

Hindustan Copper Limited
Corporate Office

No. HCL/HR/UTI-SCUP/PRMS/2025

30.12.2024

CIRCULAR

Sub: Amendment to Hindustan Copper Limited Post Retirement Medical Scheme (PRMS) 1996

With various requests for enhancing the Limit for Domiciliary Treatment in PRMS-1996 the scheme was revisited and the following is hereby informed:

1. The reimbursement for domiciliary treatment shall be limited to one month's Basic + DA on the date of cessation of service of the concerned ex-employee, subject to maximum of Rs. 15,000/- per annum.
2. In the event of death of the employee, surviving spouse shall continue to get reimbursement upto 50% of one month's Basic + DA, subject to maximum of Rs. 7,500/- per annum for his/her lifetime.
3. Members shall have to obtain Life Certificate every year as per HCL Rules - to be enclosed along with the application for reimbursement. Life Certificate format can be downloaded from the Company website and is also enclosed herewith for easy reference.
4. This shall be effective from Calendar Year 2025 onwards.

In case of further clarification and assistance, please contact us at hcl_medical@hindustancopper.com or at Contact no. (033) 2283-2226 / 2283 - 2224 / 2202-1000 / 3514-9550 (Monday to Friday).

This issues with the approval of the Competent Authority.


30/12/2024
(R. S. Sajwan)
DGM (HR)

Distribution:

1. Unit Heads - MCP, KCC, ICC, TCP, GCP
2. ED (F) / CO
3. GM (HR) / CO
4. Regional Manager - RSO-Delhi
5. All HR Heads of Units / Offices
6. AGM (Systems) / CO - For uploading at Company Website
7. GS - OA of Units & Offices
8. GS - Recognized Unions of Units & Offices

Copy for kind information to:

1. CMD-(I/c) & D(F)
2. D(M) & D(Op)-I/c
3. CVO

Hindustan Copper Limited
Life Certificate

(To be submitted by PRMS beneficiary)

A. This is to certify that Shri _____, and Smt. _____, Holder of the Post-Retirement Medical Scheme (PRMS) residing at _____ are known to me and alive at the time of issuing this certificate.

OR

B. This is to certify that Shri/Smt. _____ Husband / wife of Shri / Smt. _____ Holder of the Post-Retirement Medical Scheme (PRMS) : _____ residing at _____ are known to me and alive at the time of issuing this certificate.

*Strike off whichever is not applicable

The signature/s of the above mentioned person(s) is / are attested hereunder:

Signature of Retired employee
Name (Shri /Smt):
Contact No.
Aadhar Card No:
Date: / /

Signature of Spouse
Name (Shri / Smt):
Contact No.
Aadhar Card No:
Date: / /

Signature of Registered Medical Practitioner with Reg.No. OR
Gazetted Officer of Central / State Govt. OR
The Branch Manager of the Bank where the retired employee / spouse is holding SB A/c OR
Any Officer of HCL from where the medical facility is obtained
With Seal / Stamp

Declaration

I hereby declare that I meet all the eligibility criteria as per the PRMS Policy and declare that if any fact to the contrary are detected, the HCL shall be free to cancel said benefits without any further reference.

Place _____

Date : _____

Signature of Beneficiary