HIMACHAL PRADESH STATE ELECTRICITY BOARD LIMITED

(A State Govt. undertaking)

Azadi Ka Amrit Mahotsav

Registered office:	Vidyut Bhawan, HPSEBL, Shimla-171004(H.P)
(CIN):	U40109HP2009SGC31255
GST No.	HPSEBL 02 AACCH4894EHZB
Telephone No.	0177-2803600, 2801675 (Office), 2658984(Fax)
Website address:	www.hpseb.com
Email:	cmd@hpseb.in & directorfa@hpseb.in

OFFICE ORDER

The HP State Electricity Board Ltd. is pleased to renew and adopt Group Personal Accident Insurance Scheme as per Government of HP notification No. Fin – IF (F) 9-5/2012-II dated 17.11.2025 **for a period of one year w.e.f 18.11.2026 to 17.11.2027** issued by the Principal Secretary (Finance) to the Govt. of HP. Shimla in HPSEBL in toto with immediate effect as already renewed vide office order NO. HPSEBL (SECTT)/IR-GPAIS/2025-28153-303 dated 17.07.2025 which stands adopted by the competent authority of HPSEBL vide office order NO. HPSEBL (Sectt.) /IR-GPAIS/2010-66007-187 dated 19-11-2015.

All the DDOs in HPSEBL are directed to renew the scheme as per latest notification/guide-lines specified in the salient features of the scheme without any fail (Copy enclosed).

"This bears the approval of the competent authority".

25/11/26

Under Secretary (HRD/IR)
O/o Executive Director (Pers.)
HPSEBL, Vidyut Bhawan,
Shimla- 04.

NO. HPSEB/ (SECTT) IR-GPAIS /Vol-VII/ 2026- 53046-204 **Dated:-** 25-11-26

Copy forwarded for information & necessary action to:-

1. All the Chief Engineers in HPSEBLtd.
2. The CMD, SJVNL, Shimla.
3. All the MDs BVPCL/HPPCL/HPPTCL/SLDC, Jogindernagar/Shimla.
4. The Chief Accounts Officer, HPSEBL, Shimla.
5. The Superintending Engineer (IT), HPSEBL, Shimla-04. He is requested to upload the Notification in the official website of HPSEBL, immediately.
6. All the Superintending Engineers in HPSEBLtd.
7. All the Executive Engineer/Resident Engineers in HPSEBL.
8. All the DDOs at Shimla.
9. Guard file.

25/11/26

Under Secretary (HRD/IR)
O/o Executive Director (Pers.)
HPSEBL, Vidyut Bhawan,
Shimla- 04.

Government of Himachal Pradesh
Finance (IF) Department.

No: Fin-IF-(F)9-5/2012-II Dated: Shimla-2, the 17th November, 2026

NOTIFICATION

The Governor, Himachal Pradesh is pleased to renew the Group Personal Accident Insurance Scheme for Regular, Adhoc, Part-time, Contractual and Daily Waged employees of Government Departments, Boards, Corporations, Universities and Autonomous Bodies on compulsory basis for a period of one year w.e.f. 18.11.2026 to 17.11.2027. The scheme would be implemented by the State Government through Heads of Departments.

Salient feature of the Scheme are as under :-

1. Premium Rs. 200/- per annum per employee.
2. Coverage:-

   i) Death by reason of an accident or by drowning/ washing away in floods/ landslides/ snakebite/ earthquakes & cyclone; (Post Mortem Report and FIR is compulsory).

   ii) Accidental injuries leading to disability (As per para-B-II of the Scheme).

   iii) The cover is available on twenty four hours basis and includes all types of accidents arising anywhere, i.e. at home, in public, whilst engaged in any occupation/vocational activity and or travelling by any mode of conveyance, directly caused by external violent and visible means in sudden, unforeseen manner.

   iv) Natural deaths, i.e. deaths not occurring due to accidents are however not covered under the scope of this scheme.

3. Sum Assured/Benefits in case of accident :-

a)	Death	Rs. 5.00 lakh
b)	Permanent total disablement	Rs. 5.00 lakh
c)	Loss of one limb + one eye	Rs. 5.00 lakh
d)	Loss of one limb/eye	Rs. 2.00 lakh

Contd:- 2/-

Endst. No. 371 19/11/26

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A. **Mode of Premium payment**

1. Since the scheme is implemented on compulsory basis, each and every DDO(s) would ensure deduction of Rs. 200/- as premium from each employee from the salary/ wages for the month of November, 2026 in one instalment and the same will be deposited in receipt Head -0235-60-105-02.

2. The Boards/Corporations/Universities/Autonomous Bodies will also deposit the premium in above stated Receipt Head in respect of their employees.

