

**Hindustan Copper Limited
Corporate Office**

No. HCL/HR/CPRMS/2024

11.01.2024

CIRCULAR

Sub: Contributory Post Retirement Medical Scheme (CPRMS) – 2024 for Retired Employees, Spouse of Retired employees & Spouse of deceased retired employees of Hindustan Copper Ltd.

1. HCL Contributory Post-Retirement Medical Scheme (CPRMS) for the year 2024 has been finalized by Hindustan Copper Limited with M/s. Iffco Tokio General Insurance Company Limited for Retired Employees, Spouse of Retired employees & Spouse of deceased retired employees of Hindustan Copper Ltd who are already a member of CPRMS 2023 and the employees who will superannuate & their spouse during the operation period of CPRMS 2024. The period of operation of CPRMS 2024 shall be from **12.01.2024 to 11.01.2025**. The salient feature of the scheme finalized with the insurance provider is enclosed for information at Annexure-I.
2. The Policy shall commence with effect from 12.01.2024 and end on 11.01.2025. However, cashless treatment shall be effected only after the receipt of member's share of premium as indicated in Table-1 below.
3. Insurance Premium
 - i. The premium contribution (25%) as under is to be paid by Retired Employees, Spouse of Retired employees & Spouse of deceased retired employees who were already a member of CPRMS 2023 as on 31.12.2023 / have superannuated from services of HCL on 31.12.2023 for coverage under the Scheme for a period of one year.

Table 1

Age Slab (Years)	Amount of premium (25%) payable by the Retired Employees, Spouse of Retired employees & Spouse of deceased retired employees [Per Head]			
	Date of Birth	Total Premium inclusive of GST(in Rs)		
		IPD	OPD	Total
36-40	12.01.1983 to 11.01.1988	1672	3511	5183
41-45	12.01.1978 to 11.01.1983	1672	3511	5183
46-50	12.01.1973 to 11.01.1978	3512	3511	7023
51-55	12.01.1968 to 11.01.1973	5663	3511	9174
56-60	12.01.1963 to 11.01.1968	7994	3511	11505
61-65	12.01.1958 to 11.01.1963	8864	3511	12375
66-70	12.01.1953 to 11.01.1958	10369	3511	13880
71-75	12.01.1948 to 11.01.1953	11205	3511	14716
76-80	12.01.1943 to 11.01.1948	15116	3511	18627

- ii. The CPRMS member should ensure deposition of correct premium amount as per their option.

[i.e., Eg.1: In case of 1+1, wherein the age of the Ex-employee is 70 years and age of his Spouse is 62 years, sum total premium of Rs. 13,880/- + Rs. 12,375/- = Rs.26,255/- is required to be deposited.

Eg. 2: In case of 1+0, wherein the age of the Ex-employee / Spouse of Retired employees / Spouse of deceased retired employee is 70 years, a premium of Rs.13,880/- is required to be deposited.]

- iii. The employees who separate on account of superannuation / death during the operating period of CPRMS 2024, shall be required to pay premium on a pro-rata basis, as shall be notified later to become a member of the Scheme.

4. Procedure for payment of premium

- i. Ex-employees (eligible as per Para 1 above) who are interested for coverage under CPRMS 2024 are required to deposit the requisite premium amount along with GST as per Table 1 above through NEFT / IMPS or direct deposit to the following bank accounts of Hindustan Copper Limited.

KINDLY NOTE: Retired employees should submit the premium amount to the corresponding bank account of the Unit / Office from where they had retired. For example, an employee retired from ICC Unit should deposit premium amount at ICC Unit bank account only as per S.No (b), table 3.

- a) Ex-employees - CO, RSON & RSOS Table 2

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.

- b) Ex-employees – ICC : Table 3

Name of beneficiary	Hindustan Copper Limited Indian Copper Complex
Bank's name	State Bank of India
Branch	Moubhandar
IFSC	SBIN0001484
Account No.	11524102778
Account type	Cash Credit Account

- c) Ex-employees – KCC : Table 4

Name of beneficiary	Hindustan Copper Limited
Bank's name	State Bank of India
Branch	Khetri Nagar
IFSC	SBIN0031133
Account No.	51032062450
Account type	Cash Credit Account

d) Ex-employees – TCP : Table 5

Name of beneficiary	Hindustan Copper Limited
Bank's name	State Bank of India
Branch	Panvel
IFSC	SBIN000448
Account No.	11035387452
Account type	Cash Credit Account

e) Ex-employees – MCP : Table 6

Name of beneficiary	Hindustan Copper Limited
Bank's name	State Bank of India
Branch	Malanjkhanda
IFSC	SBIN0004510
Account No.	11290757078
Account type	Cash Credit Account

f) Ex-employees – GCP :

