



REQUEST FOR QUOTE [RFQ]
FOR
"GROUP MEDICAL INSURANCE SCHEME
FAMILY FLOATER POLICY
TO
ANDHRA PRAGATHI GRAMEENA BANK
EMPLOYEES"

Issued by:

Andhra Pragathi Grameena Bank,
Head office, Department of Personnel & HRD
Mariyapuram, Kadapa – 516003
Andhra Pradesh
Phone No – 08562 259016, 7993974960, 9490158009
Email Id – apgbpersonnel@apgb.in
Website – www.apgb.in

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NOTICE INVITING TENDER (NIT)NAME OF THE WORK: INSURANCE OF TAILOR MADE GROUP MEDICAL
INSURANCE SCHEME FAMILY FLOATER POLICY FOR THE EMPLOYEES OF
ANDHRA PRAGATHI GRAMEENA BANK, KADAPA

Sealed Tenders are invited for the above-mentioned work from IRDA Registered General Insurance Companies in two bids System

S.No	Particulars	Time / Date / Other Details
1	Name of the work and category	Group Medical Insurance Scheme Family Floater Policy for the Employees of Andhra Pragathi Grameena Bank, Kadapa
2	Family Definition	Employee + Spouse + Dependent children + 2 Dependent Parents / Parent in Laws
3	Total No of Employees as on 24/03/2023	Officers : 1933 Nos Office Assistants : 642 Nos Office Attendants : 100 Nos Total : 2675 Nos
4	Total No of Lives as on 24/03/2023	9339 Nos
5	Tender Cost	Free of Cost
6	The tender may be downloaded from the bank website only	To be downloaded directly from Bank official Website – www.apgb.in
7	Tender Start Date	24/03/2023
8	Sum Insured	Officers : Rs.4.00 Lakhs Office Assistants : Rs.3.00 Lakhs Office Attendants : Rs.3.00 Lakhs
9	Corporate Buffer	Rs.30.00 Lakhs (Applicable for all Staff & Dependents Hospitalization expenses exceeding the sum insured)
10	Cost of Application / Tender Document	Free of Cost
11	Place and Address for Submission of Tender	The Chairman (P&HRD Department) Andhra Pragathi Grameena Bank, Head Office, Mariyapuram, Kadapa, Andhra Pradesh – 516003.


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12	Pre Bid Meeting on	04/04/2023 at 3.00 P.M
13	Last Date & Time for Bid submission	17/04/2023 by 5.00 P.M
14	Date and Time for opening of the Tender	Technical Bid on: 18/04/2023 at 3.00 P.M Price Bid on : 19/04/2023 at 3.00 P.M
15	In Case of any queries, please contact	The Chief Manager Personnel & HRD Department Andhra Pragathi Grameena Bank Head office, Kadapa Contact No: 7993974960, 9490158009 Email: apgbpersonnel@apgb.in
16	Name and Address of the Insurance Brokers	Mr. S.Y Rajeeva Lochan, Vice-President (Marketing), Atlas Insurance Brokers (P) Ltd., #3-6-521, Flat No.301 & 401, Gharondamaya apartments, Himayathnagar Main Road, Hyderabad-29 Mobile No.99590 55508 Email id: altasinsurancehyd@gmail.com;
17	Name and Address of the Third Party Administrator (TPA)	Only External TPA will be considered and finalized by the Bank
18	Proposed Policy commences	From : 05/05/2023 To : 04/05/2024.

Note: We have exclusively engaged an Insurance Brokers i.e., **Atlas Insurance Brokers (P) Ltd.**, for this RFQ

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GROUP MEDICAL INSURANCE SCHEME FAMILY FLOATER POLICY FOR THE
EMPLOYEES OF APGB

TECHNICAL BID – Annexure I

1. OVERVIEW:


Andhra Pragathi Grameena Bank came into existence from 01.06.2006 by amalgamating Rayalaseema Grameena Bank, Sri Anantha Grameena Bank, and Pinakini Grameena Bank consequent upon the Government of India Notification dt.01.06.2006. The Bank is constituted under Regional Rural Banks Act 1976. The Bank is having its Head Office at KADAPA with a jurisdiction of 10 districts namely Anantapur, Sri Sathyasai, Y. S. R (Kadapa), Annamayya, Nandyal, Kurnool, Nellore, Tirupathi, Bapatla and Prakasam. The Bank is having 8 Regional offices with its Headquarters at Kadapa and is Sponsored by Canara Bank. The Bank is providing banking services with its 552 branches with a business of Rs.39,257 Crores as on 31/03/2023

The Bank earned a Net profit of Rs. 416.89 Crore as of 31/03/2022 and is having a net worth of Rs. 3,194.11 Crores as of 31/03/2022.

2. NIT & RFQ Terminology

Definitions – Throughout this NIT & RFQ, unless inconsistent with the subject matter or context:

- i. Bidder– An eligible entity/firm submitting a Proposal/Bid in response to this NIT & RFQ
- ii. Insurance Company – Selected Bidder under this NIT & RFQ.
- iii. Bank/ Purchaser/ APGB - Reference to the “Bank”/ “Purchaser” shall be determined in context and may mean without limitation “Andhra Pragathi Grameena Bank” or APGB
- iv. Bid – the response received in the prescribed format from a bidder in accordance with the NIT & RFQ
- v. NIT & RFQ – The Request for Proposal (this document) in its entirety, inclusive of any addenda/modification/clarification/amendment that may be issued by the Bank.
- vi. Insurance Broking Service – “Insurance Broking Service” means all services, scope of work and deliverables to be provided by a Bidder as described in the NIT & RFQ and include services ancillary to the services and other obligations of the Consultant covered under the NIT & RFQ.


