Hindustan Copper Limited
Corporate Office

No.HCL/HR/CPRMS/2026 Date: 01.01.2026

CIRCULAR

Sub: **Hindustan Copper Limited (HCL) Contributory Post Retirement Medical Scheme (CPRMS) - 2026.**

1. HCL Contributory Post Retirement Medical Scheme (CPRMS) for the year 2026 (12.01.2026 - 11.01.2027) has been finalized with M/s National Insurance Company (NIC) Limited for Superannuated Employees, their Spouses, and Spouses of deceased Superannuated Employees of HCL who are already a member CPRMS 2025 and for those who will superannuate during the operation period of CPRMS 2026 and their spouse.

2. All the existing members of CPRMS are requested to visit the Ex-employee Section at https://hindustancopper.com/cprms/ and arrange to submit the Life Certificate as per Annexure - 2 and make payment of the contributory premium for the policy. STEP - BY - STEP USER GUIDE for uploading the Life Certificate and making payment of the premium is enclosed as Annexure - 1.

3. For portal related clarification, you may contact:

   i) Level 1: Ms. Shreya Dey, Corporate Office, Mob No.- 9830645962, Phone No.- (033) 2283-2226, Extn: 131, Email id- hclexemp_helpdesk@hindustancopper.com

   ii) Level 2: Shri Ranajit Chattopadhyay, Corporate Office, Mob No- 9433843183 / 8240592407, Email Id- hcl_medical@hindustancopper.com

   iii) Level 3: Ms. Sneha Basak, AM (HR), Corporate Office, HCL, Kolkata, Mob No.- 7091773163, Phone No.- (033) 2283-2226, Extn:129, Email Id- sneha_b@hindustancopper.com

राजेन्द्र सिंह सजवाण
01/01/2026
(R. S. Sajwan)
GM (HR) / CO

Distribution:

1. All Unit Heads - ICC, KCC, MCP, TCP & GCP
2. All Unit HR Heads- KCC, TCP, ICC, MCP, GCP
3. DGM (Chemical) - RSO Delhi
4. DGM (Systems) / CO - for uploading on Company's website under Ex-Employee Corner
5. General Secretary of Officers' Association of Units / Offices
6. General Secretary of Recognized Union of Units / Offices
7. Notice Boards

Copy for kind information:

1. CMD
2. D (Op.) & D (M)-I/c / D (F)
3. CVO
4. GM (M&C) - HR

ANNEXURE - 1

Step-by-Step User Guide for accessing CPRMS 2026 portal

Pre-requisites: The beneficiary is required to keep the following details readily available while filling the form.

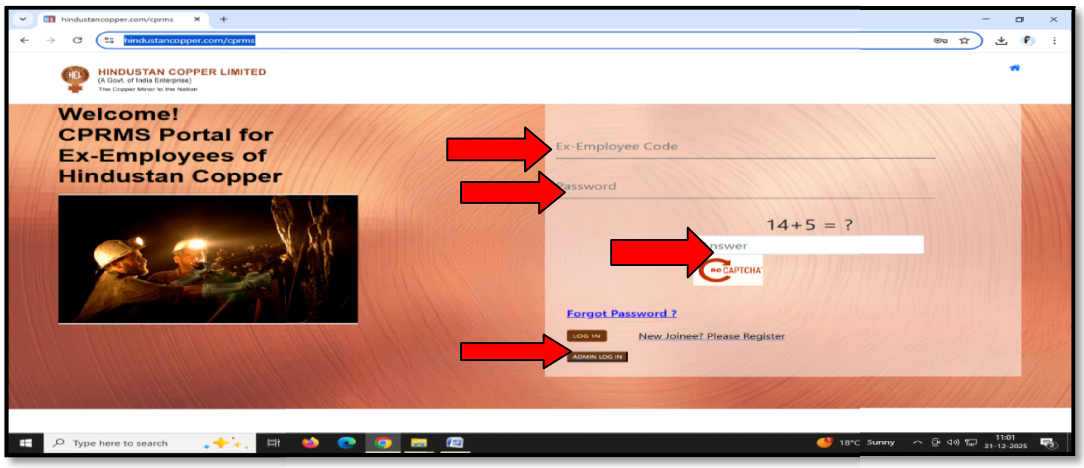
- Ex-employee code [5 Digit] and Password.
- Registered Email-id
- Life Certificate as per Annexure -2 (PDF maximum size: 250 KB)

