

HINDUSTAN COPPER LIMITED
CORPORATE OFFICE
KOLKATA

No.: HCL/HR/CPRMS/2019-20

16.01.2020

CIRCULAR

Sub: Procedure for enrolling eligible retiring employees during operation period of CPRMS- 2019-20.

Ref: Circular No.: i) HCL/HR/CPRMS/2019-20 dated 26.9.2019 and 30.9.2019
ii)HCL/HR/CPRMS/2019-20 dated 31.12.2019

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

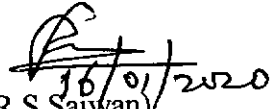
(v) 40% share to be deposited to the following bank account.

NAME OF BENEFICIARY	-	HINDUSTAN COPPER LIMITED
BANK'S NAME	-	INDIAN OVERSEAS BANK
BRANCH	-	BALLYGUNGE PARK ROAD, KOLKATA- 700019
IFSC	-	IOBAOOO0477
ACCOUNT NO	-	047702000001068
ACCOUNT TYPE	-	CURRENT A/C

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

Copy for kind information to:

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



ANNEXURE-1

SR NO	AGE BAND	PREMIUM PER FAMILY FOR SI OF RS.3 LAKHS (1 + 1)	PRORATA W.E.F. 01/02/2020		PRORATA W.E.F. 01/03/2020		PRORATA W.E.F. 01/04/2020		PRORATA W.E.F. 01/05/2020		PRORATA W.E.F. 01/06/2020		PRORATA W.E.F. 01/07/2020		PRORATA W.E.F. 01/08/2020		PRORATA W.E.F. 01/09/2020		PRORATA W.E.F. 01/10/2020		PRORATA W.E.F. 01/11/2020		PRORATA W.E.F. 01/12/2020	
			60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%
			10727	7151	9752	6501	8776	5851	7801	5201	6826	4551	5851	3901	4876	3251	3901	2600	2925	1950	1950	1300	975	650
1	60-65	19503	10727	7151	9752	6501	8776	5851	7801	5201	6826	4551	5851	3901	4876	3251	3901	2600	2925	1950	1950	1300	975	650
2	66-70	24476	13462	8974	12238	8159	11014	7343	9790	6527	8566	5711	7343	4895	6119	4079	4895	3263	3671	2448	2448	1632	1224	816
3	71-75	26974	14835	9890	13487	8991	12138	8092	10789	7193	9441	6294	8092	5395	6743	4496	5395	3596	4046	2697	2697	1798	1349	899

SR NO	AGE BAND	PREMIUM (self cover) (1 + 0)	PRORATA W.E.F. 01/02/2020		PRORATA W.E.F. 01/03/2020		PRORATA W.E.F. 01/04/2020		PRORATA W.E.F. 01/05/2020		PRORATA W.E.F. 01/06/2020		PRORATA W.E.F. 01/07/2020		PRORATA W.E.F. 01/08/2020		PRORATA W.E.F. 01/09/2020		PRORATA W.E.F. 01/10/2020		PRORATA W.E.F. 01/11/2020		PRORATA W.E.F. 01/12/2020	
			60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%	60%	40%
			9328	6219	8480	5653	7632	5088	6784	4523	5936	3957	5088	3392	4240	2827	3392	2261	2544	1696	1696	1131	848	565
1	60-65	16960	9328	6219	8480	5653	7632	5088	6784	4523	5936	3957	5088	3392	4240	2827	3392	2261	2544	1696	1696	1131	848	565
2	66-70	21282	11705	7804	10641	7094	9577	6385	8513	5675	7449	4966	6385	4256	5321	3547	4256	2838	3192	2128	2128	1419	1064	709
3	71-75	23456	12901	8601	11728	7819	10555	7037	9382	6255	8210	5473	7037	4691	5864	3909	4691	3127	3518	2346	2346	1564	1173	782

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 :
10. Category of Employee (please √) : Executive/ Non-executive (workman)
11. Pre-Retirement Grade (E0, E1 E9) of Pay in case of executive:
12. Mobile No. :
13. Email address :
14. 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.: 047702000001068; 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)

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

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: _____ Signature

Place: _____ Name.....

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

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