



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/09

Date: 01.06.2018

In continuation to the Office Order No: P/80 dated 12.03.2018 of the Director (HR), WBSEDCL, 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 (2018-19) shall remain open w.e.f. 04.06.2018 to 19.06.2018, subject to the following terms and conditions:

- (a) All Retired employees of WBSEDCL (Pensioner / Non-Pensioner/ Family Pensioner), who have not yet joined the Group Medical Insurance Scheme for the Retired Employees of WBSEDCL (2018-19) w.e.f. 27.03.2018, shall be eligible for new enrolment under the said policy, upon exercising suitable option and payment of pro-rata premium.
- (b) All Retired employees of WBSEDCL (Pensioner / Non-Pensioner/ Family Pensioner) who have joined under Part A of the Group Medical Insurance Scheme for the Retired Employees of WBSEDCL (2018-19) w.e.f. 27.03.2018, shall be eligible for one-time conversion to Part B of the said policy w.e.f. 27.06.2018, upon exercising suitable option and payment of pro-rata premium. However, members who have already placed claims under Part A of the policy, or will do so prior to 27.06.2018, will not be eligible for such conversion. There is also no scope for conversion from Part B to Part A of the policy.
- (c) All new inclusion and conversion shall be effective from 27.06.2018 and will remain valid up to 26.03.2019 only. The policy coverage, and all others terms and conditions, shall be the same as per the original policy as notified earlier.
- (d) Pro-Rata Premium Amount:
Part A – Rs. 1800.00 for Sum Insured Rs.1,10,000.00
Part B – Rs. 5250.00 for Sum Insured Rs.2,00,000.00
- (e) In case of Pensioners/ Family Pensioners opting for Part A of the aforesaid policy, a sum of Rupees Two Hundred per month, equivalent to the Medical Relief of the Pensioner, shall be deducted from their monthly pension. For those opting for Part B of the policy, the monthly Medical Relief shall be deducted as above, and the remaining balance amount shall be recovered by way of three monthly instalments. A similar approach will be taken for those converting from Part A to Part B of the policy. No Demand Drafts are required to be submitted in case of Pensioners/ Family Pensioners.
- (f) In case of Non-Pensioners, a Demand Draft of Rs 1800 (for Part A) or Rs 5250 (for Part B), issued in favour of "West Bengal State Electricity Distribution Company Limited" needs to be deposited along



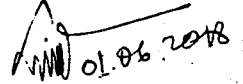
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with the filled-in Option Forms within the stipulated date for inclusion / conversion in the aforesaid policy.

- (g) 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 04.06.2018 to 19.06.2018 (excluding Sundays and Holidays) between 10 am to 4 pm only. Please note that Option Forms with incorrect/ incomplete 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, 6th Floor, Block-C, Vidyut Bhavan, Kolkata- 700091 (Tel: 033-23598385) or visit www.wbsedcl.in


01.06.2018

(Sujay Sarkar)

Director (HR), WBSEDCL

Date: 01.06.2018

Memo No: CHR/454(A)/2018/76

**FORM FOR GROUP MEDICAL INSURANCE POLICY (2018-19) FOR RETIRED EMPLOYEES
OF WBSIEDCL**

(To be submitted by 20.06.2018)

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)	

(for Family Pensioner & Spouse of Deceased CPF holder, 1& 2 shall be the same)

3	Address			
		District:	PIN Code:	
4	Contact No:	Mob: (i)	(ii)	
5	Email ID:			
		(Optional)		
6	PPO No: (for Pensioner/ Family Pensioner only)			

7	PF No: (for CPF Holders/ Spouse of Deceased CPF holders only)			
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8(a)	Whether the Optee would like to join Part A of the Policy (Rs. 1,10,000 sum insured) ?	Yes	/	No
(b)	Whether the Optee would like to join Part B of the Policy (Rs. 2,00,000 sum insured)?	Yes	/	No
(c)	Whether the Optee is already insured under Part A of the Policy w.e.f. 27.03.2018 and is willing to convert to Part B of the Policy?	Yes	/	No

NOTE: Migration from Part A to Part B of the Policy under Option 8 (c) above, may only be allowed for such insured members who have not placed any claims / will not place any claims under Part A of the policy up to 26.06.2018

I hereby state that the particulars provided by me are correct and true to the best of my belief.

Date:

Place:

(Signature)