

“HPPCL’s SCHEME FOR REHABILITATION OF FAMILY OF DECEASED EMPLOYEE; IN LIEU OF EMPLOYMENT ON COMPASSIONATE GROUNDS”

1. OBJECTIVE :-

The main objective of the scheme is to rehabilitate the family of Himachal Pradesh Power Corporation Limited employees (hereinafter HPPCL), who dies/suffers total permanent disablement while in service, leaving behind his family in pecuniary and without any means of livelihood, to relieve the family of the HPPCL employee(s) concerned from financial destitution.

2. SCOPE & COVERAGE :-

This scheme shall apply to a dependent family member of an employee who dies/suffers total permanent disability arising of and in the course of employment. Further, the scheme shall cover:-

- a) A Regular or a Direct Contractual employee engaged against a sanctioned post in HPPCL; including those who are/remain on deputation/secondment in other organizations (for not more than 5 years) and who dies while in services or who suffers total permanent disablement, leaving his family indigent & in immediate need of assistance.
- b) A HPPCL employee, who has been missing for more than two years, and the family is indigent & needs immediate assistance [an FIR to this effect must be lodged with the Police, the missing person should be declared not traceable by the Court and the competent authority must satisfy itself that the case is genuine]. The cases of those missing HPPCL employees are not to be considered who had less than two years to retire on the date from which they have gone missing or who are suspected to have committed fraud, or are suspected to have joined any terrorist organization or are suspected to have gone abroad.
- c) The scheme, however will not cover, Employees on Deputation/ Secondment from other organizations, Apprentices under “The Apprentices Act, 1961 and all outsourced /contractual employees covered under The CLRA Act ,1971.

Further, the scheme shall come into force w.e.f. from the date of approval from Board of Directors of HPPCL.

3. DEFINITION :-

In this scheme unless the context otherwise requires

- a.) **“Company”** means Himachal Pradesh Power Corporation Limited.

- b.) "**Competent Authority**" as specified under this scheme shall mean Managing Director/Director (Personnel).
- c.) "**Dependant Family Member**" means: spouse; or son (including legally adopted son) or daughter (including legally adopted daughter) and parents, who are not gainfully employed.
- d.) "**Beneficiary**" means the nominee(s) of the employee
- e.) "**Permanent Total Disablement**" is defined as a bodily injury that must result in one of the following:-
- Loss of both eyes
 - Loss of both arms and both hands
 - Loss of one arm and one leg
 - Loss of one arm and one foot
 - Loss of one hand and one foot
 - Loss of one hand and one leg
 - Loss of both legs
 - Loss of both feet
- f.) "**Salary**" means Basic Pay plus Dearness Allowance.

4. BENEFIT :-

- a.) An amount equivalent to Three fourth (3/4th) of the monthly salary last drawn will be paid to beneficiary till the standard notional date of superannuation of the employee. The benefit admissible will be payable from the month following the month of death/total permanent disablement of the employee.
- b.) Amount of such benefit will be revised alongwith pay revision finally implemented.

5. TERMINATION /REDUCTION OF BENEFIT :-

- a.) Whenever the beneficiary of the scheme acquire gainful employment in future , subsequent to the commencement of disbursement of benefits under this scheme , the benefit shall be restricted to the differential of the amount admissible under this scheme and gross salary (including allowances) being drawn by the beneficiary.
- b.) In case of the spouse of the deceased employee getting re-married, the financial benefits under the scheme shall cease to be provided to him/her .His/her share shall thereafter be paid to the dependant's children. In case the children are minor it shall be paid to respective guardian till the children attaining the age of 18 years and thereafter to dependent children directly, till the deemed date of superannuation of the employee.

6. NOMINATION OF BENEFICIARY :-

a.) The benefit under this scheme shall be provided on proportionate basis as per the percentage specified by the employee in the nomination form **(Form-A)** and the following shall be deemed to be the beneficiary, if dependant on the employee :-

1. Spouse
2. Children
3. Parents

All the beneficiaries shall have to procure Employment/Non- Employment Certificate **(Form-B)** & Life Certificate **(Form-C)** in the month of March and September.

b.) The nominee of the deceased employee will also be required to nominate the family members who will receive the benefit in the event of his/her death.

c.) Spouse of the deceased employee has to submit "Certificate of no Marriage" annually in the month of March for availing the benefits under the scheme in **(Form-D)**.

d.) In respect of nomination of dependant minor children, their share shall be paid to the spouse and in event of spouse remarried, it shall be paid as per para 5(b) above.

e.) In the event of death/total permanent disablement where nominee of the deceased employee has not made any nomination as desired under 6(b) above or on gainful employment of any of the nominated dependants subject to the provisions of clause 5(a), his/her total deducted share shall proportionally paid to the remaining nominated dependants. If any.

