

**NOTICE TO RETIRED EMPLOYEES of WBSEDCL w.r.t. Group
Medical Insurance Policy 2023-24.**

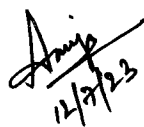
The Group Medical Insurance Policy for the retired employees of WBSEDCL shall be implemented for the year 2023-24, with a proposed three part policy scheme. The salient features of the proposed policy are listed hereunder:

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 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.


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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 2023-24. 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 06.12.2022 to 05.12.2023 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 required to submit the **Option Form A** in the given format **from 14.07.2023 to 10.08.2023**.
- **If no Option is received from the Pensioner/Family Pensioner who is insured under Group Medical Insurance Policy 2022-23, he/she will be auto-renewed under his/her existing scheme (i.e. Part A/Part B/Part C of 2022-23) in the proposed Group Medical Insurance policy 2023-24.**
- Retired employees (Pensioners/ Family Pensioners only) who were previously not covered under the Group Medical Insurance Policy for the period 06.12.2022 to 05.12.2023 and want to be enrolled in the upcoming policy are also required to submit the **Option Form A** in the given format **from 14.07.2023 to 10.08.2023**.
- Retired employees [Non-Pensioners (CPF account holders)] including existing beneficiaries are compulsorily required to submit the **Option Form A, from 14.07.2023 to 10.08.2023**. One Demand Draft or online account transfer (stringently 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.
- For new pensioners/family pensioners/ CPF account holders **whose PPO no. will be generated on or after 10.08.2023/who retires from service on or after 31.08.2023** may also opt with **Option Form B** for the forthcoming policy 2023-24 **from 01.10.2023 to 10.11.2023**.

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The Option forms may be submitted through website portal (www.wbsedcl.in → Retired Employee's Corner → e-option for group medical insurance) within stipulated time period as mentioned earlier in **page - 2**. The option forms can also be downloaded from the company's website.

The completed Option Forms may also be sent to the following address: **"DROP BOX, Group Medical Insurance Cell, 6th Floor, C Block, Vidyut Bhawan, Kolkata - 700091"** either by hand or through speed/ registered/normal post. The date for submission of filled in Option Form will strictly be as follows:


- 1) For existing retired pensioners/family pensioners/non-pensioners, options may be submitted through online mode/by hard copy {submitted at Drop Box of Gr. Medical Insurance Cell, Vidyut Bhawan} .Hard copies of properly filled option forms may also be submitted at their nearest Division Office of WBSEDCL **from 14.07.2023 to 10.08.2023 (Option Form A)**.
- 2) For new upcoming pensioners/family pensioners/ CPF account holders whose PPO no. will be generated **on or after 10.08.2023** /who retires from service **on or after 31.08.2023** ,options may be submitted through online mode/by hard copy {submitted at Drop Box of Gr. Medical Insurance Cell, Vidyut Bhawan} **from 01.10.2023 to 10.11.2023 (Option form B)**.

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. Any application received for enrolment/exclusion, via any other mode is not acceptable. **Submission of the options through online mode is preferred.**

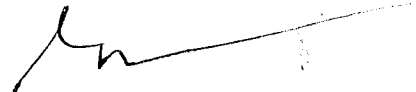
Further developments and details of the proposed policy will be uploaded in the company's website (www.wbsedcl.in → Retired Employee's Corner) in due course.

WBSEDCL reserves the right to modify the terms & conditions for implementation of the Proposed Policy at any point of time.

For query, contact: Group Medical Insurance Cell, WBSEDCL, 6th Floor, C Block, Vidyut Bhawan, Kolkata 700091 (Tel No: 033 23598385).


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OPTION FORM A

OPTION FORM FOR THE GROUP MEDICAL INSURANCE POLICY (2023-24) FOR EXISTING RETIRED EMPLOYEES OF WBSEDCL

(To be submitted from 14/07/2023-10/08/2023)

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			
		State:	PIN Code:	
4	Contact No:	Mobile No:		
5	Email ID:	(Optional)		
6	PPO No: (for Pensioner/ Family Pensioner only)		Date of Retirement (DD/MM/YYYY)	
7	PF No: (for CPF Holders/Spouse of Non-Pensioner only)		Date of Retirement (DD/MM/YYYY)	
8	Whether the Optee was insured under Mediclaim Policy for the year 2022-23?			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/C of 2022-23) in the proposed Policy 2023-24?			Yes / No
	If yes, then mention the Scheme (Part A/B/C) for inclusion in the proposed Policy 2023-24.			Part A Part B Part C
(b)	Whether the optee would like to opt out (exit) from the proposed Policy 2023-24 (for the entire policy period)?			Yes
10	In case the answer to Sl no. 8 above is no, kindly tick on the appropriate option for inclusion in the proposed policy 2023-24:-			Part A Part B Part C (Tick on the right box only)
*I hereby state that the particulars provided by me are correct and true to the best of my knowledge and belief.				
Date:		(Signature)		
NB:	1) If no option is received from the Pensioners/Family Pensioners who are insured under Group Medical Insurance Policy 2022-23, they will be auto-renewed under their existing scheme (i.e. Part A/Part B/Part C of 2022-23) in the proposed Group Medical Insurance Policy of 2023-24.			
	2) All Non-Pensioners (CPF holders)/Spouse of Non-Pensioners has to submit this option for enrollment in the Group Medical Insurance Policy 2023-24. No auto renewal facility will be available for them. Later the payable premium amount has to be paid by DD/Online account transfer mode, after finalization of premium amount and publication of final Office Order.			

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OPTION FORM B

OPTION FORM FOR THE GROUP MEDICAL INSURANCE POLICY (2023-24) FOR UPCOMING RETIRED EMPLOYEES OF WBSIEDCL

(To be submitted from 01/10/2023-10/11/2023)

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			
		State:	PIN Code:	
4	Contact No:	Mobile No:		
5	Email ID:	(Optional)		
6	PPO No: (for Pensioner/ Family Pensioner only)		Date of Retirement (DD/MM/YYYY)	
7	PF No: (for CPF Holders/Spouse of Non-Pensioner only)		Date of Retirement (DD/MM/YYYY)	
8	Choose the Scheme(Part A/B/C) for inclusion in the proposed Policy 2023-24.	Part A	Part B	Part C
		(Tick on the right box only)		
*I hereby state that the particulars provided by me are correct and true to the best of my knowledge and belief.				
<i>All Non-Pensioners(CPF holders)/Spouse of Non-Pensioners has to pay the premium amount by DD/Online account transfer mode ,after finalization of premium amount and publication of final Office Order.</i>				
Date:		(Signature)		

Anup
12/11/23

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12/11/23

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