

1. CPRMS 2019-20 provides for mid-term inclusion of employees/spouse, satisfying the eligibility criteria of the scheme, separating on account of superannuation/death during the operation period of the scheme.

2. The following procedure shall be followed in this regard.

   (i) Such eligible employee should submit his/her application in the prescribed format within 15th of the month of superannuation, 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) 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 as per required checklist before forwarding the same to Corporate Office.

   (iii) On receipt of verified documents from Unit/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.

   (iv) Documents to be submitted are given here under:

   a) Duly filled in Application form (Annexure 2), duly certified by Unit/Office HR Department
   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
5. This issues with the approval of Competent Authority.

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Month-wise proportionate pro-rata premium amount for (1+1 and 1+0) for different months and age groups is given in ANNEXURE-1.

Premium amount shall be determined based on the higher age of the self or spouse, as applicable.

3. No application for enrolling in CPRMS shall be accepted from those who superannuated before December, 2019.

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 Competent Authority.

(R.S Sajwan)
Assistant General Manager (HR)

Encl: As Above

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

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APPLICATION FOR CONTRIBUTORY POST RETIREMENT MEDICAL SCHEME FOR 2019-20

(To be submitted by employees of HCL separating during the period of operation of the scheme, on account of superannuation, death, permanent total disablement on medical ground while in service and / or Spouse of deceased employee for enrolling in the scheme)

I am interested to avail Insurance Cover under the Contributory Post Retirement Medical Scheme (CPRMS) as per Circular No.HCL/HR/ CPRMS/2019-20 dated 26.09.2019 and 31.12.2019. The details are enumerated below:

1. Unit/ Office from where separating/ separated
2. Insurance Cover applied for (please √): Self only/ Self & spouse/ Spouse of deceased employee:
3. Type of Separation (please √): (Retirement/Death/Discharge on medical ground)
4. Name
5. Employee Code
6. Date of joining in HCL
7. Date of separation
8. Date of Birth & Age
9. Name of Spouse
10. Date of Birth of Spouse & Age
11. Correspondence Address
12. Category of Employee (please √): Executive/ Non-executive (workman)
13. Pre-Retirement Grade (E0, E1 .... E9) of Pay in case of executive:
15. Email address
16. Nominee (Name) (Relation)
15. Details of Bank A/c

Name of the Bank :
Address of the Branch :
Nature of A/c (SB/Current):
Account Number :
Bank IFSC Code Number :

16. Amount of premium (40% Employee's Contribution), along with GST, deposited in HCL's Account
No.: 04770200001068; Indian Overseas Bank, Ballygunge Park Road Branch, Kolkata - 700019,
IFSC: IOBA0000477 (Copy of transaction slip to be attached)(Pro-Rata premium amount given in
Annexure-1)

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I declare that I have continuous service 15 years or more in HCL or I otherwise satisfy the eligibility
criteria of the CPRMS, and that the above/overleaf particulars are correct to the best of my knowledge.

Date: ________________________________  
Place: ________________________________  
Signature: ________________________________

Encl: (i) Documentary proof of NEFT payment of premium (ii) Photo ID and age proof of Self and/or Spouse (iii) Death certificate in case of deceased employee (iv) Cancelled cheque/bank pass book

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

The above employee/spouse satisfies the eligibility criteria of the scheme, 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.

Date: ________________________________  
Signature and name of HR Executive with office seal