



West Bengal State Electricity Distribution Company Ltd.
(A Government of West Bengal Enterprise)
Gr. Medical Insurance Cell, RPHD
Vidyut Bhavan (6th Floor, 'C' Block), Kolkata - 700 091

Office Order No: P/15

Date: 04.09.2020

It is hereby notified that the Group Medical Insurance Scheme for the retired employees of WBSEDCL for the year 2020-21 shall be implemented in association with the **IFFCO Tokio General Insurance Co. Ltd.** At a time when the cost of healthcare policies are steadily on the rise, this scheme aims at providing at a very competitive rate, a scope for hassle free medical treatment in time at the best available destinations in the country, for the entire gamut 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: 15.09.2020 . (00:00hrs) to 14.09.2021 (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. 200,000 Sum Insured against Annual Premium of Rs. 6253.00 only.
Part B - Rs. 3,50,000 Sum insured against Annual Premium of Rs. 7080.00 only.

Payment of Premium: Members who opt for the aforesaid policy are required to pay a total premium of Rs 6000/- and Rs 6827/- annually for Part A and Part B respectively as indicated in the payment schedule below. The balance Premium of Rs 253/- per member shall be borne by WBSEDCL as a welfare measure towards its retired employees.

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, ie, Medical Relief of Rs 500/- per month for twelve months shall be deducted on monthly basis w.e.f. October 2020 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 Demand Draft /online payment of Rs. 6000/- only payable at one time .
Part B	Pensioner / Family Pensioner	Rs 6000/- only will be recovered in 12(twelve)monthly instalments @Rs 500/- per month w.e.f. October 2020 and Rs 827 will be deducted in 3(three) instalments 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 Demand Draft/online payment of Rs. 6827/- only payable at one time .

Mode of Payment : Demand draft is 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 along with duly filled in "Annexure A" enclosed herewith.

OR

Payment can also be made through online mode /net banking in the following account as given below:

1. Account no: 1096050102001
2. IFSC Code: UTBIOMBHD62
3. Beneficiary name: WBSEDCL

Scanned copy of the Acknowledgement of Payment (Annexure B) made through online mode / net banking shall be sent to the following email address gr.medins@gmail.com.



West Bengal State Electricity Distribution Company Ltd.
(A Government of West Bengal Enterprise)
Gr. Medical Insurance Cell, RPHD
Vidyut Bhavan (6th Floor, 'C' Block), Kolkata - 700 091

Only the Retired employees (Non Pensioner/ Spouse of Non-pensioner), who have submitted their Option Forms as per Notification dated 30.06.2020 and subsequent OO no. P/09 dtd 16.07.2020 of the Director (HR) shall be eligible for making such payment of premium.

Important Dates: Demand draft shall be accepted on and from 07.09.2020 to 21.09.2020 from 10:30 am to 03:30 pm on all working days. Please note that no extension of dates shall be made under any circumstances.

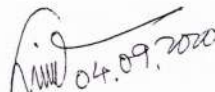
Miscellaneous: (a) Retired employees (Pensioners and Family Pensioners) who have been included in the Group Medclaim policy for the previous year, i.e., from 15.08.2019 to 14.08.2020 and have not submitted any option against website Notification dated 30.06.2020 and subsequent OO no. P/09 dtd 16.07.2020 of the Director (HR) shall be automatically included in the new policy 2020-21, (Part A) for one year by Corp. MIS Cell, WBSEDCL.

(b) Retired employees (Non Pensioner/ Spouse of Non-pensioner), who fail to submit the draft /online payment within 21.09.2020 as per Option exercised shall not be included in any part of the policy.

(c) Retired employees who wish to join the policy at any point of time subsequent to the date of implementation of the policy, may do so by exercising their option for inclusion on quarterly basis. Notifications in this regard shall be published separately by the Group Medical Insurance Cell in due course of time.

(d) Details regarding Part A and Part B of the Group Medical Insurance Scheme for the retired employees of WBSEDCL for the year 2020-21, along with TPA details, shall be published on www.wbsedcl.in in due course of time.

(e) For any queries, please contact: Group Medical Insurance Cell, 6th Floor, C Block, Vidyut Bhavan, Kolkata - 700091 (Tel: 033-23598385).


(Sujay Sarkar)

Director (HR), WBSEDCL

Memo No: Gr. Med/CHR/454(R)/20/168

Date: 04.09.2020



West Bengal State Electricity Distribution Company Ltd.
(A Government of West Bengal Enterprise)
Gr. Medical Insurance Cell, RPHD
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 along with Demand Draft	
1. Name of the Retired Person :.....	
2. PF no:.....	
3. Demand Draft no.....,.....date.....	
4. Amount Payable through DD:.....	
5. <u>Contact no:.....</u>	
(to be handed over to the optee)	(official seal and Date)

For payment through Demand Draft

Details to be filled in by the Optee and submitted along with Demand Draft	
1. Name of the Retired Person :.....	
2. PF no:.....	
3. Demand Draft no.....,.....date.....	
4. Amount Payable through DD:.....	
5. <u>Contact no:.....</u>	
(to be retained by the office)	(official seal and Date)



West Bengal State Electricity Distribution Company Ltd.
(A Government of West Bengal Enterprise)
Gr. Medical Insurance Cell, RPHD
Vidyut Bhavan (6th Floor, 'C' Block), Kolkata - 700 091

Annexure B: For payment through net banking /online mode

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

1. Name of the Retired Person :.....
2. PF no:.....
3. UTR no.....date.....
4. Amount Payable through net banking:.....
5. **Contact no:.....**