1. Step1: Accessing the CPRMS Portal

   User shall access the portal by clicking on https://hindustancopper.com/cprms/

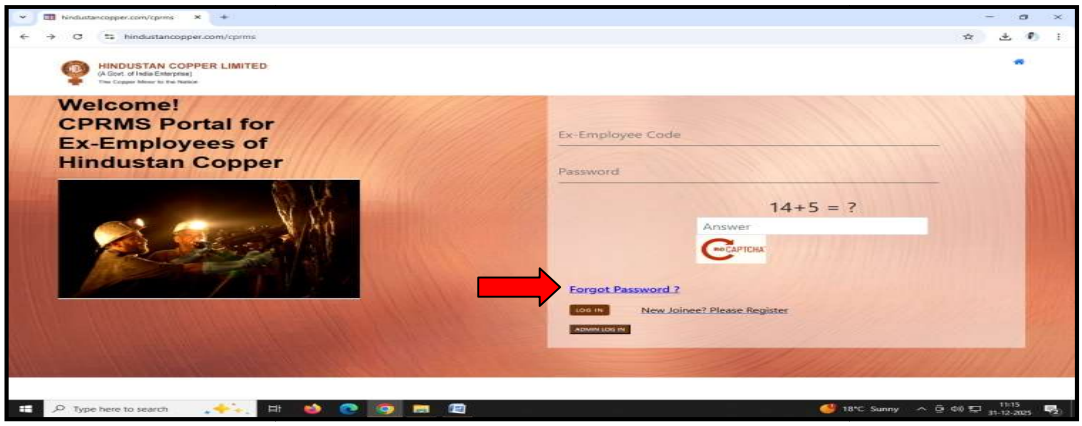
2. Step 2: Login details

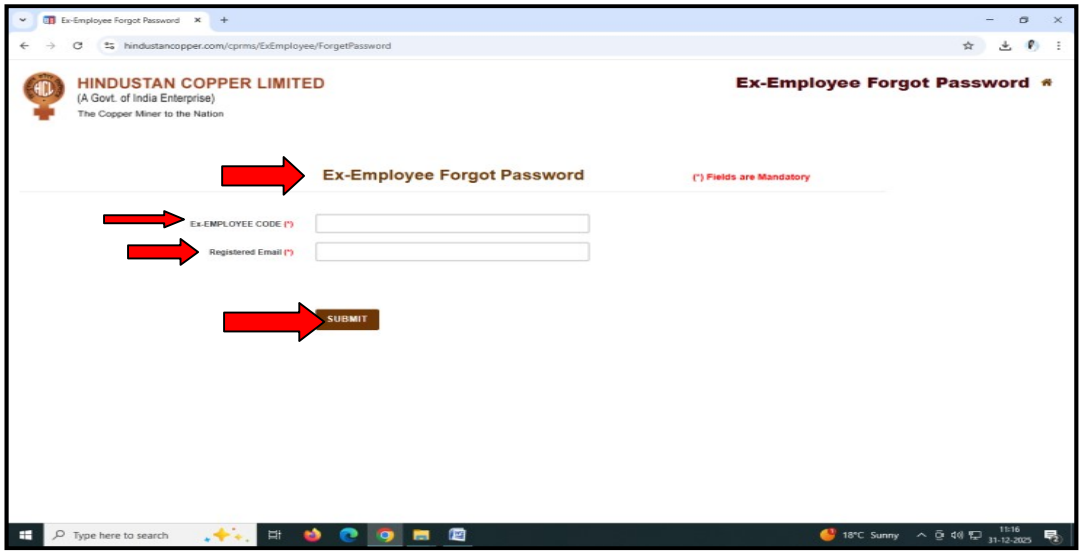
   a. Upon accessing the portal homepage, please log in by entering the following details in the designated fields:
      - Enter Your 5 digit Ex-Employee Code and your Password
      - Enter the Captcha to Login.



   b. Resetting Password (**if Required**): In case you have forgotten your password, the same may be reset by following the steps given below:

      - Click on the Forget Password link in the login screen
      - A new page "Ex-Employee Forgot Password" shall open
      - Enter the Ex-employee code and Registered Email-id
      - Click on submit.
      - User shall receive Password in his / her registered Email-id which can be used to login the portal.

