

**NOTICE TO RETIRED EMPLOYEES of WBSEDCL w.r.t. Group  
Medical Insurance Policy 2022-23.**

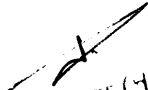
The Group Medical Insurance Policy for the retired employees of WBSEDCL shall be implemented for the year 2022-23, with a proposed three part policy scheme. The salient features of the proposed policy are listed hereunder:


1. All retired employees of WBSEDCL including Pensioners/ Family Pensioners/ Non-Pensioners (CPF holders or their spouses in case of deceased CPF holders) shall be eligible to opt for this Group Medical Insurance Policy.
2. The policy shall comprise of three parts:

**Part A** -Where the sum insured amount shall be fixed at Rs. 2,00,000/- (Rupees Two lacks 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 ,or otherwise, which may be recovered on monthly basis from their Pension, and payment of same amount to the tune of Rs 6000/- (annually), or otherwise, in advance through Demand Draft/online account transfer in case of other retired employees i.e. Non-pensioners (CPF holders). The balance Premium amount, if any, shall be borne by WBSEDCL as subsidy.

**Part B** -Where the sum insured amount shall be fixed at Rs. 3,50,000/- (Rupees Three lakh 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/- ,or otherwise, 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 3(three) equal instalments, in case of Pensioners/Family Pensioners. In case of other retired employees i.e Non-pensioners (CPF account holders), the Premium amount after deducting the subsidy is to be paid through Demand Draft/online account transfer. An equal amount of subsidy shall be borne by WBSEDCL as in case of Part A thereof.

**Part C** -Where the sum insured amount shall be fixed at Rs. 5,00,000/- (Rupees Five Lakh 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/- ,or otherwise, 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 3(three) equal installments, in case of Pensioners/Family Pensioners. In case of other retired employees i.e Non-pensioners (CPF account holders), the Premium amount after deducting the subsidy is to be paid through Demand Draft/online account transfer. An equal amount of subsidy shall be borne by WBSEDCL as in case of Part A thereof.

  
Manager (HR&A)  
Gr. Medical Insurance Cell

  
(U. SARKAR)  
General Manager (HR&A)  
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**{Illustration:**


**Part A :Total Premium(X)=Yearly Medical Relief or equivalent (Y) + WBSEDCL subsidy(Z)**


**Part B : Total Premium (X1)= Yearly Medical Relief or equivalent (Y)+ WBSEDCL subsidy(Z) + Differential Amount.**

**Part C : Total Premium (X2)= Yearly Medical Relief or equivalent (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 2022-23. Exercise of Option is very important as the coverage of the policy will depend upon the number of optees against each part.

- Retired employees (Pensioners/ Family Pensioners only) who are covered under the Group Medical Insurance Policy for the period 24.09.2021 to 23.09.2022 and are seeking to **convert from Part A to Part B/C (or vice versa) of the proposed policy / discontinue** from the proposed policy are also required to submit the Option Form in the given format within the specified date.
- **If no Option is received from the Pensioner/Family Pensioner who is insured under Group Medical Insurance Policy 2021-22, he/she will be auto-renewed under his/her existing scheme (i.e. Part A/Part B of 2021-22) in the proposed Group Medical Insurance policy 2022-23.**
- Retired employees (Pensioners/ Family Pensioners only) who were previously not covered under the Group Medical Insurance Policy for the period 24.09.2021 to 23.09.2022 and want to be enrolled in the upcoming policy are also required to submit the Option Form in the given format within the specified date.
- Retired employees (Non-Pensioners/CPF account holders) are required to submit the Option Form in the given format within the specified date. One Demand Draft or online account transfer(as per option exercised)have to be submitted by them after finalization of tender procedure and publication of Office Order in future mentioning the policy details along with premium value of the proposed Policy.

  
Manager (HR&A)  
Gr. Medical Ins. 2022-23

  
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General Manager (HR&A)  
W B S E D C L

The retired employees may collect the option form & submit the same at their nearest division office of WBSEDCL within the due date. The option forms can also be downloaded from the company's website ([www.wbsedcl.in](http://www.wbsedcl.in) -> Retired Employee's Corner).

