



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/06

Date: 27.01.2023

In continuation to the Office Order No: P/99 dated 25.11.2022 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 (2022-23) shall remain open w.e.f. **06.02.2023 to 20.02.2023**, subject to the following terms and conditions:

(a) Retired employees of WBSEDCL (Pensioner /Family Pensioner/ Non-Pensioner/ Spouse of Non-Pensioners), who retired/PPO no. generated on and after 30.06.2022 and intend to join the policy (2022-23) in the subsequent 1st Quarterly Inclusion w.e.f 06.03.2023, 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 06.03.2023 and will remain valid up to 05.12.2023 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 Order 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 notification dated 19.06.2022 but did not pay the premium as per Circular No. P/99 dated 25.11.2022 of the Director (HR), WBSEDCL, are not eligible for quarterly inclusion in the existing Gr. Medical Insurance Policy 2022-23.

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 06.12.2022. Similarly, the retired employees who had opted out from the policy for the year 2022-23 on their choice are also not eligible for inclusion in the running policy.

(d) Pro-Rata Premium Amount to be paid by optees:

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

Part B – Rs. 14002.18/- for Sum Insured Rs.3,50,000.00 /-

Part C – Rs. 18848.21/- for Sum Insured Rs.5,00,000.00 /-

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

CIN: U40109WB2007SGC113473; website: www.wbsedcl.in



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(c) 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 9502.18/- shall be deducted from pension.
	Non-Pensioners/Spouse of Non-Pensioners	Self-Contribution through online payment /Demand Draft of Rs 14002.18/- 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 14348.21/- shall be deducted from pension.
	Non-Pensioners/Spouse of Non-Pensioners	Self-Contribution through online payment /Demand Draft of Rs 18848.21/- 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

(f) Option Forms shall be received at Group Medical Insurance Cell, 6th Floor, Block – C, Vidyut Bhavan, Sector-II, Bidhannagar, Kolkata-91" between 06.02.2023 to 20.02.2023(excluding Saturdays/Sundays and Holidays) during office hours only. Option forms sent via Speed Post/ Registered Post/ Courier Service need to be positively delivered at this end by 20.02.2023 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 WBSEDCL shall not take any responsibility for the same.

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

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Option Forms may also be submitted through website portal (www.wbseedcl.in → Retired Employee's corner → e-option for Group medical Insurance) within 20.02.2023.

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 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 IT&C Cell shall render assistance for making any changes to the relevant software / database in this regard.
- (i) For additional queries, please contact: Group Medical Insurance Cell, 6th Floor, Block-C, Vidyut Bhavan, Kolkata- 700091 (Tel: 033-23598385) or visit www.wbseedcl.in

(A.K. Latia)

Director (HR), WBSEDCL


Distribution:

