



West Bengal State Electricity Distribution Company Ltd.

(A Government of West Bengal Enterprise)

Gr. Medical Insurance Cell

Vidyut Bhavan (6th Floor, 'C' Block), Kolkata - 700 091

Office Order No: P/18

Date: 29.02.2024

It is hereby notified that the Group Medical Insurance Policy for the retired employees of WBSEDCL for the year 2024-25 shall be implemented in association with the **Go Digit General Insurance Ltd.** at a time when the cost of healthcare policies is steadily on the rise. This policy aims at providing at a very competitive rate, a scope for hassle free medical treatment in time at the best healthcare facilities in the country, for the entire extent of the retired employees of WBSEDCL and their spouses (Floater basis). The salient features of the policy are listed hereunder:

Class of Insurance: Group Floater Medical Insurance Scheme (Cashless & Reimbursement Mode)

Period of Insurance: 08/03/2024 (00:00hrs) to 07/03/2025 (23:59hrs).

Eligibility: All retired employees of WBSEDCL, along with their spouse (wherever applicable), Family Pensioner, Spouse of non-Pensioner.*

Sum Insured & Annual Premium: Part A - Rs. 2,00,000 Sum Insured against Annual Premium of Rs. 6000.00 only.
Part B - Rs. 3,50,000 Sum insured against Annual Premium of Rs. 25795.00 only.
Part C - Rs. 5,00,000 Sum insured against Annual Premium of Rs. 36500.00 only

Subsidy: An additional amount of Rs 12500/- will be paid by WBSEDCL authority as subsidy amount w.r.t each insured member for successful implementation of the Policy .

Payment of Premium: Payment of premium shall be made as per the following schedule:

Type of Scheme	Optee	Mode of Payment
Part A	Pensioner / Family Pensioner	Self-contribution, by surrendering the Medical Relief of Rs. 500 per month for 12(twelve) months which will be deducted on monthly basis w.e.f. March 2024 as premium from their Pension. The deducted amount is to be deposited to WBSEDCL account by the Pension Trust within 5 th of the following month.
	Non-Pensioner/ Spouse of Non Pensioner	Self-contribution through Online Payment/Demand Draft of Rs. 6000/- only, payable at one time.
Part B	Pensioner / Family Pensioner	Rs. 6000/- only will be recovered in 12 (twelve) monthly installments by surrendering the medical relief @ Rs.500/- per month w.e.f March 2024 and Rs.19795/-, shall be recovered by way of six nos. monthly installments as premium from their Pension. The deducted amount is to be deposited to WBSEDCL account by the Pension Trust within 5 th of the following month.
	Non-Pensioner/ Spouse of Non Pensioner	Self-contribution through Online Payment/Demand Draft of Rs. 25795/- only, payable at one time.
Part C	Pensioner / Family Pensioner	Rs. 6000/- only will be recovered in 12 (twelve) monthly installments by surrendering the medical relief @ Rs.500/- per month w.e.f March 2024 and Rs.30500/- shall be recovered by way of six nos. monthly installments as premium from their Pension. The deducted amount is to be deposited to WBSEDCL account by the Pension Trust within 5 th of the following month
	Non-Pensioner/ Spouse of Non Pensioner	Self-contribution through Online Payment/Demand Draft of Rs. 36500/- only, payable at one time

Regd. Office: Vidyut Bhavan, Block - DJ, Sector - II, Bidhannagar, Kolkata - 700 091
Corporate Identity No. (CIN) : U40109WB20075GC113473, Web: www.wbsedcl.in

WBSEDCL



West Bengal State Electricity Distribution Company Ltd.

(A Government of West Bengal Enterprise)

Gr. Medical Insurance Cell

Vidyut Bhavan (6th Floor, 'C' Block), Kolkata - 700 091

Mode of Payment: Demand draft to be made in favour of "West Bengal State Electricity Distribution Company Limited" only and submitted at Group Medical Insurance Cell, 6th Floor, Block-C, Vidyut Bhavan, Kolkata- 700091 within 14.03.2024 along with duly filled in "Annexure A" as enclosed herewith.

Or

Payment can 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

Scanned copy of the Acknowledgement of payment("Annexure B" enclosed herewith) made through online mode/net banking shall be sent to the following e-mail id: gr.medins@gmail.com within 14.03.2024.

