

HINDUSTAN COPPER LIMITED
CORPORATE OFFICE

No: HCL/HR/CPRMS/2023

Date: 14.01.2023

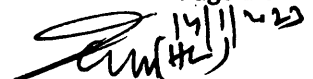
Sub: Procedure for mid-term inclusion i.e. enrolling eligible superannuating employee during operation period of the Scheme in CPRMS – 2023

Ref: Circular No.HCL/HR/CPRMS/2023 dated 21.12.2022 and corrigendum dated 21.12.2022

1 CPRMS – 2023 provides for mid-term inclusion of Retired Employees, Spouse of Retired employees & Spouse of deceased retired employees of Hindustan Copper Ltd during the operation period of the Scheme, i.e., till 31.12.2023. They can become a member of CPRMS – 2023 by depositing the requisite pro-rata premium as given at Annexure-I.

2 The following procedure shall be followed for employees who will be retiring from January, 2023 to November, 2023.

- i) Employees who will be superannuating in the month of January 2023 should submit his / her application in the prescribed format within 20th of January, 2023. However, employees who will be superannuating from February 2023 onwards should submit his / her CPRMS 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) 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 / Office as per required checklist.
- iv) The concerned Unit / Office shall further send the list to Corporate Office in the format in excel already provided, after verifying and taking necessary certification from Unit Finance.
- v) On receipt of details of CPRMS-2023 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 hereunder :
 - a) Duly filled in Declaration (Annexure – II)
 - b) Documentary proof of NEFT pro-rated payment of premium.
 - c) Photo ID Proof of Self and / Spouse.
 - d) Age proof of self / spouse.
 - e) Death Certificate in case of deceased employee.
 - f) Cancelled cheque / photocopy of Bank Pass Book
- vii) Employees 40% share to be deposited to the current Account of their corresponding Unit / Office from where they have superannuated.
- viii) Month-wise pro-rata premium amount for each life for different months is given at Annexure-I.



3 **NOTE** : Superannuated employees should submit the premium amount to the corresponding bank account of the Unit / Office from where superannuate. For example, employee superannuating from ICC Unit should deposit premium amount at ICC Unit bank account as per S.No (b), Table 2

a. Ex-employees - HO, RSON & RSOS

Table 1

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 2

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 3

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 4

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 5

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

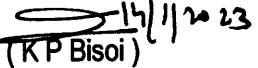
f. Ex-employees – GCP :

Table 6

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

(Signature) 11/1/23

4 This Circular 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.


(K P Bisoi)

Deputy General Manager (HR)

Encl: As above.

Distribution :

1. Unit Head – ICC/ KCC/MCP/TCP/GCP
2. Regional Manager: RSO-Delhi / Bengaluru
3. All HoDs at CO , all HR Heads at Units
4. General Secretary : Officers' Association & Recognized Unions of Units /Offices
5. HCL website – AGM (Systems) / CO-For necessary action
6. Notice Boards

Copy for kind information to:

- 1 CMD
- 2 D(OP) / D(F) / D(M)

HINDUSTAN COPPER LIMITED

CONTRIBUTORY POST RETIREMENT MEDICAL SCHEME – 2023

(To be filled by Ex-Employees of Hindustan Copper Limited separated on account of superannuation, death and / or Spouse of deceased superannuated employees of Hindustan Copper Ltd.)


DECLARATION

I am interested to avail Insurance Cover under the Contributory Post Retirement Medical Scheme (CPRMS) as per Circular No.HCL/HR/CPRMS/2023 dated 21.12.2022 and 14.01.2023. The details are enumerated below

- 1 Name of the Employee :
- 2 Employee Code:
- 3 Unit / Office from where superannuated:
- 4 Type of separation: Retirement / Death
- 5 Date of superannuation:
- 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 √):

Executive	: _____
Non-executive (workmen)	: _____
- 12 Pre-Retirement Grade of Pay (in case of executives) _____ (e.g. E0, E-1,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	:

 14/1/23
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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/2023 dated 14.01.2023 (Copy of transaction slip to be attached)

Total No of lives	Amount (Rs.)	Payment Date	Bank Name	Payment Reference No./UTR No.

Note : Premium has to be remitted from 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 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.

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(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.

Date :
Executive

Signature and Name of HR

With Office Seal


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ANNEXURE-I

Premium with 18% GST		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV
SN	AGE BAND	PRORATA W.E.F. 01/02/2023	PRORATA W.E.F. 01/03/2023	PRORATA W.E.F. 01/04/2023	PRORATA W.E.F. 01/05/2023	PRORATA W.E.F. 01/06/2023	PRORATA W.E.F. 01/07/2023	PRORATA W.E.F. 01/08/2023	PRORATA W.E.F. 01/09/2023	PRORATA W.E.F. 01/10/2023	PRORATA W.E.F. 01/11/2023	PRORATA W.E.F. 01/12/2023
		365	28	31	30	31	30	31	31	30	31	30
		60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
		40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
1	60+ - 65	18,644										
2	66+ - 70	18,644	9,409	8,459	7,539	6,589	5,670	4,720	3,770	2,850	1,900	981
3	71+ - 75	18,644	6,845	5,639	5,026	4,393	3,780	3,146	2,513	1,900	1,267	654
Total Payable Premium		17,112	15,681	14,098	12,566	10,982	9,450	7,866	6,283	4,750	3,167	1,635

14/11/2022
Singer