"Illustration"

If the dependant say "A" is entitled to 40% of the share (Total being ` 50,000/-) he/she will be paid ` 20000. Now on gainful employment of "A" say he/she starts earning ` 15000/-, he/she will be paid only ` 5000 thereafter under this scheme , as per clause 5(a) .The remaining amount of ` 15000/- shall be divided amongst other nominated dependants in the ratio of percentage already defined as per nomination.

f.) Nominations made before marriage shall become void after marriage and fresh nominations are to be submitted.

7. OTHER TERMS AND CONDITIONS :

a.) Benefits will be extended after the settlement of considering Loans/Advances in full and vacation of HPPCL's quarters / Company leased accommodation.

b.) All minor modifications and clarifications will be issued with the approval of Managing Director/Director (Personnel).

FORM-A

**NOMINATION UNDER SCHEME FOR REHABILITATION OF FAMILY OF DECEASED
EMPLOYEE; IN LIEU OF EMPLOYEMENT on COMPASSIONATE GROUNDS**

Name of Employee:-

(In block letters)

Employee Code No. :-

Designation:-

Place of posting:-

Date of joining:-

Date of Birth:-

Present Address:-

Permanent Address:-

Details of Nominee:-

I hereby nominate the person(s) / cancel the nomination made by me previously and nominate the person (s) mentioned below, to receive the amount under "HPPCL's SCHEME FOR REHABILITATION OF FAMILY OF DECEASED EMPLOYEE"

Sr. No.	Name & Address of the Family members	Age	Percentage of benefit to be paid to each employee	Relationship with the Employee	If the Nominee is minor , name & relationship & address of the guardian who may receive the amount during the minority of nominee
1.					
2.					
3.					
4.					
5.					

(Where more than one person is nominated, indicate the percentage of distribution of benefits between the nominees)

Nomination of beneficiary as per extant scheme shall be made for spouse, dependent children and parents only.

1. I, certify that, I am not married and no marriage, the above nomination should be deemed as cancelled and I shall provide fresh nomination in term of clause 6(a) and 6(f) of the scheme.
2. Certified that my father/mother/children is /are dependent upon me.

**Signature or thumb impression of the
Employee**

FORM-B

EMPLOYMENT/NON-EMPLOYMENT CERTIFICATE

(To be given by the Beneficiary twice in a year in March and September)

- i) I hereby declare that I have not been serving in any capacity either in a Government Department /Office, Company/Corporation, Autonomous Body or Society of central or State Government or Union Territory or a Local Fund/ or any other Public/ Private Establishment during the half year September/March 20...

Passport size
coloured
photograph to be
cross-signed by the
beneficiary

OR

- ii) I declare that I have been employed with which is a part of/ financed byGovernment Department / Office ,Company ,Corporation , Autonomous Body or Society of Central or State Government or UT or a Local Fund /or any other Public /Private Establishment and was/is in receipt of gross emoluments of ` per month ,during the half year ended on September/March 20..... as per the below mentioned details.

S.No.	Name of the Organization /Establishment	Period		Emoluments Drawn
		From	Up to	
1				
2				
3				
4				
5				
6				
Total				

Place

Signature/Thumb Impression.....

Date

Full Name of Beneficiary

Wife/Nominee of

FORM-C

LIFE CERTIFICATE

(To be submitted by Beneficiary twice in a year in March /September)

Certified that I have seen Shri/Smt./Ms..... a beneficiary under the "HPPCL Scheme for Rehabilitation of Family of Deceased Employee" and that he/she is alive on this date.

Passport size
colored
photograph to
be cross-
signed by the
beneficiary

Name

Municipal Commissioner/ Executive Officer (UD)/
Tehsildar / Naib Tehsildar/ Other Gazetted officer of
State Govt./ HPPCL Officers of the level of Sr. Manager &
above

(Seal)

Place

Date

To be deposited with respective P&A , with a copy to F&A

FORM-D

NON-REMARRIAGE CERTIFICATE

(To be filled by surviving spouse in duplicate & to be submitted once in a year in March)

I hereby declare that I am not remarried as on Day
Month..... Yearand I undertake to inform
promptly to the HPPCL Management in case of re-marriage.

Passport size colored
photograph to be
cross-signed by the
beneficiary

Place

Signature

Date

Beneficiary Name

Wife/Husband Name

SB A/C No.....

Name of the Bank.....

IFSC.....

Place of draw

CERTIFICATION

I certify to best of my knowledge and belief that the above declaration is correct

S.No.	Certifying Authority	
1	Municipal Commissioner/Executive Officer (UD)	
3	Tehsildar	
4	Naib Tehsildar	
5	Other Gazetted officer of State	
6	HPPCL Officer of the level of Sr. Manager & above	

Place

Signature.....

Date

Name

Designation

Address

.....

Contact No.....