: 033-23598385)/ or email at gr.medins@gmail.com.

Handwritten signature and date: 30/7/2020

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OPTION FORM FOR THE GROUP MEDICAL INSURANCE POLICY (2020-21) FOR RETIRED EMPLOYEES OF WBSIEDCL

(To be submitted by .31.07.2020.)

1	Name of the Optee (in Block letters)		Date of Birth (DD/MM/YYYY)	
2	Name of the Spouse (in Block letters)		Date of Birth (DD/MM/YYYY)	
3	Address			
		District:	PIN Code:	
4	Contact No:	Mob: (i) (ii)		
5	Email ID:	(Optional)		
6	PPO No: (for Pensioner/ Family Pensioner only)		Date of Retirement	
7	PF No: (for CPF Holders only)		Date of Retirement	
8	Whether the Optee was insured under Mediclaim Policy for the year 2019-20?			Yes / No
9	In case the answer to Sl no. 8 above is yes, plz provide the following details			
(a)	Whether the optee would like to opt for the higher scheme i.e Part B of the proposed Policy 2020-21?			Yes / No
(b)	Whether the optee would like to opt out from the proposed Policy 2020-21?			Yes / No
(In case of no Option received from the Pensioner/Family Pensioner insured under Group Medical Insurance Policy 2019-20, they will be auto renewed for the Basic scheme i.e Part A of the proposed Policy 2020-21)				
10	In case the answer to Sl no. 8 above is no, plz provide the following details			
(a)	Whether the optee would like to opt for the basic scheme i.e Part A of the proposed Policy 2020-21?			Yes / No
(b)	Whether the optee would like to opt for the higher scheme i.e Part B of the proposed Policy 2020-21?			Yes / No
I hereby state that the particulars provided by me are correct and true to the best of my belief.				
Date:				
Place:		(Signature)		