Hindustan Copper Limited
Corporate Office

No. HCL/HR/CPRMS/2026

Date: 27.01.2026

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 extending medical benefits (Both IPD & OPD) to 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 operational period of CPRMS 2026 and their spouse.
2. Standard Operating Procedure (SOP) of the policy is enclosed for ready reference.
3. Step-by-Step User guide for registration and payment of contributory premium through CPRMS Portal for the mid-term Retirees is attached at Annexure -1.
4. Details of mid-term addition or deletion of members who have paid their contributory premium (25%) shall be submitted by the Nodal Officer of the respective Unit/Office during the policy period, by last day of the month in which the member is due to retire, in the prescribed format attached as Annexure-2.
5. The contributory premium (25%) payable by already registered members under the CPRMS 2026 Policy is Rs.10,146/-. Additionally, the month-wise pro-rata contributory premium (25%) applicable to Superannuated employees, their Spouses, and/or Spouses of deceased superannuated employees for availing coverage from subsequent months through the online portal is detailed in the table below.

Month of Superannuation	Pro-rata premium amount (25%) (Rs.)	Month of Superannuation	Pro-rata premium amount (25%) (Rs.)
Jan 2026	9,590/-	July 2026	4,559/-
Feb 2026	8,812/-	Aug 2026	3,697/-
Mar 2026	7,950/-	Sep 2026	2,863/-
Apr 2026	7,116/-	Oct 2026	2,001/-
May 2026	6,254/-	Nov 2026	1,167/-
Jun 2026	5,420/-	Dec 2026	306/-

6. Already registered members, as well as those who will superannuate during the operational period of the CPRMS 2026 Policy, may contact the following Nodal Officers for any queries or assistance related to the CPRMS Portal.

Details of Nodal Officers				
SN	Name and Designation (S/Shri)	Unit / Office	Contact No.	Email-id
1.	Ambesh Govind, DM (HR)	KCC	7042584954	ambesh_g@hindustancopper.com
2.	Bismay Kumar Panda, DM (HR)	MCP	8285169906	bismaya_kp@hindustancopper.com
3.	Kuldeep Singh, DM (Admin)	ICC	9431341457	kuldeep_s@hindustancopper.com
4.	Vijaya Sudhir Rane, JM (HR)	TCP	9167414758	vijaya_r@hindustancopper.com
5.	Hemant Kumar, CM(Electrical)	GCP	7838293242	hemant_k@hindustancopper.com
6.	Sneha Basak, AM (HR)	CO	7091773163	sneha_b@hindustancopper.com

7. Contact details of the Insurance Provider, Third Party Administrator and Insurance Intermediary are as under.

Insurance Provider National Insurance Company (NIC) Limited	Level 1: Shri Prasenjit Das, Mob: 8335080277, prasenjit.das1@nic.co.in
	Level 2: Shri Atanu Mandal, Mob: 8373073232 atanu.mandal@nic.co.in
	Level 3: Shri Souradipta Banik, Mob: 8335080671 souradipta.banik@nic.co.in
Third Party Administrator (TPA) Family Health Plan TPA Pvt. Ltd.	Level 1: Ms Ria Dey, Mob: 8336943929 ria.dey@fhpl.net
	Level 2: Shri Aditya Sur, Mob: 8334012288 aditya.sur@fhpl.net
	Level 3: Shri Amlan Banerjee, Mob: 9830516859 amlan.banerjee@fhpl.net
Insurance Intermediary Salasar Services Insurance Broker Pvt. Ltd.	Level 1: Shri Deepankar Jena, Mob: 6292139876, deepankar@salasarservices.com
	Level 2: Dr. Arup Banerjee, Mob:6292336485 arupbanerjee@salasarservices.com
	Level 3: Shri Shrenik Bothra, Mob: 7003419216 shrenik@salasarservices.com
Hindustan Copper Limited (HCL)	Level 1: Ms Shreya Dey, Mob: 9830645962 hclexemp_helpdesk@hindustancopper.com
	Level 2: Ms Sneha Basak, AM (HR), Mob: 7091773163 sneha_b@hindustancopper.com
	Level 3: Shri Ashutosh Sharma, CM (HR) Mob: 9903433007 ashutosh_s@hindustancopper.com

Rajendersingh Sajwan

27/01/2026 (R S Sajwan)
GM (HR) / CO

Distribution:

