

**HINDUSTAN COPPER LIMITED**  
**CORPORATE OFFICE**

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

Date: 10.01.2019

**CIRCULAR**

**Sub.: Registration of option for availing benefits under proposed Contributory Post Retirement Medical Scheme (CPRMS) - 2019-20 of Hindustan Copper Limited**

1. It has been decided to introduce a Group Medical Insurance Scheme named Contributory Post Retirement Medical Scheme (CPRMS) for separated employees fulfilling following eligibility criteria
  - a) Type of Separation: Superannuation, Death while in service, Permanent Total Disablement on Medical Ground, Completion of the tenure/ term of an ex-Functional Director
  - b) Date of Separation from HCL of ex-employees

Category of ex-employee	Separation Date (on or after)
Executive	01.01.2007
Non-executives	01.11.2007
  - c) Service Period: Must have completed 15 years of continuous service in HCL. For Director level appointees, they must have completed their tenure as functional Director in HCL.
  - d) In case of death of an eligible separated employee, his/ her spouse shall be eligible, provided he/she is not availing medical benefit from any other organization.
  - e) Eligible ex-employee/ spouse having personal medi-claim policy, to have additional coverage, shall be eligible
  - f) Resignation and 'termination on disciplinary ground' cases shall not be eligible.
2. Medical Benefit:
  - In-door treatment and certain specified 'Day Care treatment' in hospitals across India, including HCL hospitals in the units.
  - Cash-less treatment in hospitals empanelled by the Insurance Company/ TPA on production of Medi-claim Card which shall be issued to all enrolled members.
3. Coverage: Rs. 3.00 Lakh on family floater basis (1+1) or (1+0).

4. Estimated Contribution towards Premium: HCL and eligible ex-employee shall bear the premium amount in the ratio of 60% and 40% respectively. The approximate estimated amount of premium per family basis [(1+1) or (1+0)] for coverage of Rs. 3.0 Lakh is indicated in the table on the next page.

Age Band (Years)	Expected Numbers	Premium Amount (Rs)	GST (18%)	Total Amount (per family) (Rs.)	Ex-employee's share (40%) (per family) (Rs.)
60 – 65	1520	14049	2529	16578	6631
66 – 70	480	17631	3174	20805	8322

However, the amount mentioned is a very rough estimate which shall finally be decided based on tendering process on L1 basis.

5. **Modalities:** The CPRMS shall be operated by purchasing a Group Medical Insurance Policy for one year at a time from Insurance Company. The Insurance Company shall be selected through normal tendering procedure of the company. **Final Amount of premium can be known only after purchasing the policy from the L1 bidder.**
6. **Registration:** One of the essential requirements for purchasing the group medi-claim policy is the details of eligible ex-employees and/ or spouses. Therefore, all interested ex-employees and surviving spouses in case of deceased ex-employees, **are requested to register themselves for availing the benefits under HCL's CPRMS-201920 by applying in the prescribed format (Annexure I) along with demand draft of Rs 500.00 as registration fee in favour of Hindustan Copper Limited, payable at Kolkata to the respective Unit HR Heads in case separated from MCP/KCC/ICC/TCP and to Corporate HR in case separated from Corporate Office & RSOs.** The registration fee shall be adjusted against the premium payable by the concerned ex-employee. However, if somebody does not finally deposit his full contribution towards the premium and opt out from the scheme subsequently, the registration amount shall not be refunded.
7. **Last Date of Registration:** Within two months from the date of issue of this circular. The registration for submitting option shall be open for only two months period and any request for enrolling in the scheme beyond this period shall not be entertained.

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8. Units shall deposit the bank draft in HCL's SBI Account No: 10373629348 (IFS Code: SBIN0009998) on weekly basis. Concerned HR Head shall forward compiled list of optees, in the format given at Annexure 2 to Corporate HR within one week from the last date of registration, for further action.
9. Documents required to be submitted along with registration form and demand draft of Rs. 500/-:  
Self attested photo copies of following documents.
  - a) Service Certificate
  - b) Death Certificate in case of deceased ex-employee
  - c) Photo identity card of self & spouse (AADHAAR etc)
  - d) Age proof for spouse (School Certificate etc.)
  - e) Cancelled cheque-leaf or bank pass book.
10. Unit Heads shall give it wide publicity to solicit wider response.
11. This issues with the approval of the Competent Authority.

Encl: As above

  
(Naresh Kumar) 10/11/19.  
General Manager (HR)



Distribution:

1. CMD
2. D (P)/ D(M)/ D(F)/ D(OP)
3. CVO
4. Unit Head: KCC/ MCP/ ICC/ TCP/ GCP
5. HoDs, Corporate Office
6. Unit HR Heads
7. Regional Manager, RSO: Delhi/ Bengaluru/ Mumbai
8. General Secretary, Officers' Associations of Units /Offices
9. General Secretary, Recognized Unions of Units/Offices
10. Notice Boards

**HCL Proposed Contributory Post Retirement Medical Scheme - 2019-20**

Registration of option for availing benefits under proposed CPRMS- 2019-20 by eligible Retired/  
Separated employee / Spouse of deceased employee

(To be submitted in duplicate to respective HR Department of the Units/ Office)

I am interested to avail Medical Insurance Cover under the HCL's proposed Contributory Post Retirement Medical Scheme (CPRMS) (2019-20).

Please Fill in Block Letters

1.	Unit/ Office from where separated		
2.	Insurance cover for (Please Tick Mark)	Self & Spouse	Self Spouse of deceased employee
3.	Ex-employee Name		
4.	Employee Code		
5.	Type of separation (Pl mention retirement/ Death/ Discharge on medical ground)		
6.	Details of Registration Fee of 500/-		
	Demand Draft To be issued in favour of	Hindustan Copper Limited	
	To be Payable at	Kolkata	
	Demand Draft number and Date		
	Amount (Rs.)	500.00	
	Issuing Bank and Branch		
	Valid up to (Date)		
Details of ex-employee/ spouse opting for CPRMS			
		Ex-employee	Spouse
7.	Name		
8.	Date of Birth		
9.	Correspondence Address		
10.	Mobile Number		
11.	Email id.		
12.	Bank Account Details	Bank Name, Branch & Address	
		Account No	
		IFSC	
13.	Documents to be submitted (Self attested photo copies)	a) Photo identity card of self & spouse (AADHAAR etc) b) Service Certificate c) Age proof of spouse d) Death Certificate in case of deceased employee e) Cancelled cheque/ bank pass book	

Date:

(Signature)

Place

Name