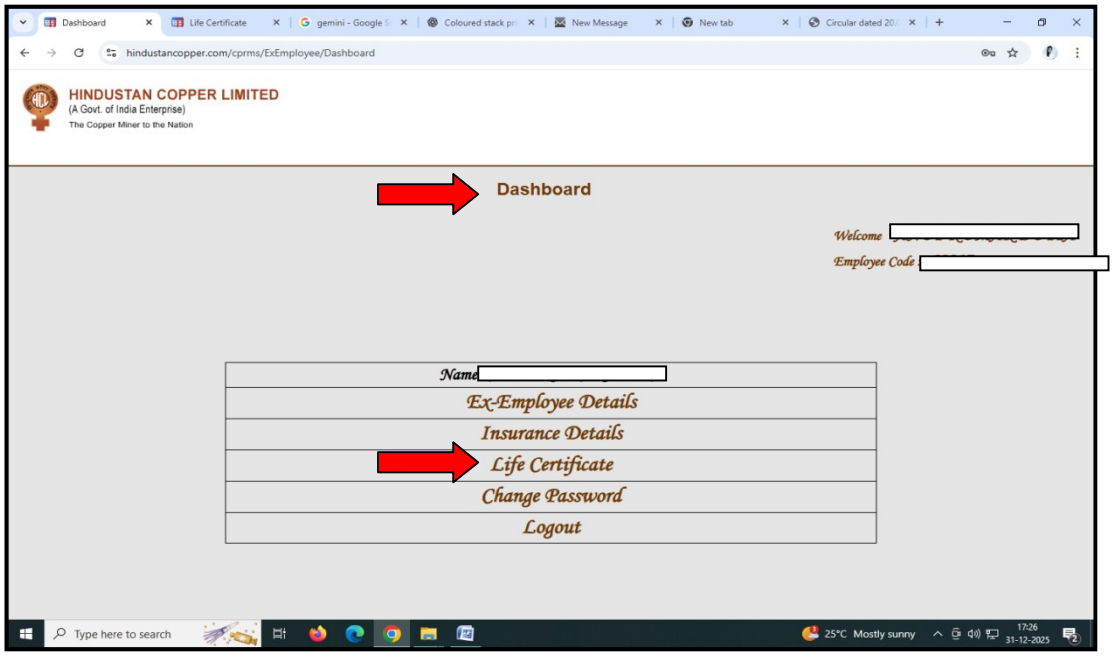


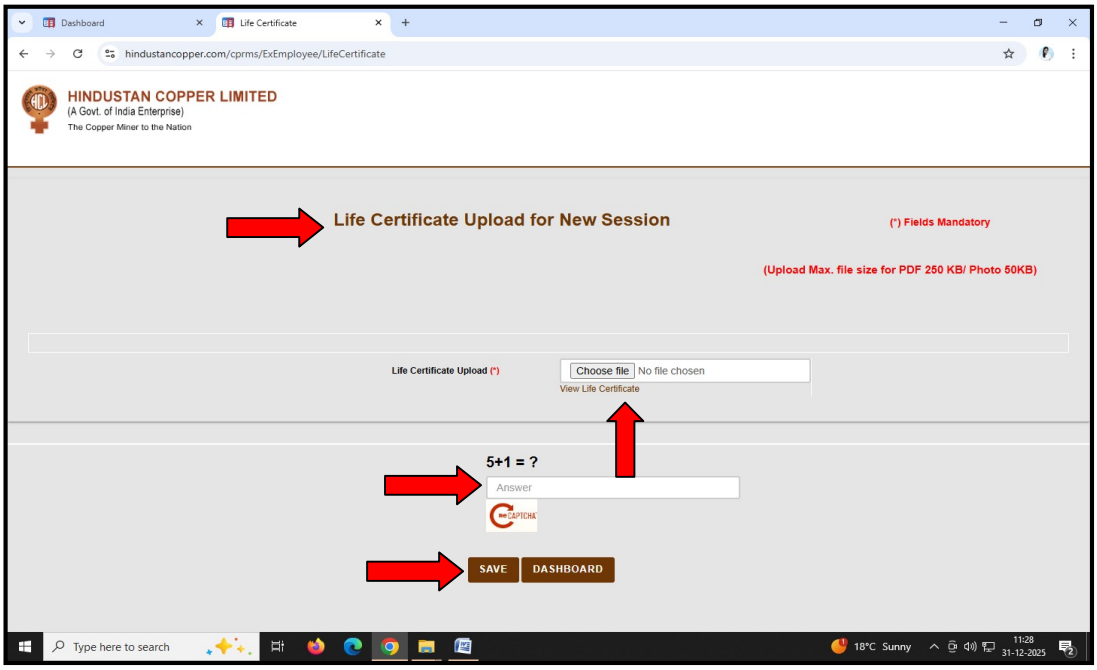


3. Step 3: Uploading Life Certificate

After successful login, the Life Certificate may be uploaded as follows:

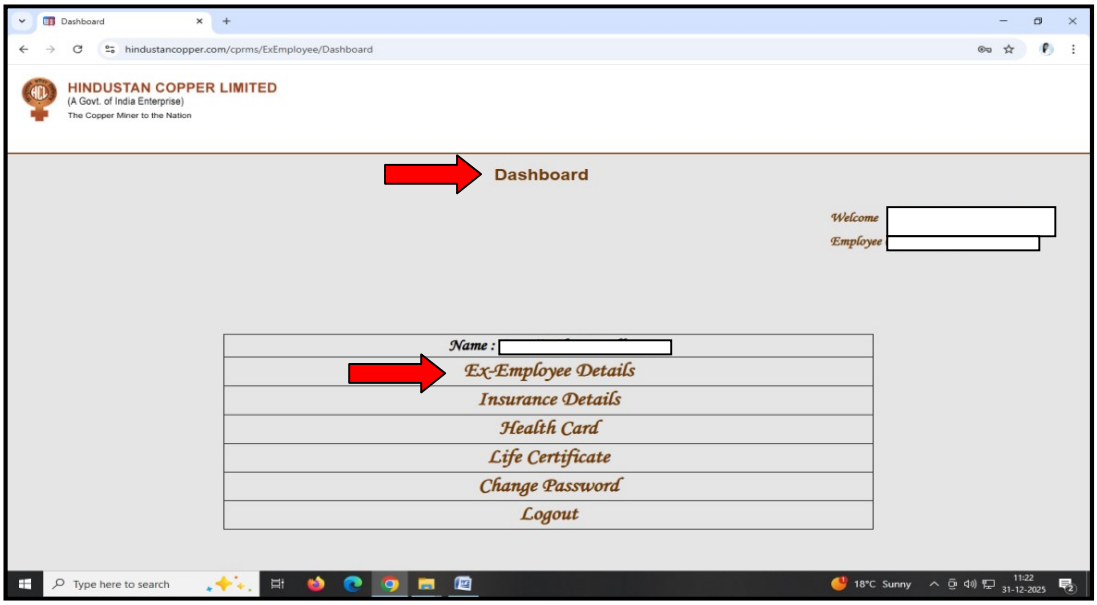
a. On the Dashboard, Click on the **Life Certificate tab.**
b. A new page titled "Life Certificate Upload for New Session" shall open.
c. Click on "Choose file" and upload the duly filled, signed and stamped Life Certificate (Maximum file size: 250 kb) as per Annexure – 2.
d. Enter the Captcha code displayed on the screen
e. Click on Save.
f. Click OK to confirm successful submission.

