



WBSETCL

**West Bengal State Electricity Transmission Co. Ltd.**

(A Govt. of West Bengal Enterprise)

**CORPORATE HR&A DEPARTMENT**

Registered Office: VidyutBhavan, Block-DJ, Sector-II, Bidhannagar, Kolkata-700091

**Office Order No: - 721 /2018****Dated: - 01.12.2018\***

In continuation to the Office Order No. 516/2018, dated 01.08.2018, it is hereby notified that the scope for exercising of option for quarterly inclusion of members to the Group Medical Insurance Scheme in respect of the Retired Employees of WBSETCL (2018-19) shall remain open upto 15.12.2018, subject to the following terms & conditions:-

(a) All Retired Employees of WBSETCL (Pensioner/ Non-Pensioner/ Family Pensioner), who have not yet joined the Group Medical Insurance Scheme for the Retired Employees of WBSETCL(2018-19) w.e.f 27.09.2018, shall be eligible for new enrolment under the said policy, upon exercising suitable option and payment of pro-rata premium.

(b) All new inclusion shall be effective from 27.12.2018 and will remain valid upto 26.03.2019 only. The policy coverage and all other terms and conditions, shall be the same as per the original policy of WBSEDCL as notified earlier.

(c) Pro-rata Premium amount for three months with effect from 27.12.18 to 26.03.19 per member:-

Option A – Rs. 600/- for Sum Insured Rs. 1, 10,000/-

Option – B - Rs. 1750/- for Sum Insured Rs. 2, 00,000/-

(d) In case of Pensioners/ Family Pensioners opting for 'A' of the aforesaid policy, a sum of Rs. 200/- (Rs. Two hundred only) per month, equivalent to the Medical Relief of the Pensioner, shall be deducted from their monthly pension. For those opting for 'B' of the policy, the monthly Medical Relief shall be deducted as above, and the remaining balance amount shall be recovered by way of 3(three) monthly installments. No Demand Drafts are required to be submitted in case of Pensioners/ Family Pensioners.

(e) In case of Non- Pensioners, a Demand Draft of Rs.600/-(Rs. Six hundred only) (for Option – A) or Rs. 1750/- (Rs. One thousand seven hundred fifty only) (for Option – B), to be issued in favour of “ **West Bengal State Electricity Transmission Company Limited**”, needs to be deposited along with the filled-in Option Forms within the stipulated date for inclusion in the aforesaid policy.

(f) Options Forms and Demand Drafts shall be received at Office of the General Manager (HR&A), WBSETCL, 8<sup>th</sup> Floor, 'D' Block, Bidyut Bhavan, Sector-II, Block-DJ, Saltlake, Kolkata- 700091 within 15.12.2018 from 10.30 a.m. to 3.30 p.m. on all working days except Saturday and 10.30 a.m. to 12.30 p.m. on Saturday (excluding Sundays and Holidays). Please note that Option Forms with incorrect/ incomplete details shall be rejected summarily and WBSETCL shall not take any responsibility for the same.

(g) All recoveries made from the Pension are to be deposited to WBSETCL account by the Pension Trust Fund by 15<sup>th</sup> of the following month. Necessary action code for this transaction may be allocated by the Pension Cell and Corporate Compilation Cell of Corporate F&A Department, WBSETCL.

(h) For any queries, please contact with the Corporate (HR&A) Department, 8<sup>th</sup> Floor, Block-D, Bidyut Bhavan, Kolkata-700091(Tel:- (033)-2319-7599) or visit [www.wbsetcl.in](http://www.wbsetcl.in)

(Sabyasachi Roy)  
Director (HR&A)

Memo No. Corp.(HR&amp;A)/TCL/ Medical Insurance/ 4885

Dated. 01.12.2018

**OPTION FROM FOR GROUP MEDICAL INSURANCE POLICY (2018-19) FOR RETIRED EMPLOYEES OF  
WBSETCL**

(To be submitted by 15.12.2018)

1	Name of the Optee (in Block Letters)		Male/ Female	Date of Birth (DD/MM/YYYY)	
2	Name of the Spouse (in Block Letters)		Male/ Female	Date of Birth (DD/MM/YYYY)	

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

3	Full Residential Address		
		District:	PIN Code:
4	Contact No:	Mob: (i)	(ii)
5	Email ID		

6	PPO No: (for Pensioner/ Family Pensioner only)	
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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

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

Date:

Place:

(Signature)