If any non-pensioner fails to submit properly filled in and legible "Annexure A/ Annexure B" within due date, his/her name will not be included in the Gr. Medical Insurance Policy 2024-25.

Only the retired employees (Non-Pensioners/ Spouse of Non-Pensioners), who have submitted their Option Forms, correct in all respect as per Notice dt: 13.07.2023 shall only be eligible for making such payment of premium.

Important Dates: Demand draft along with "Annexure A" shall be accepted on and from 04.03.2024 to 14.03.2024 from 10.30 a.m to 03:00 p.m on all working days. Please note that no extension of dates shall be made under any circumstances.

Miscellaneous: (a) Retired employees (Pensioners and Family Pensioners) who have been included in the Group Medclaim policy for the previous year, i.e., from 06-12-2022 to 05-12-2023 and have not submitted any option against Newspaper/website Notification dated 13.07.23, shall be automatically renewed under their existing scheme (i.e for Part A/Part B/Part C of 2022-23) in the Gr. Medical Insurance Policy 2024-25 w.e.f. 08.03.2024 to 07.03.2025.

(b) Retired employees (Non Pensioner/ Spouse of Non-pensioner), who fail to submit Online Payment/ Demand Draft within 14.03.2024 as per option exercised against Newspaper/website Notification dt: 13.07.2023 shall not be included in any part of the Policy.

Regd. Office: Vidyut Bhavan, Block - DJ, Sector - II, Bidhannagar, Kolkata - 700 091
Corporate Identity No. (CIN) : U40109WB20075GC113473, Web: www.wbsecl.in

WBSEDCL



West Bengal State Electricity Distribution Company Ltd.

(A Government of West Bengal Enterprise)

Gr. Medical Insurance Cell

Vidyut Bhavan (6th Floor, 'C' Block), Kolkata - 700 091

(c) Employees who will retire during the course of the operation of the policy and intend to join the policy may also be included against payment of pro-rata premium every Quarter & will carry full amount of coverage of sum insured (floater basis). However those employees who had retired earlier but were not eligible for submission of option before commencement of the policy will be considered for quarterly inclusion. Notifications in this regard shall be published separately by the Group Medical Insurance Cell in due course of time.

(d) Details regarding Group Medical Insurance Policy for the retired employees of WBSEDCL for the year 2024-25, along with TPA details, shall be published on www.wbsecl.in in due course of time.

(e) For query, please contact: Group Medical Insurance Cell, 6th Floor, C Block, Vidyut Bhavan, Kolkata - 700091.

(A.K. Laha)

Director (HR), WBSEDCL



West Bengal State Electricity Distribution Company Ltd.

(A Government of West Bengal Enterprise)

Gr. Medical Insurance Cell

Vidyut Bhavan (6th Floor, 'C' Block), Kolkata - 700 091

ANNEXURE A: For Payment through Demand Draft

Details to be Filled in by the Optee and submitted alongwith Demand Draft

1. Name:.....	(Last Date of Submission: 14.03.2024)
2. PF No:.....	
3. Demand Draft No:.....Date.....	
4. Amount:.....	
5. Contact No:.....	
(To be handed over to the optee)	(Official Seal & Date)

Details to be Filled in by the Optee and submitted alongwith Demand Draft

1. Name:.....	(Last Date of Submission: 14.03.2024)
2. PF No:.....	
3. Demand Draft No:.....Date.....	
4. Amount:.....	
5. Contact No:.....	
(To be retained by the Office)	(Official Seal & Date)



West Bengal State Electricity Distribution Company Ltd.

(A Government of West Bengal Enterprise)

Gr. Medical Insurance Cell

Vidyut Bhavan (6th Floor, 'C' Block), Kolkata - 700 091

ANNEXURE B: For Payment through Netbanking/Online Mode

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

1. Name:.....

(Last Date of Submission:

14.03.2024)

2. PF No:.....

(Kindly give the same PF no. as mentioned in Option Form)

3. UTR No:.....Date.....

4. Amount paid:.....

5. Contact No:.....

NB: Proper UTR No. (Without any Correction) has to be mentioned.

Arup
29/2/24

Sr. Manager (HR&A)
Gr. Medical Insurance Cell