Table 7

Name of beneficiary	Hindustan Copper Limited
Bank's name	State Bank of India
Branch	Station Road, Bharuch
IFSC	SBIN0000339
Account No.	40293183772
Account type	Cash Credit Account

ii. The proof of payment along with duly filled in Declaration Form in the prescribed format (Annexure-II) should be submitted to the respective Unit / Office HR officials in following email IDs as tabulated below :

Unit HR Head			
SN.	Name & Designation (S / Sh / Ms)	Unit	Email ID
1	Rajender Singh Sajwan, DGM(HR)	KCC	rajender_ss@hindustancopper.com
2	Sanjay Shivdarshi, DGM(Admn)	MCP	sanjay_s@hindustancopper.com
3	Shravan Kumar Jha, DGM (HR&A)	ICC	shravan_kj@hindustancopper.com
4	Jaswant Kumar Rajora, RM	RSO-N	jaswant_kr@hindustancopper.com
5	Swadhina Patnaik, CM(HR)	TCP & GCP	swadhina_p@hindustancopper.com
6	Sruti Mukherjee, M (HR)	CO & RSO-S	sruti_m@hindustancopper.com

iii. The documents along with the proof of payment should be duly verified by the Unit HR, after confirmation of receipt from Unit Finance. Unit HR will send the detailed list to Corporate HR in the prescribed format in excel (Annexure-IV) by 22.01.2024, positively.

- iv. Respective Unit finance will transfer the total received premium amount to Corporate Office's Bank Account. In case premium is received from ineligible employees, the same shall be returned by the respective Unit / Offices to the retired employee on final scrutiny. Only scrutinized eligible members premium should be sent to Corporate Finance on lumpsum basis with list attached.
- v. On receipt of confirmation of payment made and verified documents from Unit / Offices, Corporate HR shall take further action for payment of full premium to the Insurance Company. The coverage for cashless treatment will start only after payment of full premium to the Insurance Company.
- vi. The employees who superannuated in December, 2023 and are willing to join the HCL CPRMS 2024 Scheme are required to submit their option by paying the full premium amount as mentioned in Table-1 above, along with the related documents, i.e, copy of Cancelled Cheque, copy of Service Certificate for self along with the copy of Pan Card, Aadhar Card for self and spouse on or before 22.01.2024 to the respective Unit / Office HR Heads.
- vii. Last date of payment along with submission of all the relevant documents to respective Unit / Office HR Heads is 22.01.2024.
4. This is issued with the approval of the Competent Authority.



(Renuka Verma)
General Manager (HR)

Encl: Annexure-I, II, III & IV

Distribution:

1. Unit Head – ICC/KCC/MCP/TCP/GCP
2. GM(F) / CO
3. Regional Manager: RSO-Delhi
4. All HR Heads of Units
5. General Secretary : Officers' Association of Units /Offices
6. General Secretary: Recognized Unions of Units / Offices
7. Notice Boards and HCL website -AGM(Sys) / CO-For necessary action.

Copy for kind information to:

1. CMD
2. D(Op.) / D(M)
3. CVO

HINDUSTAN COPPER LIMITED

CONTRIBUTORY POST RETIREMENT MEDICAL SCHEME - 2024

1.0 Terms of the Scheme

CPRMS for Retired Employees, Spouse of Retired employees & Spouse of deceased retired employees of Hindustan Copper Ltd. shall be operational for a period of 01 (one) year w.e.f. 12.01.2024. However, cashless treatment shall only be effected after the receipt of member's share of premium.

2.0 Third Party Administrator (TPA)

Address and Contact details of M/s. Iffco-Tokio General Insurance Company Limited, the Insurance Provider and Third Party Administrator (TPA) are given hereunder.

Insurance Provider :

1. Shri Aveek Biswas, Manager (Marketing)
Iffco-Tokio General Insurance Co.Ltd
44 Park Street, Saket Building, 5th Floor
Kolkata-700016
Mail ID : aveek.biswas@iffcotokio.co.in
Mob No : 9625317648
2. Shri Sourav Panda, Senior Executive, SBU
Iffco-Tokio General Insurance Co.Ltd
44 Park Street, Saket Building, 5th Floor
Kolkata-700016
Mail ID : sourav.panda@iffcotokio.co.in
Mob No : 8240131375

Third Party Administrator (TPA)

Medi Assist,
8th Floor, Thapar House, 25 Brabourne Road,
Near Tea Board, Kolkata-700 001
Toll Free No: 18004191153

Level	Name	Mobile Number	Mail ID
SPOC	Sourav Basak	8585007583	sourav.prakash@mediassist.in
level 1	Prashant Kumar	8867840276	prashant.kumar@mediassist.in
Escalation	Sanjiv Chatterjee, Sr. Manager	8584888246	sanjiv.chatterjee@mediassist.in

3.0 Coverage

Coverage under CPRMS 2024 will be extended to the Retired Employees, Spouse of Retired employees & Spouse of deceased retired employees of Hindustan Copper Ltd. (hereinafter called the 'Members' who opt for the Scheme on payment of premium by such Ex-employees / Spouse of deceased employees. Coverage shall include the following.

