



West Bengal State Electricity Distribution Company Limited
(A Government of West Bengal Enterprise)
Corporate HR Department
7th Floor, Block D, Vidyut Bhavan, Salt Lake City, Kolkata – 700091.

OFFICE ORDER NO: P/49

Date: 29/11/2021

In continuation to the Office Order No: P/34 dated 15.09.2021, it is hereby notified that the scope for exercising of option for quarterly inclusion of members to the Group Medical Insurance Scheme for the Retired Employees of WBSEDCL (2021-22) shall remain open w.e.f. **01.12.2021 to 14.12.2021**, subject to the following terms and conditions:

- (a) Retired employees of WBSEDCL (Pensioner /Family Pensioner/ Non-Pensioner / Spouse of Non-Pensioner), who have not yet opted for the Group Medical Insurance Scheme for the Retired Employees of WBSEDCL (2021-22) w.e.f. 24.09.2021, shall be eligible for new enrolment under the said policy, upon exercising suitable option and payment of pro-rata premium.
- (b) All new inclusion shall be effective from 24.12.2021 and will remain valid up to 23.09.2022 only. The policy coverage, and all others terms and conditions, shall be the same as per the original policy as notified earlier.
- (c) All Pensioners/ Family Pensioners who are eligible for enrolment as per (a) above, are required to submit a copy of their PPO/ FPPO along with the filled in Option Form. Non-Pensioners/ Spouse of Non-Pensioners, who are eligible for quarterly inclusion are required to submit a copy of their final Release Order, along with filled in Option Form and Demand Draft.

Non-Pensioners/ Spouse of Non-Pensioners who have submitted options as per Circular No. P/34 dated 15/09/2021 of the Director (HR), WBSEDCL but did not pay the premium as per their exercised options are not eligible for quarterly inclusion in the existing Gr. Medical Insurance Policy 2021-22.

- (d) Pro-Rata Premium Amount:

Part A – Rs. 4500/- for Sum Insured Rs.2,00,000.00 /-

Part B – Rs. 8918/- for Sum Insured Rs.3,50,000.00/-



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(e) Payment of Premium:

Type of Scheme	Optee	Mode of Payment
Part A	Pensioners/Family Pensioners	Self Contribution i.e. surrender of Medical relief of Rs 500/- per month for 9(Nine) months shall be deducted on monthly basis.
	Non-Pensioners/Spouse of Non-Pensioners	Self Contribution through online Payment/Demand Draft of Rs 4500/- only issued in favour of "West Bengal State Electricity Distribution Company Limited" payable at one time.
Part B	Pensioners/Family Pensioners	Self Contribution i.e. surrender of Medical relief of Rs 500/- per month for 9(Nine) months and additional Rs 4425/- shall be deducted from pension.
	Non-Pensioners/Spouse of Non-Pensioners	Self Contribution through online Payment/Demand Draft of Rs 8925/- only issued in favour of "West Bengal State Electricity Distribution Company Limited" payable at one time.

In case of Non-Pensioners / Spouse of Non-Pensioners ,Demand Draft needs to be deposited along with the filled-in Option Forms within the stipulated date for inclusion in the aforesaid policy.

OR

Payment may also be made through online mode/net banking in the account as mentioned below:

1. Account Number: 1096050100625
2. Bank name: Punjab National Bank, Mayukh Bhavan Branch
3. IFSC: PUNB0109620
4. Beneficiary name: WBSEDCL

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Registered Office: Vidyut Bhawan, Bidhannagar, Block – DJ, Sec-II, Kolkata – 700091

CIN: U40109WB2007SGC113473; website: www.wbsedcl.in



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- (f) Option Forms shall be received at Group Medical Insurance Cell, 6th Floor, Block – C, Vidyut Bhavan, Sector –II, Bidhannagar, Kolkata -91" between **01.12.2021 to 14.12.2021** (excluding Sundays and Holidays) during office hours only. Options forms sent via Speed Post/ Registered Post/ Courier Service need to be positively delivered at this end by **14.12.2021** only.

Please note that **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.**

- (g) However, considering the present Covid 19 pandemic and with a view to extend the benefit to the retired employees in true perspective, the Option Forms may also be downloaded from the company's website (www.wbsedcl.in > retired employees.corner).

Option Forms may also be submitted through website portal, (www.wbsedcl.in → Retired Employees corner → e-option for Group medical Insurance) within 14.12.2021.

Option Forms submitted by the Non-Pensioners/ Spouse of Non-Pensioners shall include the Demand Drafts/UTR details accurately. For Non-Pensioners/ Spouse of Non-Pensioners who are submitting their Options Forms as well as paying through online mode shall have to send their duly filled-in Annexure A at our official e-mail id :- gr.medins@gmail.com .

- (h) All recoveries made from the Pension are to be deposited to the WBSEDCL account by the Pension Trust Fund by the 5th of the following month. Necessary action code for this transaction may be allocated by the Pension Cell and the Corporate Compilation Cell of WBSEDCL. The Corporate MIS Cell shall render assistance for making any changes to the relevant software/database in this regard.
- (i) For any queries, please contact: Group Medical Insurance Cell; 6th Floor, Block-C, Vidyut Bhavan, Kolkata- 700091 (Tel: 033-23598385) or visit www.wbsedcl.in.

(Sujoy Sarkar)

Director (HR), WBSEDCL

MEMO. NO: CHR/HR(R)/21/239

Date: 29/11/2021

Registered Office: Vidyut Bhawan, Bidhannagar, Block – DJ, Sec-II, Kolkata – 700091

CIN: U40109WB2007SGC113473; website: www.wbsedcl.in

OPTION FORM FOR THE GROUP MEDICAL INSURANCE POLICY (1st QUARTERLY INCLUSION 2021 -22) FOR RETIRED EMPLOYEES OF WBSEDCL			
(To be submitted by 14.12.2021)			
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	Pensioners/Family Pensioner:	(a) PPO /FPPO No:	Date of Retirement & Place of Posting :
7	Non Pensioners: (for CPF Holders only)	(a) PF No:	Date of Retirement & Place of Posting :
		(b) Demand Draft /UTR No. (in case of Online Transaction*) :	
		(c) Demand Draft Date/Online Transaction date*:	
N.B :* For Non-pensioners, recording the accurate details of DD no./ UTR no. and date (whichever applicable) are mandatory for enrolment			
8	Whether the optee would like to opt for the basic scheme i.e Part A (Sum Insured Rs 200,000/-) of the proposed Policy 2021-22?		Yes/No
9	Whether the optee would like to opt for the higher scheme i.e Part B (Sum Insured Rs 3,50,000/-)of the proposed Policy 2021-22?		Yes/No
I hereby state that the particulars provided by me are correct and true to the best of my belief.			
Date:			
Place:		(Signature)	



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Annexure "A"

Details to be filled in by the Optee(Non-Pensioner/Spouse of Non-Pensioner) and scanned copy to be e-mailed at : gr.medins@gmail.com

1. Name:.....	Last Date of Submission : 14.12.2021
2. PF No. :.....	
3. UTR No :.....	
4. Amount Paid through net banking :Rs.....	
5. Contact No:.....	

S. K. S. S. S.
29/11/2021

[Signature]
29.11.21