



West Bengal State Electricity Distribution Company Ltd.
(A Government of West Bengal Enterprise)
Corp. H.R. Department
Vidyut Bhavan (7th Floor, 'D' Block), Kolkata - 700 091

OFFICE ORDER NO. P/20


Dated: 23/06/17

In continuation to the Office Order No. P/73 dtd. 04/10/2016 of the Director (HR) it is further notified that the Retired employees of WBSEDCL who have not yet opted for Group Medical Insurance Scheme reintroduced from 01/11/2016 are requested to submit their option in prescribed form making payment (if applicable) for the period from 01/08/2017 to 31/10/2017 within 20/07/2017 in the following manner :---

- a) Retired employees who are not covered under the Death cum Retirement Benefit Regulation 1985 of WBSEDCL but want to opt for the Group Medical Insurance Scheme from 01/08/2017 onwards will be considered for this scheme subject to submission of their filled up Option Form at Gr. Medical Insurance Cell, R.P.H.D., 6th Floor, 'C' Block and deposition of Rs.600/- (Rupees Six hundred) only within 20/07/2017 upto 4 P.M. on prorata basis for the period 01/08/2017 to 31/10/2017 at the Corporate Cash Section at Vidyut Bhawan by Demand Draft/ Pay Order payable in favour of "West Bengal State Electricity Distribution Company Limited" Payable at Kolkata.
- b) For Pensioners/Family Pensioners who did not opt for Group Medical Insurance Scheme but now want to opt for the same from 01/08/2017 onwards are advised to submit their filled up Option Form within 20/07/2017 upto 4 P.M. at Gr. Medical Insurance Cell, R.P.H.D., 6th Floor, 'C' Block. Rs.200/- (two hundred) only per month will be deducted as premium of the Scheme from their pension payable from the month of August 2017 onwards for 03 (Three) months. The deducted amount is to be deposited to WBSEDCL account by the Pension Trust within 5th of the following month. Necessary Account Code for this transaction may be allocated by the both Pension Trust and Corporate Compilation Cell, WBSEDCL.

For any further clarification and help, necessary guidance will be available from Gr. Medical Insurance Cell, R.P.H.D., Vidyut Bhawan, 6th Floor, 'C' Block.

Encl: Copy of option form


21.06.2017.

Sujay Sarkar
Director(HR)

Memo No: CHR/454(R)/17/111

Distribution:

