



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/07

Date: 07/05/2021

In continuation to the Office Order No: P/46 dated 10/02/2021, it is hereby notified that the scope for exercising of option for quarterly inclusion of members to the Group Medical Insurance Scheme for the Retired Employees of WBSEDCL (2020-21) shall remain open w.e.f. 10.05.2021 to 03.06.2021, subject to the following terms and conditions:

- (a) Retired employees of WBSEDCL (Pensioner /Family Pensioner/ Non-Pensioner), who have not yet joined the Group Medical Insurance Scheme for the Retired Employees of WBSEDCL (2020-21) w.e.f. 15.09.2020 and subsequent 1st & 2nd quarterly inclusion w.e.f 15.12.2020 & 15.03.2021, 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 15.06.2021 and will remain valid up to 14.09.2021 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, 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.
- (d) Pro-Rata Premium Amount:
- Part A – Rs. 1492/- for Sum Insured Rs.2,00,000.00 /-
Part B – Rs. 1701/- for Sum Insured Rs.3,50,000.00 /-
- (e) In case of Pensioners/ Family Pensioners opting for the aforesaid policy, the above mentioned pro-rata premium shall be deducted from their monthly pension in 3(Three) instalments. No Demand Drafts are required to be submitted in case of Pensioners/Family Pensioners.

In case of Non-Pensioners, a Demand Draft of Rs 1492 /- (for Sum Insured Rs.2,00,000.00/-) & Rs 1701/-(for Sum Insured Rs.3,50,000.00/-) issued in favour of "West Bengal State Electricity Distribution Company Limited" needs to be deposited along with the filled-in Option Forms within the stipulated date for inclusion in the aforesaid policy.

- (f) Option Forms and Demand Drafts shall be received at Group Medical Insurance Cell, 6th Floor, Block – C, Vidyut Bhavan, Sector – II, Bidhannagar, Kolkata -91" between 10.05.2021 to 03.06.2021 (excluding Saturdays, Sundays and Holidays) during office hours only. Options forms sent via Speed Post/ Registered Post/ Courier Service need to be positively delivered at this end by 03.06.2021 only. Please note that Option Forms submitted after due date or containing incorrect/ incomplete/ illegible details shall be rejected summarily and WBSEDCL shall not take any responsibility for the same.

P.T.O



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.

- (g) 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 Corporate MIS Cell shall render assistance for making any changes to the MDCL software / database in this regard.
- (h) For any queries, please contact: Group Medical Insurance Cell, 6th Floor, Block-C, Vidyut Bhavan, Kolkata- 700091 (Tel: 033-23598385) or visit www.wbsedcl.in

MS 06.05.2021

(Sujoy Sarkar)

Director (HR), WBSEDCL

Memo NO: CHR/454(R)/21/28

Dated: 07/05/2021

**OPTION FORM FOR QUARTERLY INCLUSION TO THE GROUP MEDICAL INSURANCE POLICY
(2020-21) FOR RETIRED EMPLOYEES OF WBSEDCL**

(To be submitted by 03.06.2021)

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	PPO No: (for Pensioner/ Family Pensioner only)		Date of Retirement	
7 a)	PF No: (for CPF Holders only)		Date of Retirement	
7 b)	Demand Draft No. & Bank Name: (for CPF Holders only)		Demand Draft Date	
8	Whether the Optee would like to join the Policy (Rs. 2,00,000 sum insured) w.e.f. 15.06.2021?			Yes / No
9	Whether the Optee would like to join the Policy (Rs. 3,50,000 sum insured) w.e.f. 15.06.2021?			Yes / No
I hereby state that the particulars provided by me are correct and true to the best of my belief.				
Date:				
Place:		(Signature)		