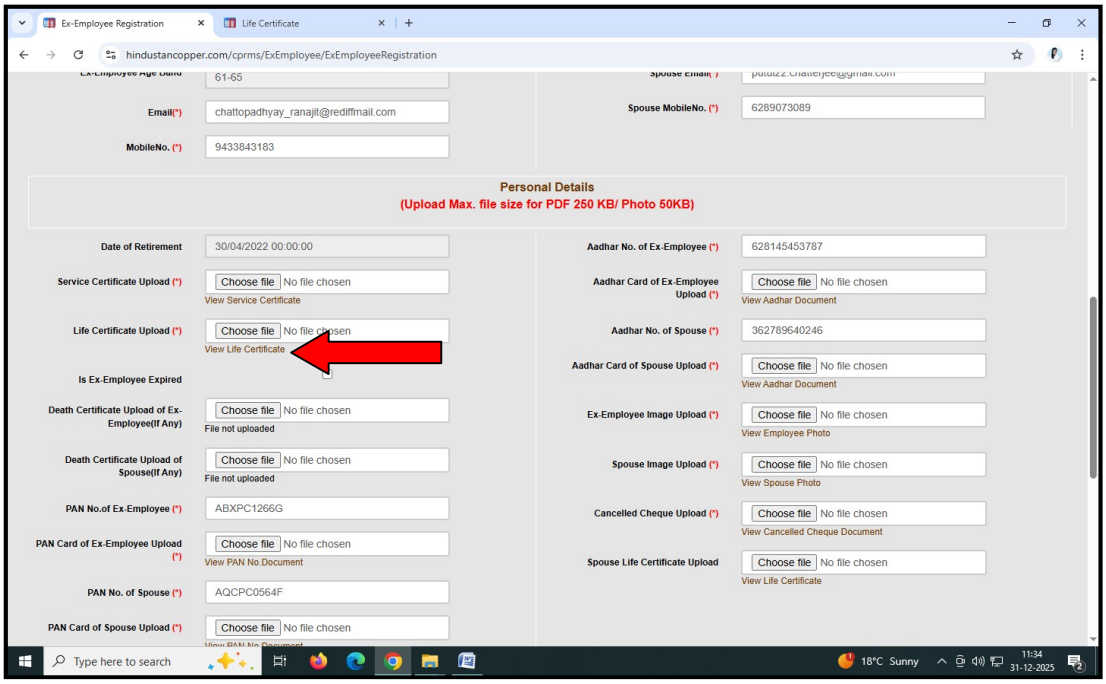




4. Step 4: Verification of uploaded Life Certificate

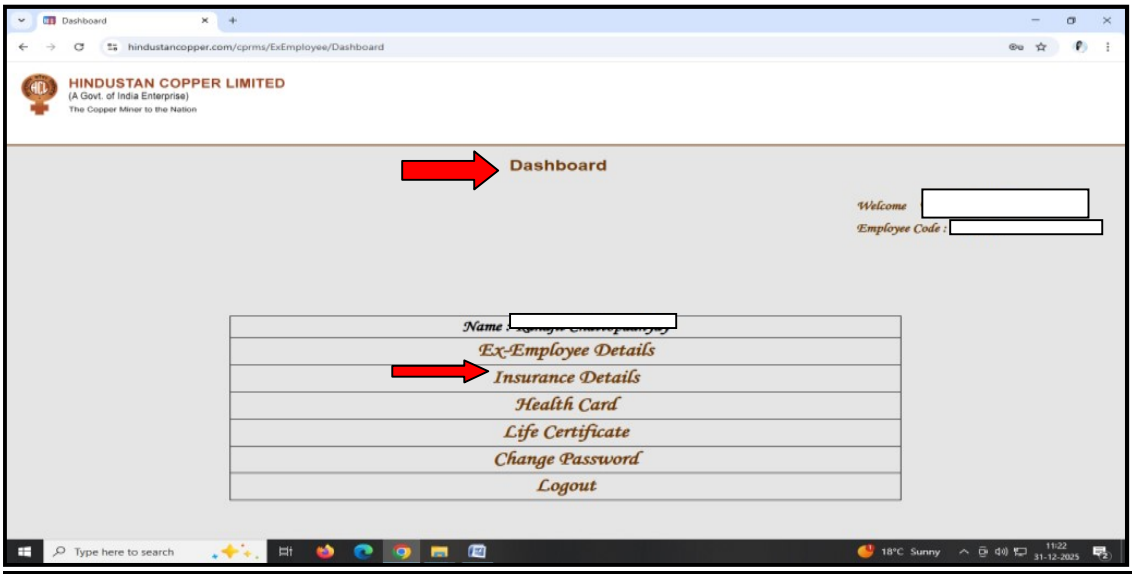
- Click on the Dashboard.
- Under **Ex-Employee Details** tab, navigate to the Personal Details section.
- Click on **View Life Certificate** to view the uploaded document.