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- vii. "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 NIT & RFQ.
- viii. "Day" means calendar day
- ix. Parties – Party or Parties means the APGB / Selected Bidder/Insurance Broking Services and TPA.
- x. "Personnel" means such professionals and support staff provided by the Insurance Broking Services or by any Sub-Consultant and assigned to perform the Services or any part thereof.
- xi. "Domestic Personnel" means such professionals and support staff who at the time of being so provided had their domicile in India.
- xii. "Proposal" means the Technical Proposal and the Financial Proposal.
- xiii. "Assignment/job" means the work to be performed by the Insurance Broking Services pursuant to the Contract.
- xiv. "Sub-Consultant" means any person or entity with which the Insurance Broking Services subcontracts any part of the Assignment job with the prior permission of APGB.
- xv. "Terms of Reference" (TOR) means the document included in the NIT & RFQ which explains the scope of work, activities, and tasks to be performed.
- xvi. 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 Medical Insurance Scheme for Employees as per the terms of the NIT & RFQ/ contract.
- xvii. Cost of the Tender: Free of Cost.

Tailor-Made Group Medical Insurance Scheme Family Floater Policy for Employees of
Andhra Pragathi Grameena Bank

We wish to inform you that APGB is providing a Tailor Made Group Medical Insurance Scheme. In this context; we wish to inform you that the bank has appointed **M/s Atlas Insurance Brokers (P) Ltd.**, to carry out the process for procurement of quotations for Family Floater Policy for the Employees of APGB from IRDAI licensed General Insurance Companies.

The Bank will shortlist L1, L2, and L3 insurers for placing Group Medical Insurance Scheme based on the premium quoted in the Financial Bid.

We are hereby providing you the relevant information that is required for submitting the two bids system as below:

A) THE BROAD TERMS OF COVERAGE WILL BE:

Tailor-Made Group Medical Insurance Scheme Family Floater Policy - designed

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especially for the Employees of the Bank

Existing Employee + Spouse + Dependent children + 2 Dependent Parents / Parents in Law

B) POLICY ADMINISTRATION:

- a. A dedicated Customer Relationship Manager for effective initiation and regular servicing from M/s Atlas Insurance Brokers (P) Ltd.
- b. Comprehensive operational and post-launch support from the centralized Group Operations Term from M/s Atlas Insurance Brokers (P) Ltd.
- c. Centralized customer support for query handling on an ongoing basis.

01. ELIGIBILITY / INVITATION:

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

02. BIDDING DOCUMENT:

i. Cost of Bidding: The Bidder shall bear all costs associated with the preparation and submission of its bid including the 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 an overview of the requirements, bidding procedures, and contract terms. It includes Introduction, Instructions to Bidder, Terms & Conditions of Contract, Eligibility Criteria, and Financial Bid. The bidder must conduct its own investigation and analysis regarding any information contained in this NIT & RFQ document, its meaning, and the 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 a bid not responsive to the


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bidding documents in every respect will be at the Bidder's risk and may result in rejection of its bid. APGB has made considerable effort to ensure that accurate information is contained in this NIT & RFQ and is supplied solely as a guideline for Bidders. Furthermore, during the NIT & RFQ process, APGB has disclosed or will disclose in the NIT & RFQ and corrigendum/ addenda, available information relevant to the Scope of Work to the extent, detail, and accuracy allowed by prevailing circumstances. Nothing in this NIT & RFQ or any addenda is intended to relieve Bidders from forming their own opinions and conclusions in respect of the matters addressed in this NIT & RFQ or any addenda.

iii. Clarifications & Amendments

- a) If deemed necessary, Bank may seek clarifications on any aspect from the bidder. However, that 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 a 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 on or before **03/04/2023** to the Bank:

Contact Person at Bank:

Mr. E Venkateswarlu, Chief Manager,
Andhra Pragathi Grameena Bank,
Personnel & HRD Department,
Head Office, Mariyapuram, Kadapa
Contact No: 7993974960, 9490158009
E-mail: apgbpersonnel@apgb.in

Contact person at Insurance Brokers:

Mr. S.Y.Rajeeva Lochan,
Vice-President,
Atlas Insurance Brokers (P) Ltd.,
#3-6-521, Flat No. 301 & 401,
Gharondamaya Apartments,
Himayathnagar Main Road, Hyderabad-29
Mobile No.99590 55508.
Email id: atlasinsurancehyd@gmail.com;


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- c) At any time prior to the deadline for submission of bids, APGB reserves the right to modify the bidding document.
- d) Any clarification issued by APGB will be in the form of an addendum/ corrigendum and will be provided to the Insurance companies. The amendment will be binding on all bidders. APGB, 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.
- e) Interested persons collecting this NIT & RFQ for submission of their Bids are requested to provide their e-mail address to the Bank to enable the Bank to e-mail any subsequent amendment/modification to the NIT & RFQ. However, non-receipt of any such e-mail or the failure of the Bank to send any such e-mail shall not affect the validity of such amendment/modification.

3. BIDDING PROCESS:

- i. The bids shall be submitted in two separate sealed envelopes A and B (as stated below)
 - (A) "TECHNICAL BID" for "Tender for Family Floater Group Medical Insurance Scheme for regular Employees of APGB", and
 - (B) "FINANCIAL BID" "Tender for Family Floater Group Medical Insurance Scheme for regular Employees of APGB"both to be submitted separately. All details with the relevant information/documents/acceptance of all terms and conditions strictly as described in this NIT & RFQ will have to be submitted. The envelope containing Technical Bid will, in turn, contain the following information (super-scribed as "Technical Bid - Eligibility Details"). 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 - Eligibility Details" 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.

ENVELOPE 'A': TECHNICAL BID

This envelope should contain:

- o Annexure I : NIT with Tender Terms & Conditions Document
- o Annexure II : Request for Quotation (RFQ)


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- Annexure III : Terms & Conditions of GMIS Policy
- Annexure IV : Domiciliary Treatments / OPD Ailments List
- Annexure V : Day Care Procedures List
- Annexure VI : Declaration & Acceptance letter from the Bidder

and super-scribed as “Tender for Tailor-Made Group Medical Insurance Scheme for Employees of Andhra Pragathi Grameena Bank, Kadapa”. – Technical Bid

ENVELOPE 'B': FINANCIAL BID

This envelope separately should contain

- Annexure VII : Financial /Price Bid

and super-scribed as “Tender for Tailor-Made Group Medical Insurance Scheme for Existing Employees of APGB, Kadapa”– Financial / Price Bid

These two separate envelopes are to be placed in one envelope and super scribed as **Tender for Tailor-Made Group Medical Insurance Scheme Family Floater Policy for Employees of Andhra Pragathi Grameena Bank, Kadapa**”

- ii. 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.
- iii. The financial evaluation will be followed by the opening of the technical bid of those bidders who qualify as per technical bid specified criteria and further NIT & RFQ process.

4. 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. Insurance companies must provide individual and factual replies to specific questions asked in the NIT & RFQ. Documents submitted should be complete in all respects as detailed in this NIT & RFQ.
- iii. The Technical bid should comprise of one hard copy of the original signed technical bid and placed in a sealed envelope super-scribed as “**TECHNICAL BID**” for Tender for Tailor-Made Group Medical Insurance Scheme Family Floater for Employees” of APGB. This envelope is to be submitted along with another sealed envelope super-scribed as “**FINANCIAL BID**” for Tender for Tailor-Made Family Floater Group Medical Insurance Policy for Employees” of


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- 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 the following criteria/ parameters, based on the audited results of 2021-22. The bidders should fulfill the following parameters:
 - a. Experience in handling 2 large Group Medical Insurance Scheme (minimum of 1000 lives) to be enclosed and at least one such policy should be in force.
 - b. List of Government / Semi-Government / Govt. of India Undertaking / Autonomous Body or Private Body for which such Insurance Scheme has been provided along with the proof.
 - c. Total premium collection should be at least Rs.500 crores each in last 3 Financial Years.
 - d. The bidder must have a valid IRDA license for procuring General Insurance business in India and should have a minimum solvency ratio as prescribed by IRDA.
 - e. The bidder must have a track record of a minimum of three years of operational in General Insurance in India as of 31/03/2022.
- viii. All details with the relevant information/documents/acceptance of all terms and conditions strictly as described in this NIT & RFQ will have to be submitted. The following Information should invariably contain in the "Technical Bid"
- ix. The Technical evaluation will be followed by the opening of the Financial Bid of those bidders who qualify as per the requirement of the Bank.
- x. A dummy copy of Group Health Insurance Policy should be enclosed.

5. 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:

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- i. A letter on bidder's letterhead mentioning Inter-alia.
 - ii. The bids should be submitted through post or by a person, so as to reach HO: PHRD by 5.00 p.m on or before 17.04.2023 and bank is not responsible for any postal delay. Bids submitted by e-mail or any electronic mode is not accepted.
 - iii. Certifying that the period of the validity of the bid is **60 days** from the last date of submission of the bid.
 - iv. 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. The financial bid should be in the form of a hard copy should be a complete document and placed in a sealed envelope super-scribed as "Financial Bid for Tailor-Made Group Medical Insurance Scheme Family Floater for Employees of APGB".
 - 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 quote prices and any type of Tax should be specified separately. Financial bid should be in original, signed with seal. **Financial bid with difference in figures and words will not be accepted.** The total of premium will be reckoned as Financial bid.
 - e. **Validity of Bids**
The bid shall remain valid for **60 days** from the last date for submission of the Bid. A bid valid for a 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 the initial **60 days** if so desired by the Bank in writing or by fax. Refusal to grant such consent would result in the rejection of the bid. However, any extension of validity of bids will not entitle the bidder to revise/ modify the bid document or price.
 - f. **Bid Compliance:**
The willful misrepresentation of any fact within the Bid will lead to the


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cancellation of the contract without prejudice to other actions that Bank may take. All the submissions, including any accompanying documents, will become the property of APGB.

g. Format and signing of Bid

- a) The bidder should prepare submission as per minimum eligibility criteria, Financial Bid, and other requested information.
- b) Bid should be submitted as per the format stipulated in the Annexure to this NIT & RFQ along with such other documents mentioned elsewhere in the NIT & RFQ.
- c) All pages of the bid document should be 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 a rubber stamp should be affixed on each page.
- d) Any interlineations, erasures, or overwriting shall be valid only if the person(s) signing the bid sign(s) authenticates them.
- e) 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 a 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 at the following address up to the time and date mentioned at bid details:

**The Chairman,
Personnel & HRD Department,
Andhra Pragathi Grameena Bank, Head Office,
Mariyapuram, Kadapa,
Andhra Pradesh -516 003.**

In the event of the target date for the receipt of bids being declared as a 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 website of the Bank. Any bid received by the Bank after the 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

- I. Prices shall be expressed in Indian National Rupees only.

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I. 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 the 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 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 the 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 the right to terminate the contract or to demand any damages on account of termination of the Contract by the Bank.

9. TERMINATION FOR INSOLVENCY:

APGB may at any time terminate the Contract by giving written notice to the successful bidder if it becomes bankrupt, insolvent, or otherwise. 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

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thereafter to APGB. Notwithstanding the above, the APGB shall have the right to terminate the contract at 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 the 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, a party (APGB or Insurance Company), give written notice to the other party clearly setting out there in 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 Kadapa in Andhra Pradesh.

11. TERMS & CONDITIONS:

- i. Language of Bid: All bids and supporting documentation shall be submitted in English.
- ii. APGB 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 NIT & RFQ 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 the 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. Andhra Pragathi Grameena 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

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requirements, as it may deem necessary, and notify the same to the bidders before the last date for submission of response under this NIT & RFQ. The Bidders should be agreeable for the same.

- vi. Bids not conforming to the requirements of the NIT & RFQ may not be considered by APGB. However, APGB reserves the right, at any time, to waive any of the requirements of the NIT & RFQ, if, in the sole discretion of APGB, the best interest of APGB be served by such waiver.
- vii. APGB shall have the right to cancel the NIT & RFQ 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 APGB in its sole discretion include but are not limited to, the following:
 - a. Services Contemplated are no longer required,
 - b. Scope of work was not adequately or clearly defined due to unforeseen circumstances 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 APGB,
 - e. Any other reason, which is the sole opinion of the Bank a ground for cancellation of the NIT & RFQ.
- viii. APGB reserves the right to verify the validity of bid information and to reject any bid or cancel the contract where the contents appear to be incorrect, inaccurate, or inappropriate at any time during the process of NIT & RFQ or after award of contract, as the case may be.
- ix. APGB reserves the right to re-negotiate the prices in the event of changes in the market conditions and/ or technology etc.
- x. All pages of NIT & RFQ should be stamped and signed by the Authorized Signatory of the Bidder

12. DISCLAIMER

- i. The information contained in this NIT & RFQ 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 NIT & RFQ document is to provide the Bidder(s) with information to assist the formulation of their Proposals.


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- ii. This NIT & RFQ is not an offer by the Bank, but an invitation for responses to the issues pertaining to the Family Floater Group Health Insurance Policy for Employees of APGB. No contractual obligation on behalf of the Bank, whatsoever, shall arise from the NIT & RFQ 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 on the Bank's website. It is also understood and agreed by the Bidder/s that decision of the Bank regarding the 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 NIT & RFQ, 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 the NIT & RFQ Document, the Bank reserves the right to accept or reject any response and to annul the process and reject all responses at any time before 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 competencies of them to participate in this NIT & RFQ and to provide any and all the services and deliverables under the NIT & RFQ to the Bank. An undertaking should be submitted by the bidder to this effect.


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ix. Subject to any law to the contrary, and to the maximum extent permitted by law, Andhra Pragathi Grameena Bank and its Directors, Officers, Employees, Consultants, agents, and advisors 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 NIT & RFQ 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 Andhra Pragathi Grameena Bank or any of its officers, employees, consultants, agents or advisors.

13. The successful bidder has to sign the Service Level Agreement (SLA) / Memorandum of Understanding (MOU) in between four parties i.e., Insured, Insurer, Insurance Brokers and TPA


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Annexure-II (RFQ)

TAILOR-MADE GMIS FAMILY FLOATER FOR EXISTING EMPLOYEES OF APGB

S. No	INSURANCE COVERAGES	
1	Family Floater	Yes
2	Coverage	Existing Staff and their dependent family members
3	Total No of Employees	Officers : 1933 Nos
		Office Assistants : 642 Nos
		Office Attendants : 100 Nos
		Total : 2675 Nos
4	Total No of Employees & Lives	9339 Nos
5	Family Definition	Staff + Spouse + Dependent Children + 2 Dependent Parents/ Parents-in-laws
6	Sum Insured	Officers : Rs. 4.00 Lakhs
		Office Assistants : Rs. 3.00 Lakhs
		Office Attendants : Rs. 3.00 Lakhs
7	Additional Sum Insured for Critical Illness	Rs. 1.00 Lakh (Only for the Employee)
8	Corporate Buffer	Rs.30.00 lakhs (To be reimbursed to all staff & Dependents whose claim exceeds the sum insured as above in point 7 as per Bank recommendations)
9	Pre-existing Diseases	Yes, covered from day one
10	Waiting period of 30 days	Waived off
11	1, 2, & 4 years Exclusions	Waived off
12	Room Rent for Normal	Rs.5000 per day or the actual amount whichever is less
13	Room Rent for ICU	Rs.7500 per day or actual amount whichever is less
14	Proportionate deductions	Waived off
15	Expenses on Major surgeries/ Illnesses	No capping
16	Maternity cover	Yes
	a) for Normal Delivery	Rs. 50,000/-
	b) For the C section	Rs. 75,000/-
17	Waiver of Nine Months Waiting period	Yes, waived off
18	Claims in respect of delivery	Irrespective of number of children
19	Missed Abortions, miscarriage, or abortions induced by accidents	Covered under the limit of Maternity

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20	New Born Baby Cover	Yes
21	New Born Baby expenses	Up to the limit of Rs. 20,000/- additional to the Maternity Benefits
22	Termination of Pregnancy	Yes, if recommended by the Doctor
23	Pre Hospitalization Expenses	30 Days
24	Post Hospitalization Expenses	90 Days
25	Pre-natal Expenses	30 Days
26	Post-natal Expenses	60 Days
27	Domiciliary Treatment	Yes, domiciliary treatment shall be deemed as hospitalization expenses and reimbursed to the extent of 100% of the sum insured.
	OPD Cover	Cover to the extent of 100% of sum insured for accident cases
28	AYUSH Cover	Yes Covered subject to Hospitalization in Gov. hospital or medical college
29	Charges for Hiring a Nurse /attendant in ICU/CCU & Neo-Natal Nursing cases	Yes, if the Patient is Critical and recommended by the Doctor
30	Ambulance Charges	Rs. 2,500/- per trip to the 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 Rs.750/- per trip. 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.
31	Congenital Anomalies cover	Both External & Internal diseases/ Defect anomalies are covered
32	Addition & Deletion	Pro-rata (Date of Joining & Date of discharge from the Bank is considered)
33	Daycare Procedures	Yes (Annexure V attached)
34	Cataract Surgery	Actual expenses incurred or subject to a maximum of Rs. 50,000/- per eye on any kind of Lens
35	Cover on account of Epidemic Break	Yes, covered – actual expenses or subject to a maximum of sum insured
36	Taxes, Surcharges	Yes, covered
37	Genetic, Psychiatric, Neurological, Muscular Degenerative & Age-related Disorders	Yes, covered
38	Physiotherapy Treatment	Yes, for the period specified by the recommended Doctor

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39	Organ Donor cover	Yes (excluding organ cost)
40	Rental Charges for External and Durable Medical equipment	Only rental charges are payable.
41	Ambulatory Devices	Yes, covered if recommended by Doctor
42	Treatment taken for accidents	Covered even on an OPD basis in hospitals up to sum insured
43	Corona Cover	All expenses related to Corona (COVID-19) and its all variants with respect to PPEs, Masks, Gloves and any other expenses related to treatment shall be covered.
44	Submission of claim documents for reimbursement	In case of hospitalization within 30 days
45	Intimation of claim	Within 5 days from the date of occurrence/ Discharge
46	Taxes and Other charges:	All Taxes, Surcharges, Service Charges, and Administration charges are to be payable.
47	Other Special Care Charges	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, are or any other case where the patient is critical and requires special care
48	Third-Party Administrator (TPA)	Only External TPA will be considered and finalized by the Bank

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Annexure III

Medical Scheme for the Officers/ Employees of Andhra Pragathi Grameena Bank

The scheme covers expenses of the Officers/employees and dependents in cases he/she 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 and domiciliary treatment expenses as defined in the Scheme, for medical/ surgical treatment at any Nursing Home/ Hospital / Clinic (for domiciliary treatment)/ Daycare Centre which are registered with the local bodies, in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specified as per the scheme, to the extent of the sum insured + Corporate buffer.

