



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/56

Date: 15.01.2020

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 2nd quarterly inclusion of members to the Group Medical Insurance Scheme for the Retired Employees of WBSEDCL (2019-20) shall remain open w.e.f. 24.01.2020 to 08.02.2020, 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, and subsequent 1st quarter inclusion w.e.f 15.11.2019, shall be eligible for new enrolment/ 2nd quarterly inclusion under the said policy, upon exercising suitable option and payment of pro-rata premium, provided that the date of retirement / date of receipt of 1st pension or family pension i.r.o. such retired employees/ family pensioners falls on or after **31.10.2019**.
- (b) All new inclusion and conversion shall be effective from **15.02.2020** and will remain valid up to 14.08.2020 only. The policy coverage, and all other 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 this 2nd 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. 1200.00 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 1200.00, 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 31.10.2019 only.

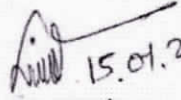


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- (g) Option Forms and Demand Drafts shall be received at Group Medical Insurance Cell, RPHD , 6th Floor, Block – C, Vidyut Bhavan, Sector –II, Bidhannagar, Kolkata -91" between 24.01.2020 to 08.02.2020 (excluding Sundays and Holidays) during office hours only. Options forms sent via Speed Post/ Registered Post/ Courier Service need to be positively delivered at this end by 08.02.2020 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 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.
- (i) For any queries, please contact: Group Medical Insurance Cell, RPHD, 6th Floor, Block-C, Vidyut Bhavan, Kolkata- 700091 (Tel: 033-23598385) or visit www.wbsecl.in


15.01.2020

(Sujay Sarkar)
Director (HR), WBSEDCL

Memo No: CHR/454(R)/20/567

Date: 15.01.2020

Distribution:

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

(To be submitted by 08.02.2020)

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/ receipt of 1st pension	
7	PF No: (for CPF Holders only)		Date of Retirement/ receipt of 1st pension	
8	Whether the Optee would like to join the Policy (Rs. 1,10,000 sum insured) w.e.f. 15.02.2020?			Yes / No
I hereby state that the particulars provided by me are correct and true to the best of my belief.				
Date:				
Place:		(Signature)		