Hindustan Copper Limited
Corporate office

No. HCL/HR/CPRMS 2026 Date: 12.10.2026

Sub: **Extension of Coverage under the Contributory Post-Retirement Medical Scheme (CPRMS) to Eligible Dependent Parents**

1. The Contributory Post-Retirement Medical Scheme (CPRMS) currently extends medical coverage encompassing both In-Patient Department (IPD) and Out-Patient Department (OPD) facilities restricted to superannuated employees of HCL and their spouse.
2. Pursuant to representations received from employees and retirees, and with a view to augmenting post-retirement social security while upholding financial prudence, HCL proposes to extend CPRMS coverage, with effect from CPRMS-2027 Policy, to the eligible dependent parents of (i) members already enrolled under CPRMS, and (ii) employees due to superannuate up to December 2027.
3. Enrolment under the extended coverage is optional and shall be admissible only for parents duly declared and recognised as dependents of the employee during service, and satisfying the prescribed dependency criterion as on the date of superannuation.
4. Members/employees, desirous of availing the extended coverage, are required to submit the requisite particulars of their dependent parents, in the enclosed Annexure, to the Nodal Officer of their respective Unit/Office (as notified vide Circular No. HCL/HR/CPRMS/2026 dated 27.01.2026), not later than 21.10.2026, for verification, processing and record. The Nodal Officers of the respective Units/Offices shall reconcile and compile the data so received and forward it to Corporate Office, HR Department by 24.10.2026.
5. The additional applicable premium liability on account of inclusion of dependent parents shall be intimated separately, along with the revised premium structure under the CPRMS-2027 Policy.

Rajendersingh Sajwan
12/10/2026
(R S Sajwan)
Executive Director (HR)

Distribution:

1. All HODs at CO
2. All Unit Heads
3. All Unit HR Heads
4. General Secretary of Officers' Association of Units/ Offices
5. General Secretary of Recognized Unions of Units/Offices
6. Notice Boards
7. Company's Website (Ex-Employee Corner)

Copy for kind information:

1. CMD
2. D (Op.) / D (F) / D (M)
3. CVO

Annexure

Format for inclusion of eligible Dependent parents under CPRMS 2027

Unit/Office of Superannuation: _____

Name of the Employee/Ex-employee (S/Shri)	Designation	Grade	Code	DOB (DD-MM-YYYY)	Name of Spouse (S/Shri)	DOB (DD-MM-YYYY)	Date of Superannuation (DD-MM-YYYY)	Name of Dependent Parent(s)	Relationship (Father/Mother)	DOB (DD-MM-YYYY)	Age (in years)	E-mail id of Employee/Ex-employee	Mobile No. of Employee/Ex-employee