The Scheme Covers Existing Employee + Spouse + Dependent Children + 2 Dependent Parents / Parents-in-laws.

No age limit for dependent children. (Including stepchildren and legally adopted children) A child would be considered dependent if the monthly income does not exceed Rs. 12,000/-per month; which is at present, or revised by Indian Banks' Association in due course. Widowed Daughter and dependent divorced/separated daughters, sisters including unmarried/divorced/abandoned or separated from husband/ widowed sisters and Crippled Child shall be considered as dependent for the purpose of this policy. Physically challenged Brother / Sister with 40% or more disability.

No Age Limits for Dependent Parents. Either Dependent Parents or parents-in-law will be covered. Parents would be considered dependent if their monthly income does not exceed Rs. 12,000/- per month, which is at present, or revised by Indian Banks' Association in due course, and wholly dependent on the employee as defined in this scheme. (The definition of the family shall be undergoing a change as decided by IBA)

All New Officers & Employees to be covered from the date of joining as per their appointment letter for additions /deletions during the policy period, premium to be charged/refunded on pro-rata basis.

Continuity benefits coverage to officers/employees on retirement and also to the Retired Officers/employees, who may be inducted in the scheme.

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Sum Insured: Hospitalization and Domiciliary Treatment coverage as defined in the scheme per annum

Officers	: Rs. 4.00 Lakhs
Clerical Staff	: Rs. 3.00 Lakhs
Sub Staff	: Rs. 3.00 Lakhs
Corporate Buffer	: Rs. 30.00 Lakhs

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

In the event of any claim becoming admissible under this scheme, the company will pay through Third Party Administrator to the Hospital / Nursing Home or insured 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 but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

Room and Boarding expenses as provided by the Hospital/ Nursing Home not exceeding Rs.5000 per day or the actual amount whichever is less.

Intensive Care Unit (ICU) expenses not exceeding Rs.7500/- per day or actual amount whichever is less.

Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

Nursing Charges , Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, 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, orthopaedic 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.

Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.

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.

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DEFINITIONS:

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

“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.

“Chronic condition” – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics –

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests –
- It needs ongoing or long-term control or relief of symptoms
- It requires rehabilitation or for to be specially trained to cope with it
- It continues indefinitely
- It comes back or is likely to come back.

ALTERNATIVE TREATMENTS:

Alternative Treatments are forms of treatment other than treatment “Allopathy” or “Modern Medicine” and include Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian Context, for Hospitalization and Domiciliary for treatment only.

ANYONE ILLNESS:

Anyone illness will be deemed to mean a continuous period of illness and it includes relapse within 45 days from the date of the 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.

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.

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.

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Internal Congenital Anomaly which is not in the visible and accessible parts of the body
External Congenital Anomaly which is in the visible and accessible parts of the body

CONDITION PRECEDENT:

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

CONTRIBUTION:

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

DAYCARE CENTRE:

A daycare center means any institution established for daycare 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.

DAYCARE TREATMENT:

Daycare Treatment refers to medical treatment and or surgical procedure

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

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


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- b) The patient takes treatment at home on account of the non-availability of room in a hospital.

DOMICILIARY TREATMENT

Treatment taken for specified diseases that may or may not require hospitalization.

HOSPITAL / NURSING HOME:

A Hospital means any institution established for in-patient care and daycare 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 lacs 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 a 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.

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,

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.

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.

INJURY:


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

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.

INTENSIVE CARE UNIT:

An 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.

MATERNITY EXPENSES:

Maternity expenses/treatment shall include:

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

MEDICAL ADVICE:

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

MEDICAL EXPENSES:

Medical Expenses mean 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.

MEDICALLY NECESSARY:

Medically necessary treatment is defined as any treatment, test, medication or stays 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;

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- 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.

MEDICAL PRACTITIONER:

A 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, parents-in-law, spouse, and children.)

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.

NEW BORN BABY:

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

NON NETWORK:

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

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.

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 a medical practitioner. The insured is not admitted as a daycare or in-patient.

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PRE-EXISTING DISEASE:

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

PRE – HOSPITALISATION MEDICAL EXPENSES:

Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim

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

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.

QUALIFIED NURSE:

A 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 the recommendation of the attending medical practitioner.

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.

ROOM RENT:

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

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

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other source. It shall exclude the medical / accident policies obtained by the insured person separately.

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 daycare Centre by a medical practitioner.

THIRD PARTY ADMINISTRATOR (TPA)

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.

UNPROVEN/EXPERIMENTAL TREATMENT:

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

COVERAGES:

Domiciliary Hospitalization / Domiciliary Treatment: Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /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%

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 , Epidermolysisbullosa, Venous Thrombosis(not caused by smoking) Aplastic Anemia, 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, Hemorrhages caused by accidents, All animal/reptile/insect bite or sting , chronic pancreatitis, Immuno suppressants, multiple sclerosis / motor neuron disease, status asthmatics, sequela of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematosus

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(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, swine flu, Type 1 Diabetes, Rheumatoid Arthritis, Psoriasis/Psoriatic Arthritis, System lupus Erythematous, inflammatory Bowel Diseases, Additions Diseases, Sjogren's Diseases, Hashimoyos Thyroiditis, Auto immune vacuities, Pernicious Anemia, Celiac disease & Auto immune myositis shall be considered for reimbursement under domiciliary treatment.

The cost of Medicines, Investigations, 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 is stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

Critical Illness: To be provided to the employee only subject to a sum insured of Rs. 1,00,000/-. Cover starts on the 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, apart from the Sum Insured as applicable. This benefit is provided on the first detection/diagnosis of the Critical Illness.

1. Cancer including Leukemia
2. Stroke
3. Paralysis
4. By-Pass Surgery
5. Major Organ Transplant
6. End-Stage Liver Disease
7. Heart Attack
8. Kidney Failure
9. Heart Valve Replacement Surgery

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

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

1	Adenoidectomy	19	FESS
2	Appendectomy	20	Haemo dialysis
3	Ascitic / Plueral tapping	21	Fissurectomy / Fistulectomy
4	Auroplasty not Cosmetic in nature	22	Mastoidectomy
5	Coronary angiography /Renal	23	Hydrocele
6	Coronary angioplasty	24	Hysterectomy

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7	Dental surgery	25	Inguinal/ ventral/ umbilica/ femoral hernia
8	D&C	26	Parenteral chemotherapy
9	Excision of cyst/ granuloma/lump/tumor	27	Polypectomy
10	Eye surgery	28	Septoplasty
11	Fracture including hairline fracture/dislocation	29	Piles/ fistula
12	Radiotherapy	30	Prostate surgeries
13	Chemotherapy including parental chemotherapy	31	Sinusitis surgeries
14	Lithotripsy	32	Tonsillectomy
15	Incision and drainage of abscess	33	Liver aspiration
16	Varicocelectomy	34	Sclerotherapy
17	Wound suturing	35	Varicose Vein Ligation
18	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.	36	All scopies along with biopsies
		37	Lumbar puncture

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/daycare Centre in less than a day because of technological advancement and

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

ALTERNATIVE THERAPY: Reimbursement of Expenses for hospitalization or domiciliary treatment (under Domiciliary Hospitalization/Domiciliary Treatment) under the recognized system of medicines, viz, Ayurveda, Unani, Siddha, Homeopathy, Naturopathy, if such treatment is taken in a clinic /hospital registered, by the central and state government.

MATERNITY EXPENSES BENEFIT EXTENSION

The hospitalization expenses in respect of the newborn child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50,000/- for Normal Delivery and Rs. 75,000/- for Caesarean Section.

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Special conditions applicable to Maternity Expenses Benefit Extension:

1. 9 months waiting period under maternity benefit will be waived from the policy.
2. 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.
3. Missed Abortions, Miscarriage, or abortions induced by accidents are covered under the limit of Maternity.
4. Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered up to the Sum Insured + Corporate Buffer.
5. Expenses incurred for Medical Termination of Pregnancy.
6. Claim in respect of delivery to be given irrespective of the number of children.
7. Baby Day one Cover: Newborn baby is covered from day one. All expenses incurred on the newborn baby during maternity will be covered in addition to the maternity limit up to Rs. 20,000/-.
8. However, if the baby contracts 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.
9. **Ambulance Charges:** Ambulance charges are payable up to Rs 2,500/- per trip to the 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 Rs 750/- per trip.
10. Ambulance charges actually incurred on transfer from one center to another center due to Non-availability of medical services/ medical complications shall be payable in full.
11. **Pre-Existing Diseases / Ailments:** Pre-existing diseases are covered under the scheme.
12. **Congenital Anomalies:** Expenses for Treatment of Congenital Internal / External diseases, defects/ anomalies are covered under the policy.

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13. **Psychiatric diseases:** Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.
14. **Advanced Medical Treatment:** All new kinds of approved advanced medical procedures e.g. laser surgery, stem cell therapy for the treatment of a disease is payable on hospitalization /daycare surgery.
15. Treatment taken for Accidents can be payable even on an OPD basis in hospitals up to Sum Insured.
16. **Taxes and other Charges:** All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, and Administration charges to be payable.
17. **Charges for diapers and sanitary pads** are payable if necessary as part of the treatment
18. **Charges for Hiring a nurse/attendant** during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neonatal nursing care, or any other case where the patient is critical and requires special care.
19. Treatment for Genetic Disorders and stem cell therapy is covered under the scheme.
20. 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
21. 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.
22. Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopedic pads, subcutaneous insulin pump, Diabetic footwear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha/water bed and similar related items, etc., will be covered under the scheme


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23. 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.

EXCLUSIONS:

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

1. Injury/disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
2. Circumcision unless necessary for the treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
3. Vaccination or inoculation.
4. Change of life or cosmetic or aesthetic treatment of any description is not covered.
5. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.
6. Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear implants.
7. Dental treatment or surgery of any kind which is done in a dental clinic and those are cosmetic in nature.
8. Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs/alcohol.
9. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph Tropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
10. Charges incurred at Hospital or Nursing Home primarily for diagnostic x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home unless recommended by the attending doctor.
11. Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician

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12. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon/materials.
13. All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.

CONDITIONS:

01. Contract: the proposal form, declaration, and the policy issued shall constitute the complete contract of insurance.

02. Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated to the office of the Bank, dealing with Medical Claims, and/or the THIRD-PARTY ADMINISTRATOR office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.

03. The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

04. Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the Bank or Regional Office or THIRD-PARTY ADMINISTRATOR named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalization / Domiciliary Hospitalization.

05. All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or THIRD-PARTY ADMINISTRATOR within 30 days from the date of discharge from the hospital. In case of post-hospitalization, treatment (limited to 90 days), all claim documents should be submitted within 30 days after completion of such treatment.

Note: Waiver of these Conditions 04 and 05 may be considered in extreme cases of hardship where it is proved to the satisfaction of the Bank that under the circumstances

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in which the insured was placed it was not possible for him or any other person to give such notice or deliberate or file claim within the prescribed time-limit. The same would be waived by the TPA without reference to the Insurance Company.

a) The Insured Person shall obtain and furnish to the office of the Bank dealing with the claims / THIRD-PARTY ADMINISTRATOR with all original bills, receipts and other documents upon which a claim is based and shall also give such additional information and assistance as the Bank through the THIRD-PARTY ADMINISTRATOR/Company may require in dealing with the claim.

b) Any medical practitioner authorized by the Bank / Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalization if so required.