- (i) Hospitalization treatment facility in respect of the retired employees and their spouse (number of beneficiary being restricted to two only) each of such Retired Employees' and their spouses would be individually entitled to IPD Sum Insured of Rs.5 lakhs each with clubbing (floater) facility i.e., sum insured of Rs.5 lakhs per member can be clubbed between the Primary member and their Spouse (maximum clubbed limit Rs.10 lakhs).
- (ii) Spouse of the Ex-employee covered under this Category shall continue to avail facilities in the event of death of the Ex-employee during the insured period.
- (iii) Corporate Buffer of Rs.1 crore to be used on 'first come first serve' basis with ceiling of Rs.5 lakhs for each member.
- (iv) Each Retired Employee and their spouses would be individually entitled to OPD Sum Insured of Rs.15000/- each over and above IPD limit with clubbing (floater) facility, i.e., sum insured of Rs.15000/- per member can be clubbed between the Primary member and their Spouse (maximum clubbed limit Rs.30000/-).
- (v) OPD shall include Doctor's consultation and all other OPD treatments. OPD claims to be submitted by the member to the Insurance Company / TPA at any time but necessarily when the expenses exceed Rs.4000/- per member or within 90 days from billing date whichever is earlier. Modalities and SOP shall be communicated shortly.

4.0 Entitlement towards Bed /Cabin charges

- i) For Retired Employees and / or their dependent spouse :

Pre-Retirement Grade of Pay	Per Day Limit (Rs.)
All Workmen	1700
Grade E-0, E-1 & E-2	2500
Grade E-3 to E-5	3000
Grade E-6 to E-7	3700
Grade E-8 & E-9	4500
CMD / Directors	9500

- ii) For admission in ICCU / ITU / ICU / HDU charges, the charges shall be as under.

Pre-Retirement Grade of Pay	Per Day Limit (in %)
All Workmen	1% of sum insured
Grade E-0, E-1 & E-2	
Grade E-3 to E-5	2% of sum insured
Grade E-6 to E-7	
Grade E-8 & E-9	3% of sum insured
CMD / Directors	4% of sum insured

5.0 GENERAL TERMS & CONDITIONS

- 5.1 All pre-existing diseases / ailments excepting **maternity** will be covered from day one on the insurance cover.
- 5.2 Insurance cover is with 'Nil' waiting period from the date of commencement of cover.
- 5.3 All excluded disease based on periods shall be covered under the proposed policy.
- 5.4 The covered extends 30 days pre-hospitalization and 60 days post hospitalization benefits.
- 5.5 The policy covers all types of hospitalization expenses anywhere in India **without any co-payment clause.**
- 5.6 'Day Care' facilities (where treatment in Hospital / Nursing Home takes less than 24 hours and the patient is released on the same day) have been covered.
- 5.7 The cover provides "Cashless" facility to all insured persons, only after deposition of 25% share by the eligible members.
- 5.8 **Ambulance charges** upto a ceiling of Rs.1000/- shall be admissible as part of hospital bills only for the admission into the hospital. No Ambulance charge is admissible at the time of discharge from the hospital. The Ambulance charges will be covered within the overall ceiling of Sum Insured as the case may be or as part of the hospital bills.
- 5.9 Condition of 24 Hours Hospitalization shall not apply in case of death.
- 5.10 Internal Congenital disease Covered.
- 5.11 Consultation charges / doctor fees / surgeon fees / anaesthesia charges / charges for consultation by specialists / procedure charges and other treatment charges shall be paid as per actual basis, even if the room rent is higher than restricted percentage.
- 5.12 Hospitalization arising out of Psychiatric ailment upto Rs.50000/- as well as treatment of functional endoscopy / Sinus Surgery upto Rs.50000/- is covered.
- 5.13 Macular degeneration of Retina (Injection of Avastin / Lucentis / Macugen etc.) is covered upto Rs.50000/- per family within the Sum Insured.

- 5.14 Organ Transplantation including the treatment cost of Donor, to be covered but excluding the costs of organ.
- 5.15 Home Hospitalization / Domiciliary Hospitalization to be covered (when the Insured person could not be transferred to a Hospital or a Hospital bed is not available).
- 5.16 Advanced Medical Treatments like Robotic Surgery / Cyber-knife treatment / Stem Cell Therapy / Cochlear Implant / Femtolaser / Minimal Access / Key Hole CABG / BaloonKyphoplasty etc. to be covered upto permissible limit.
- 5.17 Lasik Surgery to be covered if correction index +/-6.5D.
- 5.18 On superannuation of employees during operational period of CPRMS, mid-term inclusion of retired employees and / or their spouse on payment of pro-rata premium to Insurance Provider, and in case of mid-term exclusion, refund of pro-rata premium shall be allowed to HCL by the Insurance Provider.
- 5.19 There is no cap / limit and / or sub-limits based on Sum Insured or otherwise except the cap / limit of bed / room / cabin charges / ICCU / ITU etc. charges for respective categories as stated / specified in Para 3 and 4 for retired executives / retired non-executives and their spouse or surviving spouse.
- 5.20 All advance technology is covered as per IRDA new Circulars.