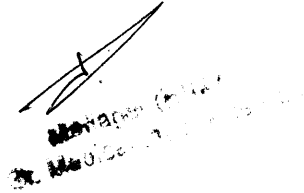
The Option forms may be submitted also through website portal ([www.wbsedcl.in](http://www.wbsedcl.in)→ Retired Employee's Corner→ e-option for group medical insurance) as well within 11-07-2022.

The completed Option Forms may also be sent to the following address: **"DROP BOX, Group Medical Insurance Cell, 6th Floor, C Block, Vidyut Bhavan, Kolkata -700091"** either by hand or through speed/registered/normal post. The last date for submission of filled in Option Form is 11-07-2022. 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 uploaded in the company's website ([www.wbsedcl.in](http://www.wbsedcl.in)→ Retired Employee's 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 additional queries, contact: Group Medical Insurance Cell, WBSEDCL, 6th Floor, C Block, Vidyut Bhawan, Kolkata 700091 (Tel No: 033 23598385)



Handwritten signature and stamp of the Group Medical Insurance Cell, WBSEDCL.





(U. SARKAR)  
General Manager (HR&A)  
WBSEDCL

**OPTION FORM FOR THE GROUP MEDICAL INSURANCE POLICY (2022-23) FOR RETIRED EMPLOYEES OF WBSEDCL**

**(To be submitted by 11-07-2022)**

|  |   |             |                            |   |        |        |        |                              |  |
|--|---|-------------|----------------------------|---|--------|--------|--------|------------------------------|--|
| 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:<br>(for Pensioner/ Family Pensioner only)   |             | Date of Retirement         |   |        |        |        |                              |  |
| 7  | PF No:<br>(for CPF Holders only)  |             | Date of Retirement         |   |        |        |        |                              |  |
| 8  | Whether the Optee was insured under Medclaim Policy for the year 2021-22?   |             |                            | Yes / No  |        |        |        |                              |  |
| 9  | In case the answer to Sl no. 8 above is yes, plz provide the following details (Kindly tick on the appropriate option):-  |             |                            |   |        |        |        |                              |  |
| (a)  | Whether the optee would like to change his/her existing scheme (i.e. Part A/B of 2021-22) in the proposed Policy 2022-23?   |             |                            | Yes / No  |        |        |        |                              |  |
|  | If yes, then mention the Scheme (Part A/B/C) for inclusion in the proposed Policy 2022-23.  |             |                            | <table border="1"> <tr> <td>Part A</td> <td>Part B</td> <td>Part C</td> </tr> <tr> <td colspan="3" style="text-align: center;">(TICK on the right box only)</td> </tr> </table> | Part A | Part B | Part C | (TICK on the right box only) |  |
| Part A   | Part B  | Part C      |                            |   |        |        |        |                              |  |
| (TICK on the right box only)   |   |             |                            |   |        |        |        |                              |  |
| (b)  | Whether the optee would like to opt out from the proposed Policy 2022-23 (for the entire policy period) ?   |             |                            | Yes   |        |        |        |                              |  |
| (c)  | If no option is received from the Pensioners/Family Pensioners who are insured under Group Medical Insurance Policy 2021-22, they will be auto-renewed under their existing scheme (i.e. Part A/Part B of 2021-22) in the proposed Group Medical Insurance Policy of 2022-23. |             |                            |   |        |        |        |                              |  |
| 10   | In case the answer to Sl no. 8 above is NO, kindly tick on the appropriate option for inclusion in the proposed Policy 2022-23:-  |             |                            | Part A  |        |        |        |                              |  |
|  |   |             |                            | Part B  |        |        |        |                              |  |
|  |   |             |                            | Part C  |        |        |        |                              |  |
| (TICK on the right box only)   |   |             |                            |   |        |        |        |                              |  |
| NB: For CPF account holders, submission of Demand Draft/online account transfer will have to be done, after the final notification as per the option exercised, for acceptance of option form. |   |             |                            |   |        |        |        |                              |  |
| * I hereby state that the particulars provided by me are correct and true to the best of my belief.  |   |             |                            |   |        |        |        |                              |  |
| Date:  |   | (Signature) |                            |   |        |        |        |                              |  |
| Place:   |   |             |                            |   |        |        |        |                              |  |

  
**Manager (HR&A)**  
**Gr. Medical Insurance Cell**

  
**(U. SARKAR)**  
**General Manager (HR&A)**  
**WBSEDCL**