06. The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

07. DISCLOSURE TO INFORMATION NORM

The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.

08. Claims will be managed through the same Office of the Bank from where it is managed at present. The Insurance Company's third-party administrator will be setting up a help desk at that office and supporting the bank in clearing all the claims on a real-time basis.

09. 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.

10. There would be a continuity of this Scheme/benefits to the Retiring Officers/employees and their family and also to the Retired Officers/employees and their family

11. CLAIM SETTLEMENT:

1. On receipt of the final document(s), the company shall within a period of 24 (Twenty-Four) days offer a settlement of the claim to the insured person.
2. In case of delay in the payment, the company shall pay interest from the date of receipt of the last necessary document to the date of payment of claim at a rate that is 2% (Two per cent) above the bank rate prevalent at the beginning of the financial year in which the claim is placed.
3. However, where the circumstances of a claim warrant an investigation in the opinion of the company, it shall initiate and complete such investigation at the

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earliest, in any case not later than 30 days from the date of receipt of the last necessary document. In such cases, the insurer shall settle the claim within 45 days from the date of receipt of the last necessary document.

4. In case of delay beyond the stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is paid from the date of receipt of the last necessary document to the date of payment of the claim.

12. CANCELLATION CLAUSE:

The company may at any time cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of a material fact or non-cooperation by the insured fifteen days' notice in writing by Registered A/D to the insured at his last known address in which case the company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The Insured may at any time cancel this Policy and in such event, the Company shall allow refund of premium at Company's short period rate table given below provided no claim has occurred up to the date of cancellation.

<u>Period of Risk</u>	<u>Rate of Premium to be charged</u>
Up to one month	1/4 th of the annual rate
Up to three months	1/2 th of the annual rate
Up to six months	3/4 th of the annual rate
Exceeding six months	Full annual rate.

13. LOW/HIGH CLAIM RATIO (BONUS/MALUS):

Subject otherwise to terms and conditions of Group Health Insurance Policy as attached. The Insurance Company agrees for a continuity cover for three years based on the following annual renewal matrix.

Claims Ratio	Discount/Loading percentage to be applied on the base premium
Not exceeding 25%	40% discount
Not exceeding 30%	35% discount
Not exceeding 40%	25% discount
Not exceeding 50%	15% discount
Not exceeding 60%	5% discount
61% - 110%	No discount no loading
111% - 115%	5% loading
116% - 120%	7% loading
121% - 125%	10% loading
126% - 130%	13% loading
131% - 135%	15% loading
136% - 140%	18% loading

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14. IRDA REGULATIONS:

This policy is subject to IRDA (Health Insurance) Regulations 2013 and IRDAI Protection Policy Holders' Interest Regulations 2002 as amended from time to time.

15. GRIEVANCE REDRESSAL:

In the event of Insured has any grievance relating to the insurance, the insured may contact any of the Grievance Cells at Regional Offices of the Insurance Company or Office of the Insurance Ombudsman under the jurisdiction of Kadapa, Andhra Pradesh.


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Annexure- IV

Domiciliary Hospitalization / Domiciliary Treatment	
Sr. No.	Treatments
1	Cancer
2	Leukemia
3	Thalassemia
4	Tuberculosis
5	Paralysis
6	Cardiac Ailments
7	Pleurisy
8	Leprosy
9	Kidney Ailment
10	All Seizure disorders
11	Parkinson's diseases
12	Psychiatric disorder including schizophrenia and psychotherapy
13	Diabetes and its complications
14	Hypertension
15	Asthma
16	Hepatitis –B
17	Hepatitis – C
18	Hemophilia
19	Myasthenia gravis
20	Wilson's disease
21	Ulcerative Colitis
22	Epidermolysis bullosa
23	Venous Thrombosis(not caused by smoking) Aplastic Anemia
24	Psoriasis
25	Third Degree burns
26	Arthritis
27	Hypothyroidism
28	Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia
29	Glaucoma
30	Tumor
31	Diphtheria
32	Malaria
33	Non-Alcoholic Cirrhosis of Liver
34	Purpura
35	Typhoid
36	Accidents of Serious Nature

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37	Cerebral Palsy
38	Polio
39	All Strokes Leading to Paralysis
40	motor neuron disease caused by accidents
41	All animal/reptile/insect bite or sting
42	Chronic pancreatitis
43	Immunosuppressants
44	Multiple sclerosis / motor neuron disease
45	Status asthmaticus
46	Sequela of meningitis
47	Osteoporosis
48	Muscular dystrophies
49	Sleep apnea syndrome(not related to obesity)
50	Any organ related (chronic) condition
51	Sickle cell disease
52	Systemic lupus erythematosus (SLE)
53	Any connective tissue disorder
54	Varicose veins
55	Thromboembolism venous thrombosis/venous thromboembolism (VTE)]
56	Growth disorders
57	Graves' disease
58	Chronic obstructive Pulmonary Disease
59	Chronic Bronchitis
60	Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.
61	Type 1 Diabetes
62	Rheumatoid Arthritis
63	Psoriasis/Psoriatic Arthritis
64	System lupus Erythematosus
65	Inflammatory Bowel Diseases
66	Additions Diseases
67	Sjogren's Diseases
68	Hashimoto's Thyroiditis
69	Auto immune vacuities
70	Pernicious Anemia
71	Celiac disease
72	Auto immune myositis