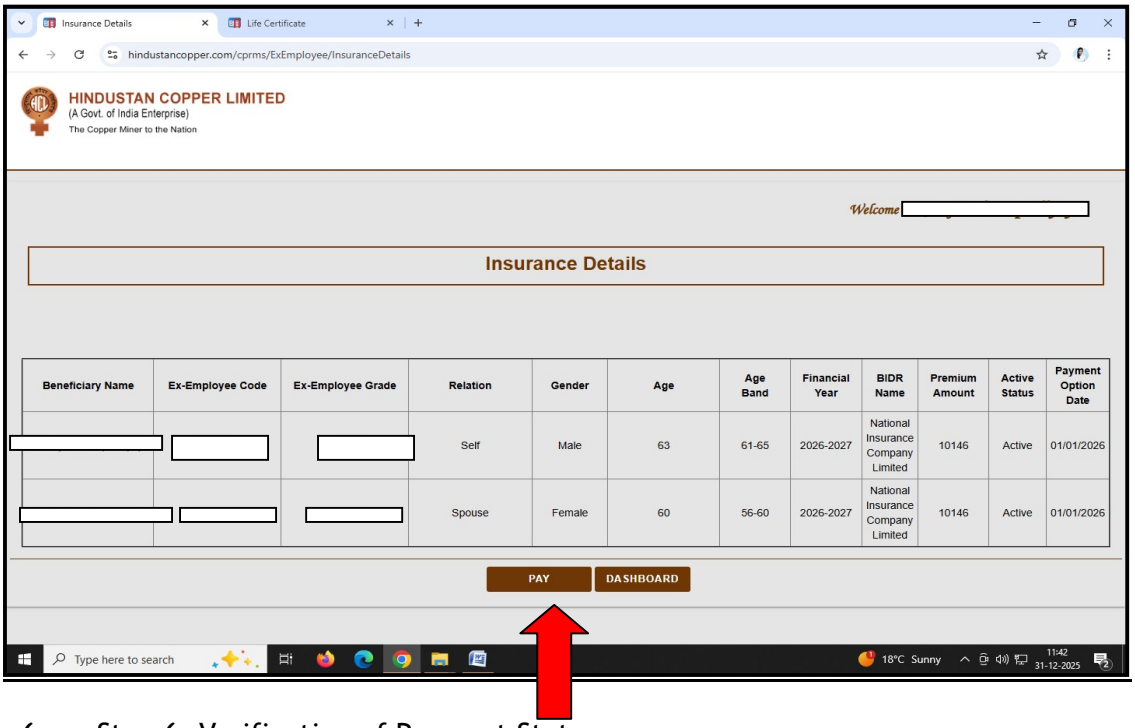




5. Step 5: Payment of CPRMS Premium:

   a. From the Dashboard, click on the **Insurance Details** tab,
   b. The Insurance Details page shall display the personal credentials along with premium amount payable for Self & Spouse / Spouse.
   c. Click on Pay.
   d. Select the preferred payment mode and click on Proceed.
   e. Upon successful payment, an Acknowledgement receipt shall be displayed on the screen.
   f. Save / Download the acknowledgement receipt for your records and a copy of the same shall be forwarded to Email-id - hclexemp_helpdesk@hindustancopper.com