1. All Unit Heads
2. All HODs at CO
3. All Unit HR Heads
4. DGM (Chemical) RSO- Delhi
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)-A/c / D (F)
3. CVO

ANNEXURE -1

Step-by-Step User guide for registration and payment of contributory premium through CPRMS Portal for the mid-term Retirees

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
- Copy of Aadhar Card of Self and Spouse / Self / Spouse
- Copy of Pan Card of Self and spouse/ Self / Spouse
- Service certificate (if available) or Salary slip of the month before the month of retirement to be uploaded in place of Service certificate
- Copy of Life Certificate as attached at Annexure - 3.
- Death Certificate of Self / Spouse (if any)
- Copy of Cancelled cheque
- Passport size photograph of Self and spouse

Remark: The maximum permissible file size for uploaded documents shall be **250 KB for PDF files** and **50 KB for JPG files.**

Step 1: CPRMS Registration / Login

For CPRMS registration or login, click on **"New User"** using the following link: https://hindustancopper.com/cprms

Step 2: Registration of Mid-Term Retirees by the Nodal Officer

a. Upon login, the user shall be redirected to the **Dashboard**, where the details of the member (Ex-employee / Spouse) intending to avail the benefit are to be entered.

b. Click on "Save."

c. Return to the CPRMS portal home page and click on "New Joinee? / Please Register."

d. Enter the required details of the Ex-employee and spouse / spouse only / Ex-employee only, as applicable, and upload the requisite documents in accordance with the prescribed file size limits.

e. Click on "Save" and "Submit" to complete the registration.

Note: Once the online application is submitted, it cannot be edited. Beneficiaries are therefore advised to carefully verify all the entries and uploaded documents before clicking the **"Submit"** button.

Step 3: Beneficiary Login and Password Reset

a. Enter the Ex-Employee Code and Password (default password is the Ex-Employee Code).

b. Enter the captcha and click on "Login." The system will redirect the user to the Reset Password page. Enter the current password (default Ex-Employee Code), set a new password, and confirm the same.

c. Click on "OK."

Step 4: Verification of Member Details by the Beneficiary

a. After successful login, the beneficiary shall be directed to the Dashboard.

b. Under the Ex-employee details section, verify the details filled in and documents uploaded, and click on "Save."

Step 5: Verification of Member Details by the Nodal Officer

a. Log in to the CPRMS portal and click on "Ex-Employee Information Details" on the dashboard.

b. Review the details submitted by the beneficiary, provide Admin Remarks at the bottom of the page, and click on "Approve."

c. Return to the **Dashboard.**

Step 6: Payment of Premium by the Beneficiary

a. Log in to the CPRMS portal.

b. From the Dashboard, click on the Insurance Details tab.

c. The Insurance Details page will display the beneficiary's credentials along with the premium amount payable for Self & Spouse / Self / Spouse, as applicable.

d. Click on "Pay."

e. Select the preferred payment mode and click on "Proceed."

f. Upon successful payment, an Acknowledgement Receipt shall be generated and displayed on the screen.

g. Save and download the acknowledgement receipt for record purposes; a copy of the same will be automatically forwarded to the email ID of the respective Nodal Officer.

ANNEXURE -2

Monthly Addition / Deletion Format

SN	ERP Code	Name of Ex-employee	Unit / Office	Type of separation Retirement /Death/Discharge on medical ground	Date of Separation	DOB of Ex-employee	Age (in years) DD-MM-YYYY	Name of Spouse	DOB of Spouse	Age (in years) DD-MM-YYYY	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 (25%) (Rs.)

Hindustan Copper Limited

ANNEXURE - 3

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 here under:

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 Nodal Officer

The Life Certificate, after being duly filled and signed by the beneficiary, shall be countersigned, attested, and affixed with the official seal by the designated Nodal Officer of the concerned Unit/Office, as a requirement for registration on the CPRMS-2026 portal.

Name of the Nodal Officer: _____

Designation & Unit/Office: _____

Department employed & Code: _____

Signature with date:

Seal and Stamp

ANNEXURE - 3 Cont.

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 is detected, HCL shall be free to cancel the said benefits without any further reference.

Name of the Beneficiary: _____

Ex - employee Grade & Designation: _____

Name of the Spouse: _____

Employee Code: _____

Name of the Unit / Office from where superannuated: _____

Place: _____

Date: _____

Signature of Beneficiary