



THE ORIENTAL INSURANCE COMPANY LIMITED

First Floor, 7 Red Cross place, Kolkata, West Bengal 700001

Annexure - A

PROPOSAL FORM FOR

- (1) WBPDC GROUP TAILORMADE LOSS RECOVERY MEDICLAIM SCHEME (On Roll employees) &
 (2) WBPDC GROUP TAILORMADE CASHLESS MEDICLAIM SCHEME (Retired employees)

| Sl. No | PPO / EMP. No | Name of Employee & Dependant Member with respective Age | Correspondence Address with PIN | DOB (DD/MM/YYYY) | Relationship with dependant | Sex | Sum Insured (Floater) |
|--------|---------------|---|---------------------------------|------------------|-----------------------------|-----|-----------------------|
| 01. | | | | | | | |
| 02. | | | | | | | |
| 03. | | | | | | | |
| 04. | | | | | | | |
| 05. | | | | | | | |
| 06. | | | | | | | |

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|--|---|
| (Cross out not applicable) Status of Employee: On Roll / Retired Covered under: CPF / GPF Date of Retirement* (employee retiring during policy year) | Name in Bank Account: Name of Bank & Branch: Account No.: IFSC Code: |
|--|---|

| | | | | | |
|---|---|---|---|---|---|
| Affix Photograph & attach 01 extra copy | Affix Photograph & attach 01 extra copy | Affix Photograph & attach 01 extra copy | Affix Photograph & attach 01 extra copy | Affix Photograph & attach 01 extra copy | Affix Photograph & attach 01 extra copy |
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Name of Beneficiary Name of Beneficiary Name of Beneficiary Name of Beneficiary Name of Beneficiary Name of Beneficiary

*Extra copy photograph is required for Retired employees only

- I do hereby authorize WBPDC to deduct the premium amount calculated by the insurance company on the basis of the particulars submitted by me as above from the salary / pension payable to me commencing from the month following acceptance of my proposal by the insurance company. Understood that for employees enrolled under CPF cash deposit of premium amount is to be made either at the Cash Section – KTPS, BTPS, BkTPP, STPS, SgTPP, Corporate Office, WBPDC.
- I hereby confirm that the claim settled by the insurance company shall be deemed final and do hereby undertake that I shall not hold WBPDC liable for reimbursement of short settlement, if any, made by the insurance company as per the rules and regulations of the scheme.
- I further declare that I shall abide by the rules and regulations framed under the scheme covered by the Memorandum of Understanding entered between The Oriental Insurance Company Limited and The West Bengal Power Development Corporation Limited.
- I do confirm that the information furnished and the photographs attached above by me are true to the best of my knowledge and belief.

Signature of Employee :
 Name of Employee (Block Letters) :
 PPO No. / EMP. No. :
 Contact No. :
 Email ID :
 Address :
 Designation / Place of Posting (if applicable) :

Money Receipt No. & Date (For CPF member paying premium in cash) : Receipt No.: Date: Coverage Amount:
 Premium: S.Tax @ 15%: Total Premium: