

**HINDUSTAN COPPER LIMITED
CORPORATE OFFICE**

No.: HCL/HR/CPRMS/2021

Date: 11.12.2020

CIRCULAR

Sub: Contributory Post-Retirement Medical Scheme (CPRMS) - 2021 for ex-employees of Hindustan Copper Limited separated on account of superannuation, death, permanent total disablement on medical ground while in service and/ or spouse

1. HCL Contributory Post-Retirement Medical Scheme (CPRMS) for 2021 has been finalized by Hindustan Copper Ltd. with M/s IFFCO Tokio General Insurance Company Limited for the ex-employees who are already a member of CPRMS 2019-20 and the employees who will be retiring during the operation period of CPRMS 2021. The period of operation of CPRMS 2021 shall be from Jan-2021 to Dec-2021. The salient features of the scheme finalized with the insurance provider is enclosed for information as Annexure-1.

2. Insurance Premium

- (i) The premium as under is to be paid by ex-employees who are already a member of CPRMS 2019-20 on or before 23.12.2020 for coverage under the Scheme for a period of one year.

Age Slab (Years)	Amount of premium (40%) payable by the ex-employee/ member					
	Family size (1+0)			Family Size (1+1)		
	Premium	18% GST	Total	Premium	18% GST	Total
60+ - 65	3100	558	3658	6000	1080	7080
65+ - 70	3100	558	3658	6200	1116	7316
70+ - 75	3100	558	3658	6200	1116	7316

Note: Premium for highest aged person (self or spouse) in a family is payable, as per Mediclaim policy.

- (ii) The employees who will be retiring/ separating during the operation period of CPRMS 2021 shall be required to pay premium on a pro-rata basis to be notified later.

3. Procedure for payment of premium.

- (i) Ex-employees (eligible as per Para 1 above) who are interested for coverage under CPRMS 2021 are required to deposit the requisite premium amount along with GST through NEFT/ IMPS or direct deposit to the following bank account of Hindustan Copper Limited.

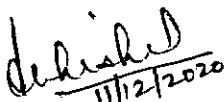
Name of beneficiary	Hindustan Copper Limited
Bank's name	Indian Overseas Bank
Branch	Ballygunge Park Road, Kolkata -700019
IFSC	IOBA0000477
Account No.	047702000001068
Account type	Current A/c

- (ii) The proof of payment along with duly filled in Declaration Form in the prescribed format (Annexure-2) should be submitted to respect Unit/ Office HR Heads. Employees who have retired from Corporate Office should submit all the related documents to Mr. Sayan Paulchowdhury, DM (Sys/ Admn.) through email at sayan_p@hindustancopper.com.
- (iii) The documents along with the proof of payment should be duly verified by the Unit HR and then should be sent to Corporate Office in the prescribed format in excel (Annexure 3) by 28.12.2020 positively. Unit HR Head shall also ensure to check the minimum eligibility period of 15 years of continuous service of the concerned separated/ separating employee.
- (iv) On receipt of confirmation of payment made and verified documents from Unit/ Offices, Corporate HR shall take further action 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.
- (v) All communication/ correspondence to Corporate Office in this regard may be addressed to the following executive.

Mr. Sayan Paulchowdhury,
Deputy Manager (Sys./ Admn.)
'Tamra Bhavan', 1, Ashutosh Chowdhury Avenue
Kolkata – 700 019
Contact phone number:
(033) 2283-2840 / 2283-2940 / 2283-2832 Extn.: 171

- (vi) The existing employees retiring in December, 2020 and willing to join the HCL CPRMS 2021 scheme should also submit their option by paying the full premium amount as mentioned in Para 2 above, along with the related documents on or before 23.12.2020 to respective Unit/ Office HR heads.
- (vii) **Last date of payment along with submission of all the documents to respective Unit/ Office HR Heads is 23.12.2020.**

4. This issues with the approval of the Competent Authority.


11/12/2020
(Abhishek)
Senior Manager (HR)

Encls: As above

Distribution:

1. CMD
2. D (F)
3. CVO
4. Unit Head – KCC/ MCP/ ICC/ TCP
5. DGM(F)/ CO
6. Regional Manager of Delhi/ Bengaluru/ Mumbai
7. All HR Heads
8. General Secretary of Officers' Associations of Units / Offices
9. General Secretary of Recognized Unions of Units / Offices
10. Notice Boards and HCL website

Contributory Post-Retirement Medical Scheme – 2021

1.0 Terms of the Scheme

CPRMS for Ex-employees and/ or Spouse shall be operational for a period of one year from the date of payment of premium to the selected insurance Company.

2.0 Coverage

Coverage under CPRMS 2021 will be extended to the Ex-employees and/ or Spouse on account of Superannuation, Death, Permanent Total Disability while in service and Spouse of deceased employees (hereafter called the 'Members' who opt for the Scheme (on 1+0 basis or 1+1 basis) on payment of their contribution towards premium. The Coverage shall include the following.