B. **Procedure for claims :**

The concerned DDO(s) shall prefer the claims to their Head of Department. The following documents will required to be attached with the claim form duly countersigned by the concerned DDO.

i) **In case of death.**

a) Intimation from legal heir of deceased within 30 days of death;

b) Claim form along with copy of FIR, Post Mortem report by appropriate authority;

c) Death Certificate issued by the appropriate authority.
d) Legal heir certificate issued by the appropriate authority.

ii) **In case of injury.**

a) Intimation from claimant;
b) Claim form;
c) Treatment and disability certificate in event of permanent total disability/permanent partial disability.

Specific proof of deduction and deposit of premium in designated Receipt Head in respect of beneficiary would be attached/ ensured.

Contd:.....

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In the event of claim, the concerned HOD will decide/settle the claim at his own level, on being satisfied that the claim falls within the scope of the scheme as explained in para 2 of these guidelines. The payments of compensation shall be made to the nominee(s) or legal heirs of the deceased by the concerned Head of Department. The expenditure on this account shall be charged to major Head-2235-60-105-02-SOON-NP-OC.

In case of claims under the scheme from Boards/Corporations/Universities/Autonomous Bodies, the claims will be settled by their respective Administrative Departments. Specimen copies of Claim Intimation Letter and Claim Form is enclosed as per Annexure-I & II.

The HOD/AD shall ensure that relevant documents as mentioned at Annexure-I & II as may apply to the particular case are attached with the claim form.

By order.

Principal Secretary (Finance) to the
Government of Himachal Pradesh

No. Fin-IF-(F)9-5/2012-II Dated: Shimla-2 the 17th November, 2026.

Copy for information and necessary action to :-

1. All Administrative Secretaries to the Govt. of Himachal Pradesh.
2. All the Heads of Departments.
3. Registrar General, H.P. High Court, Shimla.
4. The Director, Treasuries and Accounts for circulation to all the Treasuries in the State so that recovery of premium is ensured.
5. All Deputy Commissioners in Himachal Pradesh.
6. All Boards/Corporations/Universities/Autonomous Bodies in H.P.
7. The Controller, Printing and Stationery Department, H.P. for publication in the extra ordinary Rajpatra.

(Vijay Vardhan), I.A.S.
Director (Institutional (Finance)-
cum-Special Secretary) to the
Government of Himachal Pradesh.

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Annexure-I

CLAIM INTIMATION LETTER

To

The Director,

Sub:- INTIMATION OF LOSS UNDER GROUP PERSONAL ACCIDENT INSURANCE SCHEME FOR GOVERNMENT EMPLOYEES.

Sir,

It is to intimate to you that Sh._____S/o Sh._____R/o_____working _____as_____in_____ posted at _____has died/lost following body parts _____Suffered permanent total disability/permanent partial disability due to accident of _____on dated _____. You are requested to registered the claim at the earliest in favour of insured under the captioned scheme.

Thanking You

SIGNATURE

(Not in case of death)

Countersigned by Head of the Office/Department.

Documents to be submitted in event of claim:

- Claim intimation immediately after knowledge of occurrence.
- Claim Form alongwith
- Copy of FIR.
- Post Mortem report in the event of death/death certificate from competent authority.
- Treatment/disability certificate in the event of Permanent Disability/Permanent Partial Disability.

NOTE:- ALL DOCUMENTS SHOULD BE DULY ATTESTED BY HOD.

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ANNEXURE-II

CLAIM INTIMATION LETTER

1. NAME OF INSURED: _____
DESIGNATION: _____
PARENTAGE _____
RESIDENTIAL ADDRESS _____
_____
_____
POSTED AT _____
DEPARTMENT _____
PREMIUM PAID ON _____

2. AGE_____SEX_____
DATE OF ACCIDENT_____TIME OF ACCIDENT_____
HOW DID ACCIDENT OCCUR: _____
WITNESS OF ACCIDENT _____HIS NAME _____
ADDRESS _____
_____
_____

3. NATURE OF INJURY RECEIVED _____
NATURE OF DISABLEMENT _____
NAME AND ADDRESS OF HOSPITAL _____
PRESENT STATE OF INJURY/HEALTH _____

4. DETAIL OF POLICY REPORT LODGED
WITH FIR NO AND DATE _____
ULTIMATE LOSS _____ (loss body parts, PTD)
DETAIL OF BODY PARTS LOST : _____
DETAIL OF PERMANENT TOTAL DISABILITY _____
POSTMORTEM/TREATMENT TAKEN FROM _____

5. I hereby declare that the forgoing statements are true to the best of my knowledge and belief and I have not attempted to conceal any relevant pertinent information. In case of any false/fraudulent/untrue averment whatsoever the said policy shall be void ab-inito and my right/my claim for compensation will be forfeited.

SIGNATURE
(Not in case of death)
Dated: Countersigned by Head of the ( )
Place: Office/Department

FOLLOWING DOCUMENTS ENCLOSED IN SUPPORT OF THIS CLAIM

* FIR
* POST MORTEM REPORT
* BRIEF ACCIDENT REPORT BY THE DEPARTMENT
* ANY OTHER DOCUMENT.

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