



**SWASTHYA SATHI SAMITI**  
(REGISTERED UNDER THE SOCIETIES REGISTRATION ACT, 1961)  
**Department of Health and Family Welfare,**  
**Government of West Bengal**  
**7<sup>th</sup> Floor, Swasthya Sathi Building,**  
**Swasthya Bhavan, GN-29, Sector-V,**  
**Salt Lake City, Kolkata – 700091**

Memo No- HF/O/COVID-19/2020/3086

Date- 07.04.2020

**ORDER**

Procedure for Processing Claims under the Insurance Policy for Persons Deployed for COVID-19 in pursuance of order No. HF/O/COVID-19/2020/3085 dated 01.04.2020 for providing insurance to the employees deployed for containment of COVID-19, the following steps for processing claims have been devised:

1. Persons, along with their family members, as mentioned in Memo No.: HF/O/COVID-19/2020/ 3085 Date- 01.04.2020 are eligible to be covered under the Policy.
2. Concerned Department/organization shall collect the application as per the attached format from the claimant along with the documents. (*Sample Application Form for additional financial assistance/death benefit is available on the website [swasthyasathi.gov.in](http://swasthyasathi.gov.in) & [wbhealth.gov.in](http://wbhealth.gov.in)*)
3. Based on the application, the concerned Department/organization shall prepare the claim in Annexure-A (Additional Financial Assistance) or Annexure-B (Death Benefit) and submit the same , complete in all respect, to the Swasthya Sathi wing of the districts through email along with all enclosures. The format of Annexure-A & Annexure – B and email-id of the Swasthya Sathi wing of the districts are available in [swasthyasathi.gov.in](http://swasthyasathi.gov.in) and also attached with this Order.
4. District's Swasthya Sathi cell shall upload the required document in the web portal, using their login.

5. The Swasthya Sathi Branch of the Health & Family Welfare Department shall place all such claims to the Approval Committee constituted vide number HF/O/COVID-19/2020/3073 dated 26.03.2020. The Department will release the claim through online transfer/ cheque (as applicable)

This has the approval of the Principal Secretary of this Department.



Secretary  
Department of Health and Family Welfare  
Government of West Bengal

Memo No- HF/O/COVID-19/2020/3086

Date- 07.04.2020

Copy Forwarded for information to:

1. Sri Saumitra Mohan IAS, Secretary & MD NHM, Department of Health and Family Welfare, Government of West Bengal.
2. Sri Sumit Gupta IAS, AMD NHM, Department of Health and Family Welfare, Government of West Bengal.
3. Sri Tushar Kanti Pathak, Joint Secretary, Department of Health and Family Welfare, Government of West Bengal.
4. Sri Sujit Kumar Khan, Director Finance, NHM, Department of Health and Family Welfare, Government of West Bengal.
5. Sri Prabhakar Pal, Financial Advisor, Swasthya Sathi, Department of Health and Family Welfare, Government of West Bengal.
6. PS to Principal Secretary, Department of Health and Family Welfare, Government of West Bengal.
7. Office Copy.



Secretary  
Department of Health and Family Welfare  
Government of West Bengal

ANNEXTURE-A

Format for certificate for additional financial assistance of Rs one lakh for employees / persons deployed in the containment and management of COVID-19 and who had to undergo treatment for COVID-19 related illness.

Sl. No.	Particulars of Information	Information furnished
1	Name of the Employee/Person	
2	Nature of employment ( Permanent/ Casual/ Contractual/engaged for COVID-19 duties)	
3	Office Address of the Employee	
4	Controlling Authority/Department	
5	Place where deployed for containment of COVID-19	
6	Date of first deployment for COVID-19 containment	
7	Name of the person confirmed as COVID 19 Positive	
8	Date of Birth of the Patient	
9	Sex	
10	Relationship of the patient with the person deployed for containment of COVID- 19	
11	Date of Confirmation of infection of Corona Virus	
12	Name of the Laboratory from where it is so confirmed	
13	Name of the Hospital Where the employee is admitted for treatment of CORONA.	
14	Date of admission in the Hospital for treatment related to COVID-19	
15	Date of discharge from the Hospital	

Certificate:

This is to certify that Mr/Mrs ----- deployed by this Department/organisation for containment of COVID 19 –duties in the state of West Bengal. He/She along with his/her family members are eligible for coverage under the **Insurance Policy For Persons Deployed For COVID-19 Related Duties as per the order number HF/O/COVID-19/2020/ 3085**  
Date- 01.04.2020.

