



# West Bengal State Electricity Distribution Company Ltd.

(A Government of West Bengal Enterprise)

Corp HR Dept

Vidyut Bhavan (7th Floor, 'D' Block), Kolkata – 700 091

Office Order: P/126

Date: 29.11.2023

It is hereby notified that the existing Gr. Medical Insurance Policy for retired employees of WBSEDCL for the year 2022-23 as covered by the Iffco-Tokio General Insurance Co. Ltd will expire on 05.12.2023. The further tender process for finalization of an Insurance Company for providing mediclaim coverage for the year 2023-24 is under process, which will need some more time for finalization. For the mean time the authority of WBSEDCL has decided for providing medical benefit on emergent basis to those insured beneficiaries who were covered under the last Gr. Medical Insurance Policy for the year 2022-23, up to a limit of Rs 2 lakh only.

The retired employees (pensioners/non-pensioners) or family pensioners who were covered under the insurance policy 2022-23 may apply for reimbursement to the Manager(HR&A), Gr. Medical Insurance Cell (6th Floor, C Block, Vidyut Bhawan, Kolkata 700091) in case of any emergency hospitalization by complying the points mentioned below:

1. An intimation should be given over email at: gr.medins@gmail.com within 48 hours from the date of admission mentioning Name of the patient, PPO No/FPPO No. / PF No., Name of hospital with date of hospitalization.
2. The reimbursement claim should be submitted with all supporting bills & vouchers and prescriptions along with discharge certificate/s and other allied documents, forwarded with a properly filled in reimbursement form (Format Enclosed) **within 60 days** from the date of discharge positively.

WBSEDCL has initiated this facility as a good gesture towards its retired employees for providing medical facility in the uncovered period of mediclaim policy only for catering exigencies and this facility will cease on finalization of a fresh Insurance Policy in due course of time.

Encl: A Reimbursement Form  
(To be downloaded for claim submission).

Director(HR)  
WBSEDCL

Regd. Office: Vidyut Bhavan, Block – DJ, Sector – II, Bidhannagar, Kolkata – 700 091

Corporate Identity No. (CIN) : U40109WB20075GCI13473

web: www.wbsecl.in

WBSEDCL

**West Bengal State Electricity Distribution Company Ltd.**  
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**Application for Reimbursement of Expenses i.r.o Emergency Medical Treatment in  
Hospital/Nursing Home**

1. Name of the Retired  
Employee/Family Pensioner :
2. PPO/FPPO/CPF Account No. :
3. Previous Insurance Policy MD-ID as Issued  
by Insurance Co. (2022-23) :  
[Enclose a copy of mediclaim card]
4. a) Name of the Patient (in BLOCK Letter) :  
b) Whether Spouse/Self :  
c) Nature of ailment :  
d) Duration of ailment :
5. Details of Charges Claimed :  
i) :  
ii) :  
iii) :

**Grand Total** : **Rs.** \_\_\_\_\_

6. Bank Details for Reimbursement:

- a) Name of the Bank :
- b) Branch :
- c) A/c No. :
- d) IFSC :
- e) Self-Attested copy of 1<sup>st</sup> page of Passbook/Cancelled Cheque :

**Declaration :**

I do hereby declare that the information furnished in the reimbursement form is true and correct to the best of my knowledge and belief. In case if any dispute arises in between me and the bank, that should be mitigated amongst us and WBSEDCL in no way shall be held liable.

\_\_\_\_\_  
Signature of the Retired Employee /Family Pensioner  
PPO/FPPO/CPF Account No:  
Address:

Mobile No:  
E-mail id:  
Date: