

**GROUP MEDICLIAM INSURANCE POLICY (GMC) OF FOR EXISISTING STAFF OF KARNATAKA  
GRAMIN BANK**

**TECHNICAL BID**

**1. OVERVIEW:**

Karnataka Gramin Bank, a Scheduled Bank established by Government of India, sponsored by Canara Bank, intends to continue the coverage of its existing staff members under Medical insurance Scheme as detailed in schedule IV of 10<sup>th</sup> bipartite settlement between IBA and Employees' Union of PSBs. Hence this RFP is floated.

**2. RFP TERMINOLOGY/DEFINITIONS:**

**Throughout this RFP, unless inconsistent with the subject matter or context:**

- Bidder means - An eligible entity/firm submitting a Proposal/Bid in response to this RFP
- Insurance Company means - Selected Bidder under this RFP.
- Bank/ Purchaser - Reference to the “Bank”/ “Purchaser” shall be determined in context and may mean without limitation “Karnataka Gramin Bank”.
- Bid means the response received in the prescribed format from a bidder in accordance with the RFP.
- RFP means the Request for Proposal (this document) in its entirety, inclusive of any addenda/modification/ clarification/amendment that may be issued by the Bank.
- Contract means the Contract signed by the Parties and all the attached documents and the Appendices, consequent to the completion of the proceedings as per the RFP.
- Day means calendar day
- Party or Parties means the Karnataka Gramin Bank / Selected Bidder (Insurance Company) as the case may be.
- Personnel means professionals and support staff provided by the Insurance Company to perform the Services or any part thereof.
- Domestic Personnel means “such professionals and support staff who at the time of being so provided had their domicile in India.
- Proposal means the Technical Proposal and the Financial Proposal.
- Terms of Reference (TOR) means the document included in the RFP which explains the scope of work, activities, and tasks to be performed.
- Project Cost - Project cost would be the total consideration that the Bank has to pay in accordance with the payment schedule to obtain the Group Mediclaim Policy (GMC) for Employees as per the terms of RFP / contract.

## **Group Mediclaim Policy for Existing Staff Members of Karnataka Gramin Bank**

The relevant information that is required for submitting the financial bids is furnished below.

### **A. THE BROAD TERMS OF COVERAGE WILL BE:**

Family floater Group Mediclaim Policy for existing staff members of the bank: As detailed in schedule IV of 10<sup>th</sup> bipartite settlement between IBA and Employees' Union of PSBs, for the period **01.01.2022 to 31.12.2022**.

### **B. POLICY ADMINISTRATION :**

Policy Administration shall made by a Third Party Administrator (TPA) acceptable to the Bank.

### **3. ELIGIBILITY / INVITATION:**

The RFP will be available on the Bank's website [www.karnatakagraminbank.com](http://www.karnatakagraminbank.com). Any corrigendum/ addendum shall also be available on Bank's website. This NIT & RFQ is not an offer by the Bank but an invitation to receive responses from the Insurance Bidders. No contractual obligation whatsoever shall arise from the RFP process unless and until a formal contract is signed and executed by duly Authorized Official(s) of the Bank with the selected bidder (Insurance Company).

### **4. BIDDING DOCUMENT :**

i. **Cost of Bidding:** The Bidder shall bear all the costs associated with the preparation and submission of its bid including cost of presentation(s), etc. Bank will not be responsible or liable for these costs, regardless of the conduct or outcome of the bidding process.

#### **ii. Content of Bidding Document:**

a) The bidding document provides overview of the requirements, bidding procedures and contract terms. It includes Introduction, Instructions to Bidder, and Terms & Conditions of Contract, Eligibility Criteria, and Financial Bid. The bidder must conduct its own investigation and analysis regarding any information contained in this RFP document, its meaning and impact of that information.

b) The Bidder is expected to examine all instructions, statements, terms and specifications in the bidding document. Failure to furnish all information required by the bidding documents or submission of bid not responsive to the bidding documents in every respect will be at the Bidder's risk and may result in rejection of its bid. Bank has made considerable effort to ensure that accurate information is contained in this RFP and is supplied solely as guideline for Bidders. Furthermore, during the RFP process, Bank has disclosed or will disclose in the RFP and corrigendum/ addenda, available information relevant to the Scope of Work to the extent, detail, and accuracy allowed by prevailing circumstances. Nothing in this RFP or any addenda is intended to relieve Bidders from forming their own opinions and conclusions in respect of the matters addressed in this RFP or any addenda.

## Clarifications & Amendments

- a) If deemed necessary, the Bank may seek clarifications on any aspect from the bidder. However, mere seeking of clarifications by the Bank would not entitle the bidder to change or cause any change in the substances of the bid already submitted or the price quoted. The bidder may be asked to give presentation for the purpose of clarifications of the bid.
- b) The Bidder requiring any clarifications on the bidding documents may obtain the same by submitting written queries to the Bank before 25.11.2021, 2:00 p.m.

### Contact Person at Bank:

Sri. Kishan Rao, Asst. General Manager, Karnataka Gramin Bank Human Resources Wing, Head Office, Ballari 583103 Ph.No. 08392-236404 Email: pw.leave@kgbk.in	Sri. Ravi V Sondur, Senior Manager, Karnataka Gramin Bank Human Resources Wing, Head Office, Ballari 583103 Ph.No. 08392-236417/462 Email: pw.leave@kgbk.in
---	---

- c) Bank reserves the right to modify the bidding document at any time prior to the deadline for submission of bids.
- d) Any clarification/s issued by Bank will be in the form of an addendum/ corrigendum and will be hosted in the **Bank's website only**. The amendment/s will be **binding on all bidders**. Bank, at its discretion may extend the deadline for submission of bids in order to allow prospective bidders a reasonable time to take the amendment into account.

## 5. BIDDING PROCESS:

- i. The bids shall be submitted in **two separate sealed envelopes A and B** (as stated below).
  - i) Envelope A : Technical Bid
  - ii) Envelop B : Financial Bid for Family Floater Group Mediclaim Policy (GMC) for existing staff members of the Bank

All details with the relevant information / documents / letter of acceptance of all terms and conditions strictly as described in this RFP will have to be submitted. The bidders are advised to write their name and contact details (Phone Number, e-mail, Fax No. and Address on all the envelopes). In the first stage, only the envelope containing "Technical Bid" will be opened and evaluated. Those satisfying all criteria as per technical requirements and agree to comply with all terms and conditions specified in this document may be invited for technical presentation, if required, at the discretion of the Bank, to display their capabilities, approach and methodology.

## Contents of Tender Document:

- RFP : Request for Proposal
- Annexure I : RFP for family floater GMC policy cover for existing of Karnataka Gramin Bank with OPD / Domiciliary treatment coverage
- Annexure II : Detailed Terms
- Annexure III : Critical Illness Cover
- Annexure IV : Bid Covering Letter
- Annexure V : Auditor's Certificate
- Annexure VI : Financial Bid / Price Bid

iii) Such presentations are likely to be called within the time frame as decided by the Bank and the Bank reserves the right to reject the bids of the bidders who fail to make the presentations as scheduled by the Bank.

iv) The Technical Evaluation will be followed by the opening of the financial bids of those bidders who qualify as per Technical Bid specified criteria and further RFP process.

## 6. BID PREPARATION:

- i. The bids prepared by the bidder and all correspondence and documents relating to bids exchanged by the bidder and the Bank must be written in English.
- ii. Bidders / Insurance Companies must provide individual and factual replies to specific questions asked in the RFP. Documents submitted should be complete in all respects as detailed in this RFP.
- iii. The Technical bid should comprise of one hard copy of Technical Bid placed in a sealed envelope super-scribed as **“TECHNICAL BID for Tender for Family Floater Group Medclaim Policy (GMC) for existing staff of Karnataka Gramin Bank”** (RFP and Annexure I to V). This envelope to be submitted along with another sealed envelope super-scribed as **“B-FINANCIAL BID for Tender for Family Floater Group Medclaim Policy (GMC) for existing staff members”** (Annexure VI).
- iv. The Technical Proposal shall provide the information indicated in the following paragraphs. A brief write-up is to be provided for each of the parameters for Technical Evaluation criterion detailed, wherever applicable. All the submissions under this should be supported by necessary documentary evidence, as may be applicable.
- v. A brief description of the Bidder's organization and in the case of a consortium/ joint venture, of each partner. Details of experience of assignments which are similar to the proposed group policy as per the terms of reference.
- vi. The Bidder should clearly indicate the support services required from the Bank for carrying out the activity.

vii. The Technical Bid will be evaluated among others as per following criteria/ parameters, based on the audited results of 2019-20. The bidders should fulfill the following parameters:

- a. Experience of handling at least **2 large Group Medclaim Policy (covering minimum 4000 families of employees/staff)** to be enclosed.
- b. **Total premium collection (medical insurance) should be at least Rs.300 crores per year** in last 3 FY(2017-18, 2018-19, 2019-20).
- c. The bidder must have a valid IRDA license for procuring Health Insurance business in India and should have a minimum solvency ratio (150%) as prescribed by IRDA.
- d. The bidder must have a track record of minimum Five Years of operation in Health Insurance in India as on 31.03.2021.
- e. The bidder must have a minimum claim settlement ratio of 95% (both in terms of no. of claims and benefit amount) as on 31.03.2021

viii. All details with the relevant information / documents / acceptance of all terms and conditions strictly as described in this RFP will have to be submitted. The “Technical Bid” should invariably contain the said information and formats.

ix. The Technical evaluation will be followed by the opening of the Financial Bid of those bidders who qualify as per requirement of the Bank.

## **7. BID SUBMISSION:**

- a. The bids prepared by the bidder and all correspondence and documents relating to bids exchanged by the bidder and the Bank must be written in English. All the submissions under this should be supported by necessary documentary evidence, as may be applicable:
  - A letter on bidder’s letterhead mentioning Inter-alia the following.
  - Certifying that the period of the validity of the bid is **60 days** from the last date of submission of bid.
  - Confirming that the bidder has quoted for all the items/services mentioned in the bid in their financial bid.
- b. Bidder should submit Financial Bid as per Annexure of the bid document. Financial bid should be quoted for different stages of the job as per Annexure. Financial bid should be in the form of hard copy, should be a complete document and placed in a sealed envelope as mentioned above.
- c. The financial proposal shall not include any conditions attached to it and any such condition attached to the financial proposal shall be liable for rejection.

The proposal should also indicate specific milestones and deliverables for raising bills for part payment subject to other conditions. Payment will be made after deducting Tax Deductible at Source as per applicable Tax Laws. Please note no additional expenses would be paid for the personnel coming from abroad.

**d. Bid Prices**

The prices should be specified only in “Financial Bid” and must not be specified at any other place in the bid document. The quotes, prices and any type of Tax should be specified separately

**e. Validity of Bids:**

Bid shall remain valid for **60 days** from the last date for submission of Bid. A bid valid for shorter period is liable to be rejected. The bidder may require giving consent for the extension of the period of validity of the bid beyond initial 60 days, if so desired by the Bank in writing or by fax/email. Refusal to grant such consent would result in rejection of bid. However any extension of validity of bids will not entitle the bidder to revise/ modify the bid document or price.

**f. Bid Compliance:**

Willful misrepresentation of any fact within the Bid will lead to the cancellation of the contract without prejudice to other actions that Bank may take.

All the submission, including any accompanying documents, will become property of the Bank.

**g. Format and Signing of Bid:**

- i. The bidder should prepare submission as per minimum eligibility criteria, Financial Bid and other requested information.
- ii. Bid should be submitted as per the format stipulated in the Annexure to this RFP along with such other documents mentioned elsewhere in the RFP.
- iii. All pages of the Bid document are serially numbered and shall be signed by the authorized person(s) only. The person(s) signing the bid shall sign all pages of the bid and rubber stamp should be affixed on each page.
- iv. Any interlineations, erasures or overwriting shall be valid only if the person(s) signing the bid sign(s) authenticates them.
- v. Bid should be typed and submitted on A4 size paper, spirally bound securely and in serial order. Bidders responding to this NIT & RFQ shall submit covering letter included with the bid and compliance certification statement required for submission of a proposal.

**h. Receipt of bids:**

The bid should be submitted to:  
Sri. Kishan Rao, Asst. General Manager,  
Karnataka Gramin Bank  
Human Resources Wing,  
Head Office, Ballari 583103

In the event of the target date for the receipt of bids being declared as holiday for the Bank, the bids will be received till the target time on the next working day. The bank may at its discretion extend the bid submission date. The modified target date & time will be notified on the web site of the Bank. Any bid received by the Bank after target date and time prescribed at Bid details will be rejected and /or returned unopened to the bidder at his risk and responsibility.

**k. Bid Currency**

Prices shall be expressed in Indian Rupees only.

**l. Modification and Withdrawal of Bids**

No bid may be withdrawn/ modified in the interval between the deadline for submission of bids and the expiration of period of bid validity.

**m. Award criteria**

The Bank will award the Contract to the successful Bidder who has been determined to qualify to perform the Contract satisfactorily, and whose Bid has been determined to be responsive, and is the lowest evaluated Bid.

**n. Use of Contract Documents and Information**

The Insurance companies shall not, without the Bank's prior written consent, disclose the Contract, or any provision thereof, or any specification, plan, drawing, pattern, sample or information furnished by or on behalf of the Bank in connection therewith, to any person other than a person employed by the Insurance companies in the performance of the Contract. Disclosure to any such employed person shall be made in confidence and shall extend only as far as may be necessary for purposes of such performance.

The Insurance companies will keep all the data and information about the Bank confidential, obtained in the execution of his responsibilities, in strict confidence and will not reveal such information to any other party without the prior written approval of the Bank

**8. TERMINATION OF CONTRACT:**

- i. The Bank alone shall have the right to terminate the contract with the selected bidder at any time during the contract period, by giving a written notice of at least one month, for any valid reason, including but not limited to the following reasons:

- a) Laxity in following standards laid down by the Bank
  - b) Excessive delay (over 6 weeks) in execution of orders placed by the Bank
  - c) Discrepancies / deviations in the agreed processes
  - d) Violation of terms & conditions stipulated in this NIT & RFQ
- ii. The selected bidder shall not have right to terminate the contract or to demand any damages on account of termination of the Contract by the Bank.

**9. TERMINATION FOR INSOLVENCY :**

Bank may at any time terminate the Contract by giving written notice to the successful bidder, if it becomes bankrupt or otherwise insolvent. The event of termination will be without compensation, provided that such termination will not prejudice or affect any right of action or remedy, which has occurred or will accrue thereafter to Karnataka Gramin Bank. Notwithstanding the above, the Karnataka Gramin Bank shall have the right to terminate the contract any time without assigning any reasons.

**10. GOVERNING LAW AND DISPUTES :(Applicable in case of successful bidder only)**

All disputes or differences whatsoever, arising between the parties out of or in connection with the contract or in discharge of any obligation arising out of the Contract (whether during the progress of work or after completion of such work and whether before or after the termination of the contract, abandonment or breach of the contract), shall be settled amicably. If however, the parties are not able to solve them amicably, either party (Karnataka Gramin Bank or Insurance Company), give written notice to other party clearly setting out therein, the specific dispute(s) and/or difference(s) and shall be referred to a sole arbitrator mutually agreed upon, and the award made in pursuance thereof shall be binding on the parties. In the absence of consensus about the single arbitrator, the dispute may be referred to a panel of three arbitrators; one to be nominated by each party and the said arbitrators shall nominate a presiding arbitrator, before commencing the arbitration proceedings. The arbitration shall be conducted in accordance with the Laws of India. Any appeal will be subject to the exclusive jurisdiction of courts at Karnataka.

**11. TERMS & CONDITIONS :**

- i. Language of Bid: All bids and supporting documentation shall be submitted in English.
- ii. Bank reserves the right to accept or reject any or all Bids without assigning any reason thereof and Bank's decision in this regard will be treated as final. Bids may be accepted or rejected in total or any part or items thereof. No contractual obligation whatsoever shall arise from the RFP process unless and until a formal contract is signed and executed by duly authorized officials of the Bank and the Bidder. However, until a formal contract is prepared and executed, this offer together with Bank's written notification / acceptance of award shall constitute a binding contract with the Insurance companies.
- iii. The Bank shall have the right to reject the bids not submitted in the prescribed format or incomplete in any manner.



- iv. Bank is not responsible for non-receipt of bids within the specified date and time due to any reason including postal delays or holidays
- v. The Bank also reserves the right to alter/ modify any/ some/ all of the requirements, as it may deem necessary, and notify the same to the bidders before the last date for submission of response under this RFP. The Bidders should be agreeable for the same.
- vi. Bank shall have the right to cancel the RFP process at any time prior to award of contract, without thereby incurring any liabilities to the Bidder(s)/ selected bidder. Reasons for cancellation, as determined by the bank in its sole discretion include but are not limited to, the following:
  - a. Services Contemplated are no longer required,
  - b. Scope of work were not adequately or clearly defined due to unforeseen circumstance and/or factors and/or new developments,
  - c. Proposed prices are unacceptable to the Work,
  - d. The Project is not in the best interest of the bank,
  - e. Any other reason, which in the sole opinion of the Bank is a ground for cancellation of the RFP.
- vii. The Bank reserves the right to verify the validity of bid information and to reject any bid or the cancel the contract where the contents appear to be incorrect, inaccurate or inappropriate at any time during the process of RFP or after award of contract, as the case maybe.
- viii. The Bank reserves the right to re-negotiate the prices in the event of changes in the market conditions and/ or technology etc.

## 12. DISCLAIMER

- i. The information contained in this RFP document issued for the eligible and interested bidders or any of their Employees / Directors, is provided on the terms and conditions set out in this document and all other terms and conditions subject to which such information is provided. The purpose of this RFP document is to provide the Bidder(s) with information to assist the formulation of their Proposals.
- ii. This RFP is not an offer by the Bank, but an invitation for responses to the issues pertaining to Family Floater Group Medclaim Policy (GMC) for staff of Karnataka Gramin Bank. No contractual obligation on behalf of the Bank, whatsoever, shall arise from the RFP process unless and until a formal Contract is signed and executed by duly authorized officers of the Bank and the finally selected Bidder.
- iii. The Bidders, by accepting this document, agree that any information contained herein may be superseded by any subsequent written information on the same subject made available to the recipient or any of their respective officers or published in the Bank's website. It is also understood and agreed by the Bidder/s that decision of the Bank regarding selection of the Bidder will be final and binding on all concerned. No correspondence in this regard, verbal or written, will be

entertained.

- iv. The Bank reserves the right to amend, modify, vary, add, delete, accept or cancel, in part or full, any condition or specification of all proposals / orders / responses, without assigning any reason thereof before evaluation of technical bids. Each Bidder shall be entirely responsible for its own costs and expenses that are incurred while participating in the RFP, presentations and contract negotiation processes.
- v. The Bank reserves the right at the time of award of contract to increase or decrease, the scope of work without any change in price or other terms and conditions.
- vi. Notwithstanding anything contained in this Document, the Bank reserves the right to accept or reject any response and to annul the process and reject all responses at any time prior to execution of the agreement with the Bidder to whom the contract is finally awarded, without thereby incurring any liability to the affected Bidder or Bidders or any obligation to inform the affected Bidder or Bidders of the grounds for the Bank's decision.
- vii. The Bank reserves the right to cancel the entire process at any stage at its sole discretion without assigning any reason thereof.
- viii. It shall be the duty and responsibility of the Bidders to ensure themselves about the legal, statutory and regulatory authority, eligibility and other competency of them to participate in this RFP and to provide any and all the services and deliverables under the RFP to the Bank. An undertaking should be submitted by the bidder to this effect.
- ix. Subject to any law to the contrary, and to the maximum extent permitted by law, the Bank and its Directors, Officers, Employees disclaim all liability from any loss or damage suffered by any person acting or refraining from acting because of any information including forecasts, statements, estimates, or projections contained in this RFP document or conduct ancillary to it whether or not the loss or damage arises in connection with any omission, default, lack of care or misrepresentation on the part of Karnataka Gramin Bank or any of its officers, employees.

**GENERAL MANAGER**

---

## Annexure I

### RFP FOR FAMILY FLOATER GMC POLICY COVER FOR EXISTING OF KARNATAKA GRAMIN BANK WITH OPD / DOMICILIARY TREATMENT COVERAGE

S.No.	INSURANCE COVERAGE FOR THE PERIOD 01.01.2022 TO 31.12.2022		
1	Type of Policy	Group Mediclaim Policy - Floater	
2	Family Floater	Yes	
3	Family Definition	Staff + Spouse + children+ dependents (As detailed in 11 <sup>th</sup> bipartite Settlement)	
4	Sum Insured per family	Option 1 : Rs. 3.00 Lakhs for Employees Option 2 : Rs. 4.00 Lakhs for Officers	
5	Sum insured for Critical illness for both Officers and Clerical / Sub Staff	Rs 1.00 Lakh	
6	No. of existing staff members as on 30.09.2021	Officers-	2741
		Employees-	1948
		Total -	4689
7	Mid Term Additions	Premium payable on Pro-rata basis.	
8	Administration of the scheme	<b>At Head Office Ballari &amp; Regional Office Musuru</b>	
9	Third Party Administrator (TPA)	To be finalized by the Bank	
10	Technical Support to be provided by Insurance company/TPA	Separate web/mobile application with login credentials. Exclusive call centers /help line	
11	Premium Payment:	Shall be paid by Bank	
12	Hospitalization/ Treatment	Cashless / Reimbursement	
13	Pre Existing Diseases	Waived Off - Covered from Day One	
14	30 Days Waiting Period	Waived Off - Covered from Day One	
15	1 <sup>st</sup> Year, 2 <sup>nd</sup> Year, 3 <sup>rd</sup> Year and 4 <sup>th</sup> Year Exclusions	Waived Off - Covered from Day One	
16	Mode of submission of Bids	By hand or By registered post to the following address:  Sri. Kishan Rao, Asst. General Manager, Karnataka Gramin Bank Human Resources Wing, Head Office, Ballari 583103  <b>** Submission of Bids in other mode shall not be accepted.</b>	
17	<b>Last date for receipt of Bid ( technical and financial)</b>	<b>30.11.2021, 2.00pm at Bank's Head Office, Ballari.</b>	
18	<b>Date and time of opening the Bids at Head Office</b>	<b>1. Technical Bid : 01.12.2021 @ 3.00 PM 2. Financial Bid : 08.12.2021 @ 3.00 PM</b>	

## Annexure II: Detailed Terms

1.1 Any Officer / Employee and Dependent shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization/domiciliary hospitalization/domiciliary treatment expenses for medical/surgical treatment at any Nursing Home/Hospital/ Clinic (for domiciliary Treatment/ daycare center registered with local bodies in India as herein defined (hereinafter called HOSPITAL) or otherwise as specified as per the scheme, the Company will pay through TPA to the Hospital / Nursing Home or Insured the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

1.2 In the event of any claim becoming admissible under this scheme, the company shall pay through TPA to the Hospital / Nursing Home or insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured person but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

- A. Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding Rs. 5000 per day or the actual amount whichever is less.
- B. Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount whichever is less.
- C. Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- D. Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges ,Anesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator Ventilator, orthopedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, , infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor,
- E. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.

1.3 Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge.

## **2. DEFINITIONS:**

**2.1 ACCIDENT:** An accident is a sudden, unforeseen and involuntary event caused resulting in injury.

### **2.2**

- a) “ACUTE CONDITION” - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b) “CHRONIC CONDITION” - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics-
  - i. It needs ongoing or long-term monitoring through consultations, examinations, checkups and/or tests -
  - ii. It needs ongoing or long-term control or relief of symptoms
  - iii. It requires your rehabilitation or for you to be specially trained to cope with it
  - iv. It continues indefinitely
  - v. It comes back or is likely to come back.

### **2.3 ALTERNATIVE TREATMENTS:**

Alternative Treatments are forms of treatment other than treatment “Allopathy” or “modern medicine and includes Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian Context, for Hospitalization only and Domiciliary for treatment only under ailments mentioned under clause number 3.1 in a hospital registered by the Central / State authorities. (Ref: 3.4 Alternative Therapy)

For Ayurvedic, Unani, Siddha, Homeopathy and Naturopathy treatment, hospitalization or domiciliary treatment expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health. Company's Liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

### **2.4 ANY ONE ILLNESS:**

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

### **2.5 CASHLESS FACILITY:**

Cashless facility “means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the employee and the dependent family members of the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorization approved.

**Note: Non cashless claims need to be settled within 07 working days from the date of submission of the claim documents.**

## **2.6 CONGENITAL ANOMALY:**

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body
- b. External Congenital Anomaly which is in the visible and accessible parts of the body

## **2.7 CONDITION PRECEDENT:**

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

## **2.8 CONTRIBUTION:**

The Officers/Employees will not share the cost of an indemnity claim on a ratable proportion from their personal Insurance Policies.

## **2.9 DAYCARE CENTRE:**

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under;-

- has qualified nursing staff under its employment
- has all qualified medical practitioner(s) in charge
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the insurance companies authorized personnel.

## **2.10 DAY CARE TREATMENT:**

Day care Treatment refers to medical treatment and or surgical procedure which is :

- i. undertaken under general or local anesthesia in a hospital/day care Centre in less than a day because of technological advancement, and
- ii. Which would have otherwise required a hospitalization of more than a day. Treatment normally taken on an outpatient basis is not included in the scope of this definition.

## **2.11 DOMICILIARY HOSPITALIZATION:**

Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- a) The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
- b) The patient takes treatment at home on account of non-availability of room in a hospital.

## **2.12 DOMICILIARY TREATMENT**

Treatment taken for specified diseases which may or may not require hospitalization as mentioned in the Scheme under clause Number 3.1

## **2.13 GRACE PERIOD:**

Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

## **2.14 HOSPITAL / NURSING HOME:**

A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lakhs and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

The term ' Hospital / Nursing Home ' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

**This clause will however be relaxed in areas where it is difficult to find such hospitals and in the case of an emergency.**

## **2.15 HOSPITALIZATION:**

Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day, as mentioned in clauses 2.9 and 2.10

## **2.16 ID CARD:**

ID Card means the identity card issued to the insured person by the THIRD PARTY ADMINISTRATOR to avail cashless facility in network hospitals.

## **2.17 ILLNESS:**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

## **2.18 INJURY:**

Injury means accidental physical bodily harm excluding illness or disease which is verified and certified by a medical practitioner. However all types of Hospitalization is covered under the Scheme.

## **2.19 IN PATIENT CARE:**

In Patient Care means treatment for which the insured person has to stay in a hospital for more than a day for a covered event.

## **2.20 INTENSIVE CARE UNIT:**

Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s) and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

## **2.21 MATERNITY EXPENSES:**

Maternity expenses/treatment shall include:

- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
- b) Expenses towards medical termination of pregnancy during the policy period.
- c) Complications on Maternity would be covered up to the Sum Insured plus the Corporate Buffer.

## **2.22 MEDICAL ADVICE:**

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

## **2.23 MEDICAL EXPENSES:**

Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured.



## **2.24 MEDICALLY NECESSARY:**

Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

## **2.25 MEDICAL PRACTITIONER:**

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or the homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term medical practitioner would include physician, specialist and surgeon.

(The Registered practitioner should not be the insured or close family members such as parents, in-laws, spouse and children.)

## **2.26 NETWORK PROVIDER:**

Network Provider means hospitals or health care providers enlisted by an insurer or by a Third Party Administrator and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the THIRD PARTY ADMINISTRATOR and the same is subject to amendment from time to time.

## **2.27 NEW BORN BABY:**

A new born baby means baby born during the Policy Period aged between one day and 90 days, both days inclusive.

## **2.28 NON NETWORK :**

Any hospital, Day care Centre or other provider that is not part of the network.

## **2.29 NOTIFICATION OF CLAIM**

Notification of claim is the process of notifying a claim to the Bank, insurer or Third Party Administrator as well as the address/telephone number to which it should be notified.

### **2.30 OPD TREATMENT:**

OPD Treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of medical a practitioner. The insured is not admitted as a day care or in-patient.

### **2.31 PRE-EXISTING DISEASE:**

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, prior to the first policy issued by the insurer.

### **2.32 PORTABILITY**

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

### **2.33 PRE - HOSPITALISATION MEDICAL EXPENSES:**

Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim as mentioned under Item 1.3 above provided that;

- A. such medical expenses are incurred for the same condition for which the insured person's hospitalization was required, and
- B. the inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

### **2.34 POST HOSPITALISATION MEDICAL EXPENSES:**

Relevant medical expenses incurred immediately 90 days after the Insured person is discharged from the hospital provided that;

- A. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required; and
- B. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

### **2.35 QUALIFIED NURSE:**

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India and/or who is employed on recommendation of the attending medical practitioner.

### **2.36 REASONABLE AND CUSTOMARY CHARGES:**

Reasonable Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

### **2.37 Renewal:**

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

### **2.38 ROOM RENT:**

Room Rent shall mean the amount charged by the hospital for the occupancy of a bed on per day basis.

### **2.39 SUBROGATION:**

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. It shall exclude the medical / accident policies obtained by the insured person separately.

### **2.40 SURGERY:**

Surgery or surgical procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care Centre by a medical practitioner.

### **2.41 THIRD PARTY ADMINISTRATOR**

Third Party Administrator means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and Third Party Administrator.

### **2.42 UNPROVEN/EXPERIMENTAL TREATMENT:**

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India.

## **3. COVERAGES:**

### **3.1 DOMICILIARY TREATMENT:**

Medical expenses incurred in case of the following diseases which need domiciliary treatment as may be certified by the attending medical practitioner and / or bank's 'medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100% subject to the overall limit of Sum Insured under the policy.

Cancer , Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy , Leprosy, Kidney Ailment , All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy , Diabetes and its complications, hypertension, Hepatitis -B , Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis , Epidermolysis bullosa, Venous Thrombosis(not caused by

smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis , Hypothyroidism , Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diphtheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature , Cerebral Palsy, , Polio, All Strokes Leading to Paralysis, Haemorrhages caused by accidents, All animal/reptile/insect bite or sting , chronic pancreatitis, Immuno suppressants, multiple sclerosis / motorneuron disease, status asthmaticus, sequela of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematosus (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE)], growth disorders, Graves' disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

The cost of Medicines, Investigations, and consultations, etc.in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist and / or the attending doctor and / or the bank's medical officer, in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

**3.2 Domiciliary Hospitalisation** means medical treatment for a period exceeding three days for such an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- A. The condition of the patient is such that he/she is not in a condition to be removed to a hospital  
Or
- B. The patient takes treatment at home on account of non-availability of room in a hospital.

**3.3** For Ayurvedic Treatment, hospitalization or domiciliary treatment expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

Company's Liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

**3.4** Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, such as

1	Adenoidectomy	20	Haemo dialysis
2	Appendectomy	21	Fissurectomy / Fistulectomy
3	Ascitic / Plueral tapping	22	Mastoidectomy
4	Auroplasty not Cosmetic in nature	23	Hydrocele
5	Coronary angiography /Renal	24	Hysterectomy
6	Coronary angioplasty	25	Inguinal/ ventral/ umbilical/ femoral hernia
7	Dental surgery	26	Parenteral chemotherapy

8	D&C	27	Polypectomy
9	Excision of cyst/ granuloma/lump/tumor	28	Septoplasty
10	Eye surgery	29	29 Piles/ fistula
11	Fracture including hairline fracture /dislocation	30	Prostate surgeries
12	Radiotherapy	31	Sinusitis surgeries
13	Chemotherapy including parental chemotherapy	32	Tonsillectomy
14	Lithotripsy	33	Liver aspiration
15	Incision and drainage of abscess	34	Sclerotherapy
16	Varicocelelectomy	35	Varicose Vein Ligation
17	Wound suturing	36	All scopes along with biopsies
18	FESS	37	Lumbar puncture
19	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.		

This condition will also not apply in case of stay in hospital of less than a day provided -

A) The treatment is undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and

B) Which would have otherwise required hospitalization of more than a day.

### 3.5 ALTERNATIVE THERAPY

Reimbursement of Expenses due to hospitalization under the recognized system of medicines, viz Ayurveda, Unani, Sidha, Homeopathy, Naturopathy, if such treatment is taken in a clinic /hospital registered, by the central / state government .

### 3.6 MATERNITY EXPENSES BENEFIT EXTENSION

The hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50000/- for Normal Delivery and Rs. 75,000/- for Caesarean Section.

Special conditions applicable to Maternity expenses Benefit Extension:

- I. 9 months waiting period under maternity benefit will be waived from the policy.
- II. Pre-natal & post natal charges in respect of maternity benefit are covered under the policy up to 30 days and 60 days only, unless the same requires hospitalization.
- III. Missed Abortions , Miscarriage or abortions induced by accidents are covered under the limit of Maternity
- IV. Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered in the up to the Sum Insured + Corporate Buffer

- a. Expenses incurred for Medical Termination of Pregnancy
- b. Claim in respect of delivery to be given irrespective of the number of children

### **3.7 BABY DAY ONE COVER**

New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity limit up to Rs, 20000/- per child.

However if the baby contacts any illness the same shall be considered in the Sum Insured +

Corporate buffer. Baby to be taken as an additional member within the normal family floater.

### **3.8 AMBULANCE CHARGES**

Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs750/- per hospitalization.

Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.

### **3.9 PRE-EXISTING DISEASES / AILMENTS**

Pre-existing diseases are covered under the scheme from day one.

### **3.10 CONGENITAL ANOMALIES**

Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy

### **3.11 PSYCHIATRIC DISEASES**

Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.

### **3.12 ADVANCED MEDICAL TREATMENT**

All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.

**3.13** Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured

### **3.14 TAXES AND OTHER CHARGES**

All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, and Administration charges to be payable. Charges for diapers and sanitary pads are payable if necessary as part of the treatment. Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

**3.15** Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.

**3.16** Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.

**3.17** Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

**3.18** Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

**3.19 PHYSIOTHERAPY CHARGES:** Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule and Corporate Buffer if allocated.

### **4. CONDITIONS:**

**4.1** Claims shall be managed through the same Office of the Bank from where it is managed at present. The Insurance Companies third party administrator shall set up a help desk at that office and supporting the bank in clearing all the claims on real time basis.

**4.2** In case of rejection of claims it would go through a Committee set up of the Bank, Third Party Administrator and insurance company, unless rejected by the committee in real time the claim should not be rejected.

**4.3** The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. If the insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not be refused, unless the Company has reasonable justification to do so.

#### **4.4 ENHANCEMENT OF SUM INSURED**

Change in sum insured after commencement of policy to be considered in case of promotion of the employee or vice versa.

**4.5** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

**4.6** Admissible claims shall be payable in Indian currency. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.

#### **5. IRDA REGULATIONS:**

This Policy shall be subject to IRDA (Health Insurance) Regulations 2013 and IRDA Protection of Policyholders' Interest) Regulations 2002 as amended from time to time.



### Annexure III

#### **CRITICAL ILLNESS COVER: (Benefit)**

For the purpose of this section “Critical illness cover” means any illness, medical event or surgical procedure as specifically defined whose signs or symptoms first commence since the commencement of the policy year. The benefits under this cover (as set out below) will be over and above the base sum insured. The cover is applicable provided that the critical illness, which the insured person is suffering from, occurs or first manifests itself during the policy year as a first incidence.

Critical Illness is to be provided to the employee subject to a sum insured of Rs. 1,00,000/- . Cover starts on inception of the policy. In case an employee contracts a Critical Illness as listed below, the total sum insured of Rs.1, 00,000/- is paid, as a benefit. This benefit is provided on first detection/diagnosis of the Critical Illness.

- Cancer including Leukemia
- Stroke
- Paralysis
- By Pass Surgery
- Major Organ Transplant
- End Stage Liver Disease
- Heart Attack
- Kidney Failure
- Heart Valve Replacement Surgery

Hospitalization shall not be required to claim this benefit. Further the Employee can claim the cost of hospitalization on the same from the Group Medi claim Policy as cashless / reimbursement of expenses for the treatment taken by him.

Under this policy there would be no waiting period for the payment of the claim on the inception of the policy, nor any survival period for the payment of the claim on the individual contracting any of the above mentioned Critical Illness.

**Annexure -IV (Bid Covering Letter)**

**(Bid Covering Letter: To be submitted by the bidder on letter head  
along with Bid documents)**

To

**The Chairman,  
Karnataka Gramin Bank  
Head Office,  
Ballari 583103**

Dear Sir,

**Our Bid for RFPNo. \_\_\_\_\_ dated \_\_\_\_\_**

1. In respect to your RFP mentioned above, we submit our Bid Document herewith. As desired in the RFP, we are submitting two envelopes, one containing Technical and the other Financial Bid, submitted separately. All details with the relevant information / documents / acceptance of all terms and conditions are strictly as described in this RFQ.
2. We understand that:
  - i. Bank is not bound to accept the lowest or any bid received by it, Bank may reject all or any bid without assigning any reason or giving any explanation whatsoever.
  - ii. Bank may follow close or open bidding process as per requirement of the Bank.
  - iii. If our Bid is accepted, we undertake to enter into an issue the master policy on the proposed terms at our cost, when called upon by the Bank to do so and immediately on receipt of premium/data thereof. We understand that the cover will start from the date of first premium credited to the bank account of the company
  - iv. If our Bid is accepted, we are to be jointly and severally responsible for the due performance of the contract.
  - v. The Bank shall intimate the award of contract to the successful bidder after completion of the financial bid.
3. We confirm that we have the necessary legal, regulatory, statutory and corporate authority / eligibility and competency to participate in this RFP and also to provide the services as per the RFP if we are selected as per this RFQ.
4. We have read, understand and accept the terms and conditions mentioned in the RFQ document and there will not be any exception clause in the policy.
5. We confirm that we have quoted for all the items/services mentioned in our financial bid.

6. We also confirm/clarify that the bid/offer made by us shall remain valid for 60 days from the last date of submission of the bid.
7. We shall provide all types of information on the proposed policy as and when required by the Bank at the shortest possible time.

Yours faithfully,

**Authorized Signatory:  
(INSURANCE COMPANY)**

Name:

Designation:

Seal of Company

## Annexure V

### Auditor's Certificate bearing UDIN to be submitted along with Technical Bid

Certified that the following details with respect to \_\_\_\_\_ (Insurance Company ) have been verified to my satisfaction from the records of the said insurance company and are duly audited by me and are found correct.

<b>Parameters</b>	<b>Financial Year</b>		
	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>
Total premium collection (Medical Insurance)			
Number of Group Medclaim policies handled covering more than 4000 families.			
Solvency Ratio			
Net worth( in Rs Crores )			
Claim settlement Ratio ( No of claims )			
Claim Settlement Ratio ( Benefit Amount )			

**We also certify that:**

- The said insurance company has valid IRDA license for procuring Health Insurance business in India.
- The said Insurance Company has a track record of Minimum 05 years of operation in Health Insurance in India as on 31.03.2021.

<b>Signature of Authorized Signatory</b>	
<b>Name:</b>	
<b>Designation:</b>	
<b>Seal of the Auditor:</b>	

Date:  
Place:

Annexure VI

**FINANCIAL BID / PRICE BID**

To,  
The Chairman,  
Karnataka Gramin Bank  
Head Office,  
Ballari 583103

Date: \_\_\_\_\_

**GROUP MEDICLAIM FAMILY FLOATER POLICY COVERAGE FOR  
EXISTING STAFF MEMBERS OF KARNATAKA GRAMIN BANK**

Ref No \_\_\_\_\_

Date: \_\_\_\_\_

Sum Insured	Net Premium Quoted per Family	GST	Gross Premium Quoted
Option 1: Rs. 3.00 Lakhs ( For Employees)			
Option 2: Rs. 4.00 Lakhs ( For Officers)			
Total			

- 1) In case there is any discrepancy between figures and words, that bid will be rejected.
- 2) The L-1, L-2 and L-3 offer will be evaluated on the basis of the above quoted value ( total of Net premia quoted)
- 3) Conditional Bids are liable to be rejected.

**SIGNATURE OF THE BIDDER**

**WITH SEAL & DATE**