

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/42

Date: 13.05.2024

In continuation to the Office Order No: P/18 dated 29.02.2024 it is hereby notified that the scope for exercising of option for 1st quarterly inclusion of members to the Group Medical Insurance Scheme for the Retired Employees of WBSEDCL (2024-25) shall remain open w.e.f. 13.05.2024 to 24.05.2024, subject to the following terms and conditions:

- (a) i) Retired employees of WBSEDCL (Pensioner /Family Pensioner/ Non-Pensioner/ Spouse of Non-Pensioners), who retired/PPO no. generated on and after 01.11.2023 and intend to join the policy (2024-25) in the subsequent 1st Quarterly Inclusion w.e.f 08.06.2024, shall be eligible for new enrolment under the said policy, upon exercising suitable option and payment of pro-rata premium.
ii) However, for extending the benefit to retired employees/spouses who had missed out from submission of options within the due dates as per the Previous Notice 13.07.2023, **will be given a final opportunity** for inclusion in the policy at this time of the 1st quarterly inclusion only.
- (b) All new inclusion shall be effective from 08.06.2024 and will remain valid up to 07.03.2025 only. The policy coverage, and all other terms and conditions, shall be the same as per the original policy as notified earlier.
- (c) All Pensioners/ Family Pensioners who are interested for enrolment as per (a) above, are required to submit a copy of their PPO/ FPPO Order along with the filled in Option Form. Interested Non-Pensioners/Spouse of Non-Pensioners, 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 notification dated 13.07.2023 but did not pay the premium as per Circular No. P/18 dated 29.02.2024 of the Director (HR), WBSEDCL, are not eligible for quarterly inclusion in the existing Gr. Medical Insurance Policy 2024-25.

No change in option /opt out will be allowed in case of the beneficiaries who are already included in the running policy as effective from 08.03.2024. Similarly, the retired employees who had opted out from the policy for the year 2024-25 on their choice are also not eligible for inclusion in the running policy.

- (d) Pro-Rata Premium Amount to be paid by optees & Subsidy borne by WBSEDCL:

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

Part B – Rs. 19306/- for Sum Insured Rs. 3,50,000.00 /-

Part C – Rs. 27312/- for Sum Insured Rs. 5,00,000.00 /-

An additional amount of Rs 9337/- will be paid by WBSEDCL authority as subsidy amount w.r.t each insured member for successful implementation of the Policy.

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

CIN: U40109WB2007SGC113473; website: www.wbsedcl.in



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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 14806/- shall be deducted from pension.
	Non-Pensioners/Spouse of Non-Pensioners	Self-Contribution through online payment /Demand Draft of Rs 19306/- only issued in favour of "West Bengal State Electricity Distribution Company Limited" payable at one time.
Part C	Pensioners/Family Pensioners	Self-Contribution i.e. Surrender of Medical relief of Rs 500/- per month for 9(Nine) months and additional Rs 22812/- shall be deducted from pension.
	Non-Pensioners/Spouse of Non-Pensioners	Self-Contribution through online payment /Demand Draft of Rs 27312/- 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 Form and other allied documents {as mentioned in (c) pre page } within the stipulated date for inclusion in the aforesaid policy.

OR

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

1. Account No: 35665156328
2. Bank Name: STATE BANK OF INDIA
3. Bank Branch: CAG, KOLKATTA(09998)
4. IFSC: SBIN0009998
5. Beneficiary Name: WBSEDCL

Option Forms shall be received at Drop Box ,Group Medical Insurance Cell, 6th Floor, Block – C, Vidyut Bhavan, Sector-II, Bidhannagar, Kolkata-91" between **13.05.2024 to 24.05.2024** (excluding Saturdays/Sundays and Holidays) from 10:30 am - 3:00 pm only. Option forms sent via Post need to be positively delivered at this end by **24.05.2024** only.

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Please note that Option Forms submitted after due date or containing incorrect/ incomplete/ illegible details/not supported by necessary enclosures shall be rejected summarily and WBSSEDCL shall not take any responsibility for the same.

- (f) The Option Forms may also be downloaded from the company's website (www.wbsedcl.in > retired employees corner).

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Option Forms may also be submitted through website portal (www.wbsedcl.in → Retired Employee's corner → e-option for Group medical Insurance) within 24.05.2024.

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 B at mail id :- gr.medins@gmail.com within 24.05.2024 .

- (g) All recoveries made from the Pension are to be deposited to the WBSSEDCL 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 WBSSEDCL. The IT&C Cell shall render assistance for making any changes to the relevant software / database in this regard.
- (h) For additional query, please contact: Group Medical Insurance Cell, 6th Floor, Block-C, Vidyut Bhavan, Kolkata- 700091 or visit www.wbsedcl.in

(A. K. Dasgupta)
Director (HR), WBSSEDCL

**OPTION FORM FOR THE GROUP MEDICAL INSURANCE POLICY (1st QUARTERLY INCLUSION 2024-25) FOR RETIRED
EMPLOYEES OF WBSIEDCL**

(To be submitted by 24.05.2024)

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 No (PPO Order is to be enclosed):	Date of Retirement & Place of Posting :	
7	Non Pensioners: (for CPF Holders only)	(a) PF No (Retirement release order is to be enclosed):	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	Please select and tick upon the Part to be Opted at	Part A(SI of Rs 2 Lakh)	Part B(SI of Rs 3.5 Lakh)	Part C(SI of Rs 5 Lakh)
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 and submitted alongwith Demand Draft	
1. Name:.....	<u>Last Date of Submission: 24.05.2024</u>
2. PF No. :.....	
3. Demand Draft No :.....	
4. Amount Paid through net banking :Rs	
5. Contact No:.....	

Details to be Filled in by the Optee and submitted alongwith Demand Draft	
1. Name:.....	<u>Last Date of Submission: 24.05.2024</u>
2. PF No. :.....	
3. Demand Draft No :.....	
4. Amount Paid through net banking :Rs	
5. Contact No:.....	



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Annexure "B"

Details to be filled in by the Optee and scanned copy to be e-mailed at gr.medins@gmail.com

1. Name:.....	<u>Last Date of Submission: 24.05.2024</u>
2. PF No. :.....	(Only For Non-Pensioners / Spouse of Non-Pensioners who are submitting their Option Forms as well as paying through online mode)
3. UTR No :.....	
4. Amount Paid through net banking :Rs.....	
5. Contact No:.....	

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