- (i) Hospitalization treatment facility in respect of the separated employees and their spouse (number of beneficiaries being restricted to two only) against the Family Floater Sum Insurance of Rs. three lakh only for a year.
- (ii) Spouse of the Ex-employee covered under this category shall continue to avail facilities in the event of death of the member during the insured period.

3.0 Entitlement towards Bed / Cabin charges

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

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

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

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

4.0 General Terms & Conditions

- 4.1 All pre-existing diseases/ ailments excepting **maternity** will be covered from day one of the insurance cover.

- 4.2 Insurance cover is with '**Nil**' waiting period from the date of commencement of cover.
- 4.3 All excluded diseases **based on periods shall be covered under the proposed policy.**
- 4.4 The cover extends 30 days pre-hospitalization and 60 days post-hospitalization benefits.
- 4.5 The policy covers all types of hospitalization expenses anywhere in India **without any co-payment clause.**
- 4.6 '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.
- 4.7 The cover provides "Cash-less" facility to all insured persons. Retired employees and their spouse who come under the coverage of the Scheme shall also avail inpatient treatment outside Metros.
- 4.8 **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.
- 4.9 24 Hours Hospitalization not required in case of death.
- 4.10 Internal Congenital disease Cover
- 4.11 If room rent will be higher than restricted % then also 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.
- 4.12 Hospitalization arising out of Psychiatric ailment up to Rs. 50000 as well as treatment of functional endoscopy/ Sinus Surgery up to Rs. 50000/-.
- 4.13 Macular degeneration of Retina (Injection of Avastin / Lucentis / Macugen etc) is covered up to Rs 50,000 Per family within the Sum Insured.
- 4.14 Organ Transplantation including the treatment cost of Donor to be covered but excluding the costs of organ
- 4.15 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)
- 4.16 Advanced Medical Treatments like Robotic Surgery/ Cyber-knife treatment/ Stem-cell therapy/ Cochlear Implant/ Femtolaser/ Minimal Access/ Key Hole CABG /Balloon Kyphoplasty etc. to be covered upto permissible limit.
- 4.17 Lasik Surgery to be covered if correction index +/-6.5D.

- 4.18 On retirement of employees during operational period of CPRMS mid-term inclusion of retired employees and/ or their spouse on payment of pro-rata premium by HCL to the Insurance Provider and in case of mid-terms exclusion, refund of pro-rata premium shall be allowed to HCL by the Insurance Provider.
- 4.19 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 3.0 (i) & (ii) and 5.2 and 5.3 for retired executives/ retired non-executives and their spouse or surviving spouse_

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CONTRIBUTORY POST-RETIREMENT MEDICAL SCHEME - 2021

(To be submitted 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/2021 dated 11.12.2020 The details are enumerated below:

1. Name : _____
2. Employee Code : _____
3. Separated from Unit/ Office : _____
4. Type of separation : Retirement/ Death/ Discharge on medical ground
5. Date of separation : _____
6. Date of Birth & Age : _____
7. Insurance Cover for (please ✓) : (a) Self & Spouse : _____
(b) Self : _____
(c) Spouse of deceased employee: _____
8. Name of Spouse : _____
9. Date of Birth of Spouse & Age : _____

Age Group of member/ spouse (Tick mark)	Age Group (Years)	Ex-employee	Spouse
	60 - 65	_____	_____
	65+ - 70	_____	_____
	70+ - 75	_____	_____
10. Correspondence Address : _____

11. Category of employee (please ✓) : Executive : _____
Non-executive (workman): _____
12. Pre-Retirement Grade of Pay (in case of executives) : _____ (eg. E0, E1,, 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 : _____
17. Membership type (please ✓) : 1+0 _____ / 1+1 _____
18. Amount of premium, along with GST, deposited in HCL's Account No.: 047702M0001068; Indian Overseas Bank, Ballygunge Park Road Branch, Kolkata - 700019, IFSC: IOBAOG00477 (Copy of transaction slip to be attached)

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

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

Signature :
 Name :
 Date :/...../.....
 Place :

Encl:

- (i) Documentary proof of payment of premium
- (ii) Photo ID and age proof of self and/ or Spouse (Aadhar/ Voter/ Driving Licence etc)
- (iii) Service certificate
- (iv) Death Certificate in case of deceased employee
- (v) Cancelled cheque/ bank pass book

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

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

Signature: _____

Name: _____

Date: ____/____/____

(Signature and name of HR Executive with office seal)

			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
			Correspondence address
			Pre-retirement Grade
			Mobile Number
			Email address
			Name of nominee
			Relation with the nominee
			For 1+1 or 1+0
			Premium paid to insurance (40%)

Unit to provide consolidated data in this prescribed format in excel

Annexure 3