

# Government of West Bengal Department of Information & Cultural Affairs Nabanna, .: Howrah -711 102.

No.2315 -ICA(N)/IC/O/3C(vii)- 01 /2018

Dated: Howrah, the 29th June , 2018

#### **NOTIFICATION**

Whereas, vide the Finance Department Notification No.2899-F[P], dated- 07-05-2018, the Cable Operators, sub-operators and workers employed by them in such business have been brought under the coverage of 'Swasthya Sathi', a Group Health Insurance Scheme, as notified vide Finance Department Notification No.1104-F(P), dated- 25<sup>th</sup> February, 2016.

And whereas the question of determining the modalities of scrutinizing and recommending individuals for inclusion under 'Swasthya Sathi' by this Department has been under examination.

Now, after careful consideration, the Governor is pleased, hereby, to accord approval towards the following modalities for scrutinizing and recommending individuals for inclusion under 'Swasthya Sathi':

#### A: The Scheme -

- i. Basic health cover for secondary and tertiary care upto Rs.1.50 lakh per primary member, with dependent family members during the policy year.
- ii. Coverage of Rs.5.00 lakh per family during the policy year in cases of critical illness like cancer, neuro surgeries, cardiothoracic surgeries, liver diseases, blood disorders.
- iii. All pre-existing diseases will be covered from the first day of the policy.
- iv. There is no cap on family size.
- v. The entire premium will be paid by the State Government.

#### B: Eligibility Criteria -

- i. The Cable Operators/ sub-operators engaged in the business of transmitting Cable TV programmes within the State of West Bengal and duly registered with the Post & Telegraph Department/ having license issued by District Magistrate or Municipal Bodies/ or having provisional license issued by competent authority and having valid Trade Licence shall qualify for the coverage under 'Swasthya Sathi'.
- ii. The Cable Operators/ sub-operators [i.e. proprietor (s), partners, society members etc.] and the workers employed by them in such business shall be the 'Primary Members'
- iii. The dependent family members i.e. (i) spouse, (ii) minor son, (iii) unmarried daughter upto 21 years of age, (iv) dependent parents of primary members as well as of the spouse and (v) all dependent physically-challenged person (s) in the family shall be covered under 'Swasthya Sathi' as 'Secondary Members'.

Note-1: Person below 18 years of age shall not be considered as employee/worker as per Labour Rules;

Note-2: Persons who are members of any other State sponsored Group Health Insurance Scheme, shall not get coverage under 'Swasthya Sathi'.

#### C: Controlling Agencies -

- i. The Health and Family Welfare Department shall be the Nodal Department for implementing the Scheme.
- ii. The Information and Cultural Affairs Department shall scrutinize and recommend the individuals for inclusion under the Scheme.

#### D: Operational procedure for preparation of database -

- i. For the districts, the District Information and Cultural Officer (D.I.C.O.) under the supervision of the concerned District Magistrate, and for Kolkata Municipal Corporation, the Director of Films, shall receive from the Cable Operators/ Sub-Operators, the completed Forms A and B, duly recommended and forwarded by the LCO / employer, both in duplicate, compile the information so received, and forward the database of eligible beneficiaries to the State-Level Cable Television Network Advisory Committee.
- ii. The State-Level Cable Television Network Advisory Committee shall examine the database of eligible beneficiaries and thereafter, recommend names to the Health & Family Welfare Department for inclusion and registration under 'Swasthya Sathi' Scheme.

By order of the Governor,

[VIVEK KUMAR]

Principal Secretary to the Government of West Bengal Information & Cultural Affairs Department

#### **ORDER**

Ordered that the Notification be published in the Kolkata Gazette, Extraordinary, at the earliest .

[ Mahua Banerjee, W.B.C.S. (Exe.)] Spl. Secy. & ex-officio Director of Films

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No.2315/1(11) -ICA(N)/IC/O/3C(vii)- 01 /2018

Dated: Howrah, the 29th June, 2018

Copy forwarded for information and necessary action to:

- (i) The Pr. A.G. (A & E), W.B.
- (ii) The Pr. A.G. (Audit), W.B.
- (iii) The Sr. P.A. to the Principal Secretary, Health & Family Welfare Department.
- (iv) The Sr. P.A. to the Principal Secretary, Finance Department.
- (v) The District Magistrate ..... (All)
- (vi) The Commissioner of Police ..... (All)
- (vii) The Commissioner, Kolkata Municipal Corporation
- (viii) The D.I.C.O. / S.D.I.C.O. ......(All)
- (ix) ......(All M.S.Os)
- (x) ...... (LCO/ Sub-LCO Associations)
- (xi) Section Officer, Film

[Gokul Chandra Sarkar, W.B.I.C.S.] Joint Director of Films



# Form A

### Government of West Bengal Information & Cultural Affairs Department Nabanna (9<sup>th</sup> Floor), 325, Sarat Chatterjee Road, Howrah-711 102

# Enlistment form under Swasthya Sathi Scheme

(Information to be submitted by LCOs / Sub-operators)

1.	Business name	:
2.	Office address with PIN	:
3.	Contact number	:
4.	e-mail address	:
5.	Trade License number  (Attach copy of last renewal certificate or details of old/expired trade license along with details of application for renewal made to relevant authority)	ŧ
6.	P & T Registration number/ License from District Magistrate or Municipal Bodies/ or details of provisional license issued by competent authority	ï
7.	Unique Identification Number of proprietor/ partner : (Attach copy of PAN or EPIC, AADHAR etc.)	1
8.	Name of M.S.O. concerned (Attach original letter authentication from M.S.O. / Copy of Invoice)	ε
9.	Total number of STB connections	
10.	Total number of Primary Members (Operator, employees, workers)	:
11.	Total number of Secondary  Members (dependent family members)	:

# Form B

SI No	Name	Depart ment	Category	Age	Sex	Relation	GP/ Ward	Village	Cast	Minority	RSBY Type	Address	Office Address along with Designation	Aadhar No (if available) or EPIC No.or PAN	Mobile (if available)	Khadyasathi ID or SECC ID
	Primary Member (Cable operator/Sub-Operator/															
	Employee/ Worker):					Beneficiary										
	Secondary Members (dependent family members) :-															

( Signatue of Cable operator/Sub-Operator/ Employee/ Worker )

( Seal & signature of authorized officer of I & C A Deptt.)