- 1) Advisor (S&V), WBSEDCL.
- 2) Legal Advisor, WBSEDCL.
- 3) Chief Engineer: Distribution/ P&E/ Dist. Project/ Project-II/ Project -III/ Commercial/ RE/ IT&C/ PTP/ Regulation/ Communication/ Safety/ PPSP/ EMD/ CRM/ PIDD/ P&C/ SPGD/ R&EM/ DTD/ PSPD/ TPSP, WBSEDCL.
- 4) Chief Engineer, Hydel HQ, WBSEDCL
- 5) Project Manager, RHP/TCFHP/JHP, WBSEDCL.
- 6) Project Site-in-Charge, PPSP Site Bagmundi, WBSEDCL.
- 7) General Manager: (HRD/Trg./PM), WBSEDCL.
- 8) General Manager (F&A): Corporate/ I.A., WBSEDCL
- 9) Company Secretary, WBSEDCL.
- 10) Addl. Chief Engineer: DSM, WBSEDCL.
- 11) Officer on Special Duty, WBSEDCL.
- 12) Chief Vigilance Officer, WBSEDCL.
- 13) Chief Security Officer, WBSEDCL.
- 14) Zonal Manager: Kolkata/ Burdwan/ Midnapore/ Berhampore/ Siliguri Zone, WBSEDCL
- 15) Addl. Genl. Manager (HR&A): SSC/ CLM/ ES & ER-II/ ES & ER-I/ Distribution/ Corporate HR/ Legal/ Vigilance/ R & MP/ Land Acquisition Cell/ Common Service Cell/ Board, WBSEDCL.
- 16) Project Manager: Siliguri/ Raiganj/ Berhampore/ Barast/ Burdwan/ Jalpaiguri/ Coochbehar/ Coochbehar Special RE Project/ Balurghat/ Malda/ Murshidabad/ Nadia/ West Midnapore/ East Midnapore/ Bankura/ Baruipur/ Diamond Harbour/ Howrah/ Hooghly/ Suri/ Purulia RE Project, WBSEDCL.
- 17) Addl. Genl. Manager (F&A): Corp.-Finance/ B&A/ MIS/ RE/ Terminal Claims/ Hydel/ Insurance/ Project-II/ Regulations/ Risk Management/ Indirect Tax/ Distribution, WBSEDCL.
- 18) Superintending Engineer: Silguri/Durgapur Testing Circle, WBSEDCL
- 19) Advisor & CPRO, WBSEDCL.
- 20) Chief Medical Officer, WBSEDCL.
- 21) Regional Manager: Alipurduar/ South 24-Parganas/ Bidhannagar/ North 24-Parganas/ Howrah/ Hooghly/ Purba Bardhaman/ Paschim Bardhaman/ Birbhum/ Purba Midnapore/ Paschim Midnapore/ Bankura/ Purulia/ Nadia/ Murshidabad/ Malda/ Raiganj/ Dakshin Dinajpur/ Coochbehar/ Jalpaiguri/ Darjeeling Region, WBSEDCL.
- 22) Divisional Manager: Behala/ Baruipur/ Garia/ Diamond Harbour/ Joynagar/ Bhangar/ New Town/ Bidhannagar-I/ Bidhannagar-II/ Howrah-I/ Howrah-II/ Uluberia/ Barrackpore/ Naihati/ Barasat/ Basirhat/ Baduria/ Habra/ Serampore/ Singur-Hatipal/ Tarakeswar/ Arambag/ Chandannagar/ Mogra/ Kalna/ Katwa/ Memari/ Burdwan North/ Burdwan South/ Durgapur/ Asansol/ Suri/ Rampurhat/ Tamluk/ Contai/ Haldia/ Ghatal/ Midnapore/ Kharagpur/ Bankura/ Belda/ Bishnupur/ Purulia/ Raghunathpur/ Kalyani/ Krishnanagar/ Tehatta/ Domkol/ Ranaghat/ Berhampore/ Kandi/ Raghunathganj/ North Malda/ South Malda/ Jiaganj/ Dinhat/ Uttar Dinajpur/ Dakshin Dinajpur/ Buniadpur/ Jalpaiguri/ Balurghat/ Alipurduar/ Coochbehar/ Nakashipara/ Darjeeling/ Siliguri Town/ Siliguri Suburban/ Kurseong/ Islampur/ Kalimpong/ Khatra/ Bolpur/ Bongaon/ Canning/ Egra/ Jhargram/ Kakdwip/ Mal/ Mathabhanga Division, WBSEDCL.
- 23) Manager (F&A): Estb. Corporate, WBSEDCL
- 24) Manager (Store), Chord Road Central Stores, WBSEDCL.
- 25) P.S. to CMD/ Director (HR)/ Director (Dist.)/ Director (Generation)/ Director (Project)/ Director (RT)/ Executive Director (Commercial)/ FA&CFO, WBSEDCL

OPTION FORM FOR THE GROUP MEDICAL INSURANCE POLICY (1st QUARTERLY INCLUSION 2022 -23) FOR RETIRED EMPLOYEES OF WBSIEDCL

(To be submitted by 20.02.2023)

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				
		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 :		
		(a) PF No (Retirement release order is to be enclosed):	Date of Retirement & Place of Posting :		
7	Non Pensioners: (for CPF Holders only)	(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)			


 18/1/23
 Manager, G.M.I.P.
 Gr. Medical Insurance Cell



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Annexure "A"

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: 20.02.2023</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:.....	

Declaration: I hereby state that the particulars provided by me are correct and true to the best of my knowledge and belief. I also confirm the submission of the retirement release order along with this filled in "Annexure A".

(Signature)

Anup
18/1/23
Sr. Medical Insurance Cell