Authorised Signatory  
Department/Organisation/Agencies  
Government of West Bengal/Government of India

Date/Place:

- Note: 1.This certificate to be issued by the Head of the office/Authorised Officers who have deployed the persons.  
2. Following document may be uploaded in the portal along with signed copy of this document:  
a) Photo Identity Document

**ANNEXTURE-B**

Format for certificate for Death Benefit of Rs. ten lakh for the employees / persons deployed in the containment and management of COVID- 19 and whose death is attributable to COVID-19 related reasons.

<b>Sl. No.</b>	<b>Particulars of Information</b>	<b>Information furnished</b>
1	Name of the Employee/Person	
2	Nature of employment ( Permanent /Casual/Contractual)	
3	Office Address of the Employee	
4	Controlling Authority/Department	
5	Place where deployed for containment of COVID-19	
6	Date of first deployment for COVID-19	
7	Name of the person confirmed as COVID 19 Positive	
8	Date of Birth of the Patient	
9	Sex	
10	Relationship of the patient with the person deployed for containment of COVID- 19	
11	Date of Confirmation of infection of Corona Virus	
12	Name of the Laboratory from where it is so confirmed	
13	Name of the Hospital Where the employee is admitted for treatment of CORONA <sub>2</sub>	
14	Date of admission in the Hospital	
15	Date and Place of Death	
16	Cause of Death as per the Death Certificate	
17	Name of the Nominee/s as per office records for payment of Death-cum-Retirement Gratuity or nominee as determined by Competent Authority	

Certificate:

This is to certify that Mr/Mrs ----- deployed by this Department/organisation for containment of COVID 19 in the State of West Bengal. He/She along with his/her family members are eligible for coverage under the **Insurance Policy For Persons Deployed For COVID-19 Related Duties as per the order number HF/O/COVID-19/2020/ 3085** Date- 01.04.2020.

Authorised Signatory  
Department/Organisation/Agencies  
Government of West Bengal/Government of India

Date/Place:

Note: 1.This certificate to be issued by the Head of the Office/Authorised Officer who have deployed the persons.

2. Following document may be uploaded in the portal along with signed copy of this document:

a) Photo Identity Document b) Nominee details (as per extant rules of GoWB) c) Death Certificate

Application for additional financial assistance for employees / persons deployed  
in the containment and management of COVID- 19

Sl. No.	Particulars of Information	Information furnished
1	Name	
2	Nature of employment ( Permanent/ Casual/ Contractual/engaged for COVID-19))	
3	Contact Number	
4	e-Mail ID	
5	Office Address	
6	Designation	
7	Controlling Authority/Department	
8	Place where deployed for containment of COVID-19	
9	Date of first deployment for COVID-19 containment	
10	<b>Name of the person confirmed as COVID 19 Positive</b>	
11	Contact number of the Patient	
12	Date of Birth of the Patient	
13	Gender	
14	Relationship of the patient with the person deployed for containment of COVID- 19	
15	Date of Confirmation of infection of Corona Virus	
16	Name of the Laboratory from where it is so confirmed	
17	Name of the Hospital Where the employee is admitted for treatment of CORONA.	
18	Date of admission in the Hospital for treatment related to COVID-19	
19	Date of discharge from the Hospital	

**Declaration:**

This is to certify that myself Mr/Mrs ----- deployed by ----- (Department/organization) for containment of COVID 19 in the State of West Bengal. Myself along with my family members are eligible for coverage under the **Insurance Policy For Persons Deployed For COVID-19 Related Duties as per the order number HF/O/COVID-19/2020/ 3085** Date- 01.04.2020.

The COVID -19 Patient as mentioned in Sl number 7 is myself/my family member.

I hereby further declare that the foregoing statements are true in all respect.