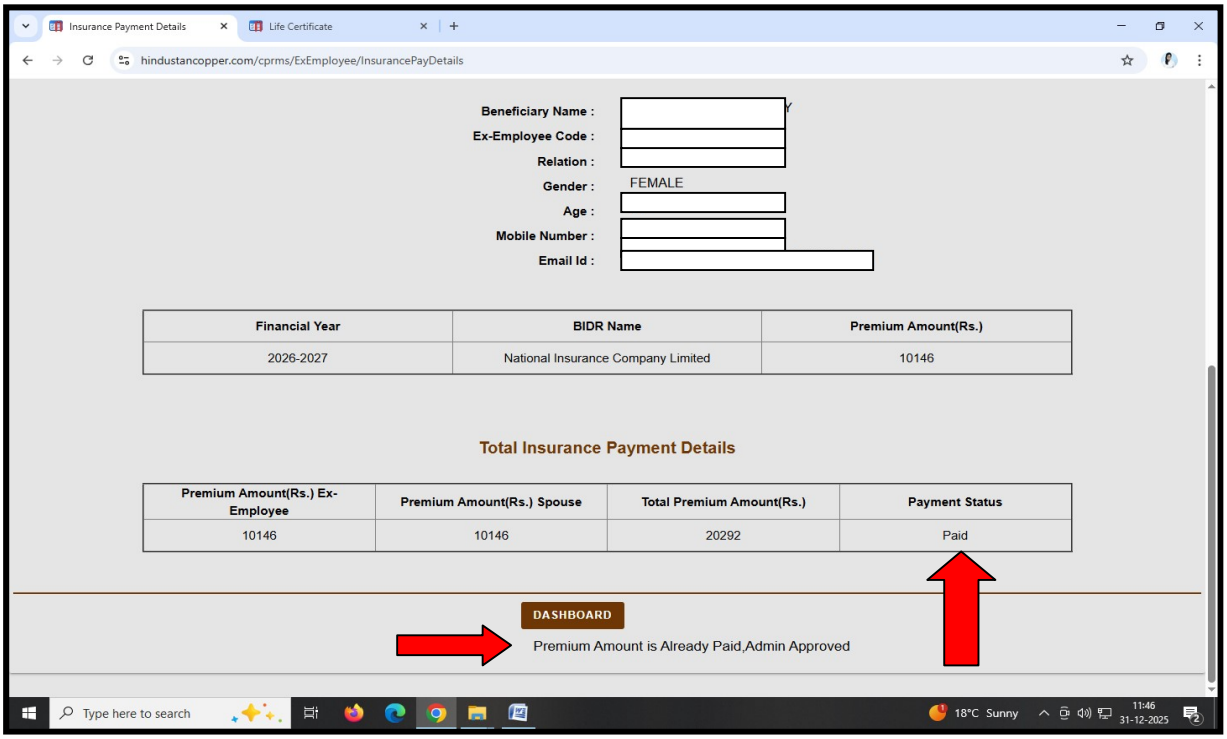


6. Step 6: Verification of Payment Status:

   a. Visit the Dashboard and click on the **Insurance Details tab**, followed by **Pay**.

   b. The user shall be directed to the "Insurance Details" page, where under "Total Insurance Payment Details," the payment status shall be reflected as "PAID."

   c. A system-generated message shall appear at the bottom of the page stating: "Premium amount is already paid; Admin approval required / Approved (if already processed)".



Hindustan Copper Limited

ANNEXURE – 2

Life Certificate for CPRMS 2026

(To be submitted by CPRMS beneficiary)

1. This is to certify that Shri _____and Smt._____ residing at _____, who intend to avail the benefits of the Scheme for the year 2026, are known to me as alive; as on the date of issuance of this Certificate and I am fully satisfied about his / her identity.

   Date: _____ Place: _____

OR

2. This is to certify that Shri / Smt. _____

   Husband / Wife of Shri / Smt. _____ residing at _____, who intend to avail the benefits of the Scheme for the year 2026, are known to me as alive; as on the date of issuance of this Certificate and I am fully satisfied about his / her identity.

   Date: _____ Place: _____

**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, signatures / left hand thumb impressions of both the beneficiaries, i.e., Superannuated Employee and Spouse are mandatory).

Details of Superannuated Employee	**Details of Spouse**
Signature / Left hand thumb impression:	Signature / Left hand thumb impression:
Name (Shri / Smt.): _____	Name (Smt./ Shri): _____
Contact No.: _____	Contact No.: _____
Email id: _____	Email id: _____
Aadhar No.: _____	Aadhar No.: _____

Attestation by the Certifying Authority

Signature of Registered Medical Practitioner with Reg. No. OR
Gazetted Officer of Central / State Govt. OR
The Branch Manager of the Bank where the Superannuated Employee / Spouse is holding SB A/c OR
Any Officer of HCL from where the medical facility is provided

Name of the Certifying Authority: _____

Designation: _____

Department employed: _____

Signature with date:

Seal and Stamp

Self Declaration

I / We hereby declare that I / We meet all the eligibility criteria as per CPRMS 2026 Policy and declare that if any fact to the contrary are detected, HCL shall be free to cancel the said benefits without any further reference.

Name of the Beneficiary: _____

Name of the Spouse: _____

Employee Code: _____

Name of the Unit / Office from where superannuated: _____

Place: _____

Date: _____

Signature of Beneficiary