HINDUSTAN COPPER LIMITED

CONTRIBUTORY POST RETIREMENT MEDICAL SCHEME – 2024

(To be filled up 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) as per Circular No.HCL/HR/CPRMS/2024 dated 11.01.2024. It is also certified that I was a member of HCL CPRMS-2023 / have superannuated from the services of HCL on 31.12.2023. The details are enumerated below:

1. Name of the Employee :
2. Employee Code:
3. Unit / Office from where separated:
4. Type of separation: Retirement/Death/Discharge on medical ground
5. Date of separation:
6. Date of Birth of Employee &Age:
7. Insurance Cover for (please ✓):
 - (a) Self & spouse (No. of lives): _____
 - (b) Self: _____
 - (c) Spouse of deceased employee: _____
8. Name of Spouse:
9. Date of Birth of Spouse &Age:
10. Correspondence Address:
11. Category of employee (please ✓):
 - i. Executive: _____
 - ii. Non-executive (workmen): _____
12. Pre-Retirement Grade of Pay

(in case of executives & Non-executives)

_____ (e.g. E0, E-1,E9)
_____ (e.g. C-1, C2, T-1, T-2)

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. No of lives per family (please ✓): 1 (One) or 2 (Two)

18.Amount of premium, along with GST, deposited in HCL's Account No. in terms of Para-3 (a) to (f) of Circular No.HCL/HR/CPRMS/2024 dated 11.01.2024 (copy of transaction slip to be attached)

SN	Relation	Date of Birth	Amount (Rs.)	Payment Date	Bank Name	Payment Reference No./UTR No.
1	Self					
2	Spouse					
Total						

19.Life Certificate (enclosed in Annexure-III) is to be submitted by the CPRMS members (both retired employee and spouse).

Note 1: For existing CPRMS members, premium has to be remitted from ex-employees Pension account / Savings Bank account only through NEFT / RTGS / Cash deposition.

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

Signature

Name

Date

Place

Encl: (i) Documentary proof of NEFT / RTGS / Cash deposition payment of premium

Note 2: For employees superannuated from the services of HCL on 31.12.2023 and are interested to become a member of the Scheme are required to provide following documents along with this Form.

Encl: (i) Documentary proof of NEFT/ RTGS / Cash deposition payment of premium (ii) Photo ID and age proof of Self and / or Spouse (iii) Service Certificate (iv) Death Certificate in case of deceased employee (v) 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 & other PSU combined.
- 3 As Functional Director is superannuating / has superannuated from HCL after completing full tenure in HCL.
- 4 Life Certificate is to be submitted by both CPRMS members (Retired employee and Spouse)

Date:

Signature and Name of HR Executive
With Office Seal

LIFE CERTIFICATE

(To be submitted by CPRMS beneficiary)

A. This is to certify that Shri _____, and Smt. _____ Holder of the Post-Retirement Medical Card Number (**Couple Membership**): _____ 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 Card Number (**Single Membership**): _____ 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:***(Note: In case of couple membership signature of both beneficiaries i.e. ex-employee and spouse is mandatory)*_____
Signature of Retired executive

Name (Shri/Smt):

Contact No : _____

Aadhaar Card No: _____

Date : ____/____/____
DD/ MM/YYYY_____
Signature of spouse

Name (Shri/Smt):

ContactNo : _____

Aadhaar Card No: _____

Date : ____/____/____
DD /MM/ YYYY

*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 S.B A/c OR
Any officer of the HCL from where the medical facility is obtained
With seal / stamp*

DECLARATION

***I/We hereby declare that I/we meet all the eligibility criteria as per the CPRMS-2024 Policy and declare that if any facts to the contrary are detected, the HCL shall be free to cancel said benefits without any further reference.**

Place: _____

Date: _____

Signature of the Beneficiary

Annexure IV

SN	ERP Code	Name of Ex Employee	Unit	Type of Separation (Retirement / Death / Discharge on Medical Ground)	Date of Separation	DOB of Ex-Employee	Age	Name of Spouse	DOB of Spouse	Age	Address	Grade at the time of separation	Mobile No.	Email	Name of Nominee	Relationship with Nominee	For 1+1 or 1+0	Premium Contribution paid	Payment Reference	Payment Date	