Signature of the Claimant

NAME OF CLAIMANT

**Date/Place:**

**Note:** Following document may be submitted along with signed copy of this document:

- a) Deployment order b) Photo Identity Document c) Certificate of family member from BDO/SDO/DM/Commissioner of MC (if applicable)

**THIS APPLICATION HAS TO BE SUBMITTED TO THE DEPARTMENT /ORGANISATION WHO HAVE DEPLOYED FOR CONTAINMENT OF COVID-19**  
**CONCERNED DEPARTMENT/ORGANISATION SHALL SUBMIT ANNEXTURE-A (IF APPLICABLE) TO DISTRICT SWASTHYASATHI CELL**

**Application for Death Benefit for the employees / persons deployed in the  
containment and management of COVID- 19**

<b>Sl. No.</b>	<b>Particulars of Information</b>	<b>Information furnished</b>
1	Name	
2	Nature of employment ( Permanent /Casual/Contractual/engaged for COVID-19)	
3	Contact Number	
4	e-Mail ID	
5	Office Address	
6	Controlling Authority/Department	
7	Place where deployed for containment of COVID-19	
8	Date of first deployment for COVID-19	
9	Name of the person confirmed as COVID 19 Positive	
10	Date of Birth of the Patient	
11	Gender	
12	Relationship of the patient with the person deployed for containment of COVID- 19	
13	Date of Confirmation of infection of Corona Virus	
14	Name of the Laboratory from where it is so confirmed	
15	Name of the Hospital Where the employee is admitted for treatment of CORONA;	
16	Date of admission in the Hospital	
17	Date and Place of Death	
18	Cause of death as per the Death Certificate	
19	Name of the Nominee/s	
20.	Relationship of Nominee with deceased	

**Declaration:**

This is to certify that Mr/Mrs ----- deployed by ----- (department/organization) for containment of COVID 19 in the state of West Bengal, I am the nominee claimant for the death benefit under the **Insurance Policy For Persons Deployed For COVID-19 Related Duties as per the order number** HF/O/COVID-19/2020/ 3085 Date-01.04.2020.

I hereby further declare that the foregoing statements are true in all respect.

Signature of the Nominee/Claimant

NAME OF NOMINEE / CLAIMANT

**Date/Place:**

**Note:** Following document may be submitted along with signed copy of this document:

- a) Photo Identity Document c) Nominee certificate (as per extant rules of GoWB) d) Death Certificate

**THIS APPLICATION HAS TO BE SUBMITTED TO THE DEPARTMENT /ORGANISATION WHO HAVE DEPLOYED FOR CONTAINMENT OF COVID-19  
CONCERNED DEPARTMENT/ORGANISATION SHALL SUBMIT ANNEXTURE-B (IF APPLICABLE) TO DISTRICT SW ASTHYASATHI CELL**

**e-Mail ID of the Districts for submission of Claim Form for financial assistance/death benefit for the Insurance policy for persons deployed for COVID 19 related duties in pursuance of order No. HF/O/COVID-19/2020/3085 dated 01.04.2020**

SI No	DISTRICT	Email Address
1	DARJEELING (SMP Area)	rsbyslg@gmail.com
1a.	DARJEELING (GTA Area)	heathedgta@gmail.com
2	JALPAIGURI	ochealthjal@gmail.com
3	COOCHBEHAR	rsbycbr@gmail.com
4	UTTAR DINAJPUR	swasthyasathi.ud@gmail.com
5	DAKSHIN DINAJPUR	ddinajpur.rsby@gmail.com
6	MALDAH	rsbymaldah@gmail.com
7	MURSHIDABAD	rsbysmd@gmail.com
8	BIRBHUM	dmbirbhum.rsby2012@gmail.com
9	PURBA BARDHAMAN	rsby.bdn@gmail.com
10	NADIA	health.nadia@gmail.com
11	NORTH 24 PARGANAS	rsbynprg@gmail.com
12	HOOGHLY	swasthyasathihooghly@gmail.com
13	BANKURA	<a href="mailto:swasthyasathibankura@gmail.com">swasthyasathibankura@gmail.com</a>
14	PURULIA	rsby.purulia2010@gmail.com
15	HOWRAH	<a href="mailto:howrahrsby@gmail.com">howrahrsby@gmail.com</a>
16	KOLKATA	<a href="mailto:kcbanerjee1975@gmail.com">kcbanerjee1975@gmail.com</a>
17	SOUTH 24 PARGANAS	<a href="mailto:swasthyasathi.s24p@gmail.com">swasthyasathi.s24p@gmail.com</a>
18	PASCHIM MEDINIPUR	dnorsbypm@gmail.com
19	PURBA MEDINIPUR	rsbypm@gmail.com
20	ALIPURDUAR	dmapd.health@gmail.com
21	PASCHIM BARDHAMAN	healthpaschimbdn@gmail.com
22	JHARGRAM	swasthyasathi.jgm@gmail.com
23	KALIMPONG	ochealthkalimpong@gmail.com