

**Hindustan Copper Limited
Corporate Office**

No.: HCL/HR/CPRMS/2021

Date: 15/01/2021

CIRCULAR

Sub: Procedure for mid-term inclusion, i.e., enrolling eligible retiring employees during operation period of the scheme in CPRMS-2021.

Ref: Circular No.: HCL/HR/CPRMS/2021 dated 11.12.2020

1. CPRMS-2021 provides for mid-term inclusion of employees/spouse of deceased during the operation period of the scheme. They can become a member of CPRMS-2021 by depositing the requisite pro-rata premium as given at Annexure-1 by 30/01/2021 ensuring coverage w.e.f 01/02/2021.
2. The following procedure shall be followed for employees who will be retiring from Jan-2021 to Nov-2021.
 - i) Such eligible employee should submit his/her application in the prescribed format within 15th of the month of superannuation from February 2021 onwards, along with all documents and proof of premium payment to the Unit/Office concerned. In case of deceased employee, the application of spouse for coverage under this scheme may be submitted at the earliest but not later than 1 month of the death of the employee.
 - ii) After making the payment through electronic mode, proof of payment should be submitted to respective units/offices through email and /or Speed Post, along with duly filled in Declaration Form in the format already provided.
 - iii) Unit HR should ensure to check the minimum eligibility period of 15 years of continuous service of the concerned superannuating employee. The documents along with the proof of payment should be duly verified by the concerned Unit/Offices as per required checklist.
 - iv) The concerned Unit/Office shall further send the list after necessary certification to Corporate Office in the format in excel already provided.
 - v) On receipt of details of CPRMS-2021 members from Units/Offices of the applicant, Corporate HR shall take further action accordingly for payment of full premium, including HCL's contribution of 60% to the Insurance Company. The coverage will start only after payment of full premium to the Insurance Company.
 - vi) Documents etc. to be submitted by the CPRMS members to concerned units/offices are given here under:
 - a. Duly filled in Declaration (Annexure - 2).
 - b. Documentary proof of NEFT pro-rated payment of premium.
 - c. Photo ID Proof of Self &/ Spouse.
 - d. Age proof of self/spouse.
 - e. Death Certificate in case of deceased employee.
 - f. Cancelled cheque/ bank pass book.



vii) Employees 40% share to be deposited to the following bank account.

NAME OF BENEFICIARY : HINDUSTAN COPPER LIMITED
BANK'S NAME : INDIAN OVERSEAS BANK
BRANCH : BALLYGUNGE PARK ROAD, KOLKATA - 700 019
IFSC : IOBA0000477
ACCOUNT No. : 047702000001068
ACCOUNT TYPE : CURRENT A/C

viii) Month-wise pro-rata premium amount for (1+1/1+0) for different months and age-groups is given at Annexure-1.

3. An opportunity is being provided to extend the facility to the followings:
- (i) Those eligible ex-employees who were members of CPRMS 2019-20 but could not deposit requisite premium to be a member of CPRMS-2021 due to any reason whatsoever, and;
 - (ii) Those eligible ex-employees who have not paid premium on pro-rata basis for enrolling themselves in CPRMS 2019-20 during the pandemic period (Retiring April – Dec, 2020) satisfying the other eligibility criteria of the scheme.
- 3.1 They can submit the requisite pro-rata premium as given at Annexure-1 and enroll themselves in the scheme. The last date for submission of premium along with all the necessary documents is 30/01/2021.
4. This should be given wide circulation. Unit heads are requested to ensure that each retiring employee is communicated in the concerned superannuating month about the procedure and all formalities should be completed within stipulated time.
5. This issues with the approval of the Competent Authority.


(K P Bisoi)

Deputy General Manager (HR)

Encl: As above

Distribution:

1. ED(HR)/CO
2. Unit Head – KCC/MCP/ICC/TCP
3. DGM(F) / CO
4. Regional Manager: RSO-Delhi / Bengaluru / Mumbai
5. All HR Heads of Units
6. General Secretary: Officers' Associations of Units/ Offices
7. General Secretary: Recognized Unions of Units/ Offices
8. Notice Boards and HCL website

Copy for kind information to:

1. CMD
2. D(F)
3. CVO

Pro-rata Premium (including 18% GST) to be paid by ex-employees for mid-term inclusion in CPRMS-2021

SR NO	AGE BAND	PREMIUM PER FAMILY FOR SI OF RS.3 LAKHS (1 + 1)	PRORATA W.E.F. 01/02/2021	PRORATA W.E.F. 01/03/2021	PRORATA W.E.F. 01/04/2021	PRORATA W.E.F. 01/05/2021	PRORATA W.E.F. 01/06/2021	PRORATA W.E.F. 01/07/2021	PRORATA W.E.F. 01/08/2021	PRORATA W.E.F. 01/09/2021	PRORATA W.E.F. 01/10/2021	PRORATA W.E.F. 01/11/2021	PRORATA W.E.F. 01/12/2021
			40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
1	60+ - 65	17700	6479	5936	5334	4752	4151	3569	2968	2366	1785	1183	601
2	66+ - 70	18290	6695	6133	5512	4911	4289	3688	3067	2445	1844	1223	621
3	71+ - 75	18290	6695	6133	5512	4911	4289	3688	3067	2445	1844	1223	621

SR NO	AGE BAND	PREMIUM PER FAMILY FOR SI OF RS.3 LAKHS (1 + 0)	PRORATA W.E.F. 01/02/2021	PRORATA W.E.F. 01/03/2021	PRORATA W.E.F. 01/04/2021	PRORATA W.E.F. 01/05/2021	PRORATA W.E.F. 01/06/2021	PRORATA W.E.F. 01/07/2021	PRORATA W.E.F. 01/08/2021	PRORATA W.E.F. 01/09/2021	PRORATA W.E.F. 01/10/2021	PRORATA W.E.F. 01/11/2021	PRORATA W.E.F. 01/12/2021
			40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
1	60+ - 65	9145	3347	3067	2756	2455	2145	1844	1533	1223	922	611	311
2	66+ - 70	9145	3347	3067	2756	2455	2145	1844	1533	1223	922	611	311
3	71+ - 75	9145	3347	3067	2756	2455	2145	1844	1533	1223	922	611	311

15/11/2021


CONTRIBUTORY POST-RETIREMENT MEDICAL SCHEME - 2021

(To be submitted by Ex-employees of Hindustan Copper Limited separated on account of superannuation, death, permanent total disablement on medical ground while in service and/ or Spouse)

DECLARATION

I am interested to avail Insurance Cover under the Contributory Post-Retirement Medical Scheme (CPRMS) - 2021.

The details are enumerated below:

1. Name : _____
 2. Employee Code : _____
 3. Separated from Unit/ Office : _____
 4. Type of separation : Retirement/Death/Discharge on medical ground
 5. Date of separation : _____
 6. Date of Birth & Age : _____
 7. Insurance Cover for (please ✓) : (a) Self & Spouse: _____
(b) Self : _____
(c) Spouse of deceased employee: _____
 8. Name of Spouse : _____
 9. Date of Birth of Spouse & Age : _____
- | Age Group of member/ spouse
(Tick mark) | Age Group (Years) | Ex-employee | Spouse |
|--|-------------------|-------------|--------|
| | 60-65 | _____ | _____ |
| | 65+-70 | _____ | _____ |
| | 70+-75 | _____ | _____ |
10. Correspondence Address : _____

 11. Category of employee (please ✓) : Executive : _____
Non-executive (workman): _____
 12. Pre-Retirement Grade of Pay (in case of executives) : _____ (eg.E0, E1,, E9)
 13. Mobile No.: : _____
 14. Email address : _____

15. Name of Nominee and relation : _____

16. Details of Bank A/c
 Name of the Bank : _____
 Address of the Branch : _____
 Nature of A/c : _____
 Account Number : _____
 Bank IFSC Code Number : _____

17. Membership type (please ✓) : 1+0 _____ / 1+1 _____

18. Amount of premium, along with GST, deposited in HCL's Account No.: 047702000001068; IndianOverseas Bank, Ballygunge Park Road Branch, Kolkata - 700019, IFSC: IOBA0000477 (Copy of transaction slip to be attached)

For (1+1)Or(1+0)	Amount (Rs.)	PaymentDate	Bank Name	Payment Reference No/ UTR No.

I declare that the above particulars are correct to the best of my knowledge.

Signature :

Name :

Date :/...../.....

Place :

Encl:

- (i) Documentary proof of payment of premium
- (ii) Photo ID and age proof of self and/orSpouse(Aadhar/ Voter/ Driving Licence etc)
- (iii) Service certificate
- (iv) Death Certificate incase of deceased employee
- (v) Cancelled cheque/bank pass book

(To be certified by HR Department of the Unit/Office)

The above employee/ spouse satisfies the respective eligibility criteria of CPRMS, as under:

1. Has continuous service of 15 years or more in HCL.
2. Has continuous service of 15 years or more in HCL and other PSU combined.
3. As Functional Director is superannuating / has superannuated from HCL after completing full tenure in HCL.

Signature: _____

Name: _____
 (Signature and name of HR Executive with office seal)

Date: ____/____/____