



WBSETCL

West Bengal State Electricity Transmission Co. Ltd.
(A Govt. of West Bengal Enterprise)

CORPORATE HR&A DEPARTMENT

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

Office Order No: 151 /2023

Date: 28/02/2023

It is hereby notified that the existing Group Medical Insurance Policy (floater basis) for the retired employees of WBSETCL for the year 2022-23 as covered by The New India Assurance Company Limited will expire on 28-02-2023. The further tender process for finalization of Insurance Company for providing Mediclaim coverage for the year 2023-24 is under process, which will need some more time for finalization. In the mean time, the authority of WBSETCL has decided for providing medical benefit on emergent basis to those insured beneficiaries who are presently covered under the existing Group Medical Insurance Policy for the period from 01-03-2022 to 28-02-2023, up to a limit of Rs. 2 Lakh only.

The existing retired beneficiaries (pensioners/non-pensioners) or family pensioners who were covered under the insurance policy for the period from 01-03-2022 to 28-02-2023 may apply for reimbursement to the "Office of the General Manager (HR&A), 8th Floor, "D" Block, Vidyut Bhavan, Bidhannagar, Kolkata-700091" in case of any emergent hospitalization by complying the points mentioned below:-

1. An intimation should be given over email at wbsetclegmi@gmail.com within 48 hours from the date of admission mentioning Name of the patient, PPO/PF No., name of the hospital with date of hospitalization.
2. The reimbursement claim should be submitted with all supporting bills & vouchers and prescriptions along with discharge certificate(s) and other allied documents, forwarded with a properly filled in reimbursement form (format enclosed) within 60 days from the date of discharge.

WBSETCL has initiated this facility as a good gesture towards it's existing retired beneficiaries for providing medical facility in the uncovered period of mediclaim policy only for catering exigencies and this facility will cease on finalization of a fresh Insurance Policy in due course of time.

This issues in terms of approval made in the 87th Meeting of the Board of Directors held on 20th February, 2023.


(Shanya Roy Choudhury)
Director (HR&A)

Encl: A Reimbursement Form

Memo No: Corp (HR&A)/TCL/Medical Insurance/804

Date: 28/02/2023

Distribution:-

TELEPHONE/ FAX: (033) 2334 5879 E-Mail ID: corporate.hra@wbsetcl.in
 CIN: U40101WB20073GC113474, Website: www.wbsetcl.in



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Application for Reimbursement of Expenses of Medical Treatment in Hospital/Nursing Home

1. Name of the Retired Employee/
Family Pensioner :
2. PPO/PF Account No. :
3. Previous Insurance Policy No./
Member ID as insured by Insurance
Co. (2022-23) :
- [Enclose a copy of the Mediclaim Card] :
4. A) Name of the Patient (in Block Letter) :
B) Whether Spouse / Self :
C) Nature of ailment :
D) Duration of ailment :
5. Details of Charges claimed :
i) :
ii) :
iii) :
Grand Total : Rs.
6. Bank Details for Reimbursement :
a) Name of the Bank :
b) Branch :
c) A/c No. :
d) IFSC :
e) Self-attested copy of 1st page of
Passbook/Cancelled Cheque :

Declaration:-

I do hereby declare that the information furnished in the reimbursement form is true and correct to the best of my knowledge and belief. In case if any dispute arises in between me and the bank, that should be mitigated amongst us and WBSETCL in no way shall be held liable.

Signature of the Retired Employee/Family Pensioner

PPO/PF/CPF Account No.

Address:

Mobile No:

E-mail ID:

Date:

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