1. Advisor (S&V), WBSEDCL.
2. Legal Advisor, WBSEDCL.
3. **Chief Engineer:** Dist./P&E/RE/Projects-I/Projects-II/Projects-III/Commercial/IT/PPSP /PTP/Regulation/Communication/CRM/P&C/R&EM/SPGD/DTD/PIDD/PSPD, WBSEDCL.
4. Chief Engineer, Hydel HQ, Siliguri, WBSEDCL
5. **General Manager (HR&A):** Corp./ (HRD & Trg.), WBSEDCL.
6. **General Manager (F&A):** Corp. / I.A., WBSEDCL.
7. Company Secretary, WBSEDCL.
8. **Addl. Chief Engineer:** Safety/EMD, WBSEDCL.
9. Officer on Special Duty, WBSEDCL.
10. Chief Vigilance Officer, WBSEDCL
11. **Project Manager:** RHP/TCFHP/JHP, WBSEDCL.
12. **Project Site-in-Charge,** PPSP Site Bagmundi, WBSEDCL.
13. **ZM & AM (HR&A)/(F&A):** Kolkata/Burdwan/Midnapore/Berhampur/Siliguri Zone, WBSEDCL
14. **Addl. Genl. Manager (HR&A):** SSC /CLM / ES&ER-II / ES&ER-I /Dist./Corp./Legal / Vigilance/ R&MP/ Common Service Cell, WBSEDCL.
15. **Project Manager:** Siliguri / Raiganj / Berhampore / Barasat / Burdwan / Jalpaiguri / Coochbehar /Malda / Murshidabad-Nadia /West Midnapore /East Midnapore / Bankura / Baruipur / Howrah /Hooghly/Suri RE Project, WBSEDCL.
16. **Addl. Genl. Manager (F&A):** Corp.-Finance/B&A/MIS/Terminal Claims/Dist./IT/Insurance/ Project-II/Regulations/Risk Management/Hydel, WBSEDCL.
17. **Superintending Engineer:** Siliguri/Durgapur Testing Circle, WBSEDCL
18. **Addl. General Manager,** (Corporate Communications), WBSEDCL.
19. **Chief Medical Officer,** WBSEDCL.
20. **Resident Director,** Liaison Office, WBSEDCL, New Delhi.
21. **Sr. Manager (HR&A):** Board/Land, WBSEDCL.
22. **RM & AM (HR&A)/(F&A):** South 24-Parganas/Bidhannagar/North 24-Parganas/Howrah/Hooghly/ Burdwan/Birbhum/Tamluk/ Midnapore/Bankura/ Purulia/ Nadia/ Murshidabad/ Malda/ Raiganj/Jalpaiguri/Darjeeling Region, WBSEDCL.
23. **DM & AM (HR&A)/(F&A):** Behala /Baruipur /Garia / Diamond Harbour / Bidhannagar-I /Bidhannagar-II /Howrah-I / Howrah-II / Uluberia / Barrackpore / Naihati / Barasat / Basirhat /Habra / Serampore /Singur-Haripal /Tarakeswar/ Arambagh/ Chandannagar/ Mogra/ Kalna/Katwa/ Memari/ Burdwan/ Burdwan Urban/ Durgapur/ Asansol/ Suri/ Rampurhat/ Tamluk/ Contai/Haldia /Ghatal/ Midnapore/ Kharagpur/ Bankura/ Bishnupur/ Purulia/ Belda/ Kalyani/ Krishnanagar/Tehatta/Berhampur/Kandi/ Raghunathgunj/North Malda/ South Malda/Uttar Dinajpur/ Dakshin Dinajpur/ Jalpaiguri/Alipurduar/ Coochbehar/ Darjeeling/Siliguri Town/ Siliguri Sub-urban / Kurseong/Islampur/Kalimpong / Khatra / Bolpur/ Bongaon/ Canning/ Egra/ Jhargram/ Kakdwip/ Mal/ Mathabhanga Division, WBSEDCL. **He is requested to circulate this O/O within the respective jurisdiction.**
24. **Manager (F&A):** Estb. Corp, WBSEDCL
25. **Manager (Store),** Chord Road Central Stores, WBSEDCL.
26. **P.S. to:** CMD/Director (HR)/Director (Dist.)/Director (Finance) / Director (Project) / Director (RT) / Executive Director (IT)/ Executive Director (Commercial)/ Executive Director (Generation), WBSEDCL

OPTION FORM FOR GROUP MEDICLAIM POLICY FOR RETIRED EMPLOYEES OF WBSEDCL

To
 The Officer-in-Charge
 Help Desk for Gr. Mediclaim Policy for retired Employees, WBSEDCL
 6th Floor, Block, Bidyut Bhavan,
 Salt Lake City, Kolkata-700 091

I Sri / Smt. whose particulars are given below want to opt for the existing Group Mediclaim Policy for retired employees of WBSEDCL. I also declare that upon enrolment under the scheme I shall forego the regular monthly medical relief drawn by me as part of my total pensionary benefits in each month / contribute the same amount in advance. I further declare that I will abide by the provisions, rules and regulations of the said scheme as may be in force from time to time.

The particulars are given below :

1. Name of the optee : (Pensioner / Family Pensioner / Other retired Employees / spouse of deceased retired employees) _____
2. Name of the Ex-employee : (in case 1. above is a family pensioner) Late
3. Name of the deceased-employee : (in case of non-pensioner) :
4. PPO/FPPO Number (in case of Pensioner / family Pensioner) :
5. PF A/c. No. (in case of other retired employees i.e. non-pensioner) :
6. Residential Address including PIN Code :
7. Date of Birth of optee :
8. Name of Spouse of the optee :
9. Date of Birth of Spouse :
10. Date of Retirement / Death of the ex-employee :
11. Office to which last attached (i.e. the ex-employee) :
12. Contact No. :
13. Email Id (if any) :

I do hereby declare that the particulars furnishd above are true & correct to the best of my knowledge & belief.

Date :
 Place :

Full Signature of the Optee

 (Name of the Optee)

Particulars of Payment of Premium amount by CPF / EPF category (i.e. Non-Pensioners)

Premium Amount	DD/Pay order No & Date	DCR No & Date	Remarks

Encl : Copy of D.C.R.

 Signature of the Optee _____
 Signature of Official of Mediclaim help Desk