



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/10

Date: 25.10.19

In continuation to the Office Order No: P/18 dated 24.07.2019, 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 (2019-20) shall remain open w.e.f. 01.11.2019 to 11.11.2019, 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 (2019-20) w.e.f. 15.08.2019, shall be eligible for new enrolment under the said policy, upon exercising suitable option and payment of pro-rata premium, provided that the date of retirement or commencement of pension/ family pension i.r.o. such retired employees/ family pensioners falls on or after 31.07.2019.
- (b) All new inclusion and conversion shall be effective from 15.11.2019 and will remain valid up to 14.08.2020 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. 1800.00 for Sum Insured Rs.1,10,000.00
- (e) In case of Pensioners/ Family Pensioners opting for the aforesaid policy, a sum of Rupees Two Hundred per month, equivalent to the Medical Relief of the Pensioner/ Family Pensioner, shall be deducted from their monthly pension. No Demand Drafts are required to be submitted in case of Pensioners.
- (f) In case of Non-Pensioners, a Demand Draft of Rs 1800.00, 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. It may be noted that the scope of enrolment i.r.o. Non-Pensioners shall be open for members whose date of superannuation falls on or after 31.07.2019 only.




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- (g) Option Forms and Demand Drafts shall be received at Group Medical Insurance Cell, 6<sup>th</sup> Floor, Block – C, Vidyut Bhavan, Sector –II, Bidhannagar, Kolkata -91” between 01.11.2019 to 11.11.2019 (excluding 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 11.11.2019 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.
- (h) All recoveries made from the Pension are to be deposited to the WBSEDCL account by the Pension Trust Fund by the 5<sup>th</sup> 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.
- (i) For any queries, please contact: Group Medical Insurance Cell, 6<sup>th</sup> Floor, Block-C, Vidyut Bhavan, Kolkata- 700091 (Tel: 033-23598385) or visit [www.wbsedcl.in](http://www.wbsedcl.in)

 25.10.2019.

(Sujay Sarkar)

Director (HR), WBSEDCL

MEMO NO. CHR/154(R)/19/329

Date: 25.10.19

**OPTION FORM FOR QUARTERLY INCLUSION TO THE GROUP MEDICAL INSURANCE POLICY  
(2019-20) FOR RETIRED EMPLOYEES OF WBSIEDCL**

(To be submitted by 11.11.2019)

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	PF No: (for CPF Holders only)		Date of Retirement		
8	Whether the Optee would like to join the Policy (Rs. 1,10,000 sum insured) w.e.f. 15.11.2019?			Yes / No	
I hereby state that the particulars provided by me are correct and true to the best of my belief.					
Date:					
Place:		(Signature)			