



**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-64

Date: 30.04.2020

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 3rd quarterly inclusion of members to the Group Medical Insurance Scheme for the Retired Employees of WBSEDCL (2019-20) shall remain open w.e.f. **01.05.2020 to 09.05.2020**, 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, and 2nd quarter inclusion w.e.f 15.02.2020 shall be eligible for new enrolment/ **3rd 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 **31.01.2020** .
- (b) All new inclusion and conversion shall be effective from **15.05.2020** and will remain valid up to 14.08.2020 only. The policy coverage, and all others term and conditions, shall be the same as per the original policy as notified earlier.
- (c) In view of the present pandemic situation due to Covid-19 and total lockdown all over the State, 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 duly signed by them and all these documents along with the Option Forms should be scanned and e-mailed to **gr.medins@gmail.com**. Non-Pensioners, who are eligible for this 3rd quarterly inclusion, are required to submit (also through e-mail in the above address) scanned copies of their final Release Order, along with filled in Option Form and Pay-in-slip for direct deposit to Bank as mentioned in para (f)
- (d) Pro-Rata Premium Amount:
Part A – Rs. 600.00 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.



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(f) In case of Non-Pensioners, an amount of Rs 600/- shall be deposited in the following account:

1. **Amount to be deposited in UBI : Rs 600/-**
2. **Account no: 1096050102001**
3. **IFSC Code: UTBIOMBHD62**
4. **Beneficiary name: WBSEDCL**

(g) Scanned copies of Option Forms shall be sent at gr.medins@gmail.com.

between **01.05.2020 to 09.05.2020**. 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 sent e-mail to gr.medins@gmail.com or visit www.wbsecl.in

File 20.04.2020.

(Sujay Sarkar)

Director (HR), WBSEDCL

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

(To be submitted by 09.05.2020)

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	Non-Pensioners (for CPF Holders only)	(a) PF No:	Date of Retirement/ receipt of 1st pension	
		(b) UTR no. : for online transfer		
		(c) Transaction no:		
		(d) Amount:		
		(e) Date of Transaction:		
8	Whether the Optee would like to join the Policy (Rs. 1,10,000 sum insured) w.e.f. 15.05.2020?			Yes / No
I hereby state that the particulars provided by me are correct and true to the best of my belief.				
Date:				
Place:		(Signature)		