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Annexure V

Day care procedures	
ENT: Operation of the ear	
1	Stapedotomy or Stapedectomy
2	Myringoplasty (Type -I Tympanoplasty)
3	Tympanoplasty (closure of an eardrum perforation)
4	Reconstruction and other Procedures of the auditory ossicles
5	Myringotomy
6	Removal of a tympanic drain
7	Mastoidectomy
8	Reconstruction of the middle ear
9	Fenestration of the inner ear
10	Incision (opening) and destruction (elimination) of the inner ear
ENT: Procedures on the nose & the nasal sinuses	
11	Excision and destruction of diseased tissue of the nose
12	Procedures on the turbinates (nasal concha)
13	Nasal sinus aspiration
ENT: Procedures on the tonsils & adenoids	
14	Transoral incision and drainage of a pharyngeal abscess
15	Tonsillectomy and / or adenoidectomy
16	Excision and destruction of a lingual tonsil
17	Quinsy drainage
OPHTHALMOLOGY: Procedures on the eyes	
18	Incision of tear glands
19	Excision and destruction of diseased tissue of the eyelid
20	Procedures on the canthus and epicanthus
21	Corrective surgery for entropion and ectropion
22	Corrective surgery for blepharoptosis
23	Removal of a foreign body from the conjunctiva
24	Removal of a foreign body from the cornea
25	Incision of the cornea
26	Procedures for pterygium
27	Removal of a foreign body from the lens of the eye
28	Removal of a foreign body from the posterior chamber of the eye
29	Removal of a foreign body from the orbit and eyeball
30	Operation of cataract
31	Chalazion removal
32	Glaucoma Surgery
33	Surgery of Retinal Detachment
Procedures on the skin & subcutaneous tissues	

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34	Incision of a pilonidal sinus
35	Other incisions of the skin and subcutaneous tissues
36	Surgical wound toilet (wound debridement)
37	Local excision or destruction of diseased tissue of the skin and subcutaneous tissues
38	Simple restoration of surface continuity of the skin and subcutaneous tissues
39	Free skin transplantation, donor site
40	Free skin transplantation, recipient site
41	Revision of skin plasty
42	Restoration and reconstruction of the skin and subcutaneous tissues
43	Chemosurgery to the skin
44	Excision of Granuloma 17
45	Incision and drainage of abscess
Procedures on the tongue	
46	Incision, excision and destruction of diseased tissue of the tongue
47	Partial glossectomy
48	Glossectomy
49	Reconstruction of the tongue
Procedures on the salivary glands & salivary ducts	
50	Incision and lancing of a salivary gland and a salivary duct
51	Excision of diseased tissue of a salivary gland and a salivary duct
52	Resection of a salivary gland
53	Reconstruction of a salivary gland and a salivary duct
Procedures on the & face	
54	External incision and drainage in the region of the th, jaw and face
55	Incision of the hard and soft palate
56	Excision and destruction of diseased hard and soft palate
57	Incision, excision and destruction in the th
58	Plastic surgery to the floor of the th
59	Palatoplasty
Trauma surgery and orthopaedics	
60	Incision on bone, septic and aseptic
61	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
62	Suture and other Procedures on tendons and tendon sheath
63	Reduction of dislocation under GA
64	Arthroscopic knee aspiration
65	Aspiration of hematoma
66	Excision of dupuytren's contracture
67	Carpal tunnel decompression
68	Surgery for ligament tear
69	Surgery for meniscus tear

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70	Surgery for hemoarthrosis /pyoarthrosis
71	Removal of fracture pins/nails
72	Removal of metal wire
73	Joint Aspiration - Daignostic / therapeutic
Procedures on the breast	
74	Incision of the breast
75	Procedures on the nipple
76	Excision of breast lump /Fibro adenoma
Procedures on the digestive tract	
77	Incision and excision of tissue in the perianal region
78	Surgical treatment of anal fistulas
79	Surgical treatment of haemorrhoids
80	Division of the anal sphincter (sphincterotomy)
81	Ultrasound guided aspirations
82	Sclerotherapy
83	Therapeutic Ascitic Tapping
84	Endoscopic ligation /banding
85	Dilatation of digestive tract strictures
86	Endoscopic ultrasonography and biopsy
87	Replacement of Gastrostomy tube
88	Endoscopic decompression of colon
89	Therapeutic ERCP 18
90	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
91	Endoscopic Gastrostomy
92	Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
93	Endoscopic Drainage of Pseudopancreatic cyst
94	Hernia Repair (Herniotomy / herniography / hernioplasty)
Procedures on the female sexual organs	
95	Incision of the ovary
96	Insufflation of the Fallopian tubes
97	Dilatation of the cervical canal
98	Conisation of the uterine cervix
99	Incision of the uterus (hysterotomy)
100	Therapeutic curettage
101	Culdotomy
102	Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
103	Procedures on Bartholin's glands (cyst)
104	Endoscopic polypectomy
105	Myomectomy , hysteroscopic or laparoscopic biopsy or removal
Procedures on the prostate & seminal vesicles	

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106	Incision of the prostate
107	Transurethral excision and destruction of prostate tissue
108	Open surgical excision and destruction of prostate tissue
109	Radical prostatovesiculectomy
110	Incision and excision of periprostatic tissue
Procedures on the scrotum & tunica vaginalis testis	
111	Incision of the scrotum and tunica vaginalis testis
112	Operation on a testicular Hydrocele
113	Excision and destruction of diseased scrotal tissue
114	Plastic reconstruction of the scrotum and tunica vaginalis testis
Procedures on the testes	
115	Incision of the testes
116	Excision and destruction of diseased tissue of the testes
117	Orchidectomy- Unilateral / Bilateral
118	Orchidopexy
119	Abdominal exploration in cryptorchidism
120	Surgical repositioning of an abdominal testis
121	Reconstruction of the testis
122	Implantation, exchange and removal of a testicular prosthesis
Procedures on the spermatic cord, epididymis and DuctusDeferans	
123	Surgical treatment of a varicocele and hydrocele of spermatic cord
124	Excision in the area of the epididymis
125	Epididymectomy
126	Reconstruction of the spermatic cord
127	Reconstruction of the ductus deferens and epididymis
Procedures on the penis	
128	Procedures on the foreskin
129	Local excision and destruction of diseased tissue of the penis
130	Amputation of the penis
131	Plastic reconstruction of the penis
Procedures on the urinary system	
132	Cystoscopical removal of stones
133	Lithotripsy 19
134	Haemodialysis
135	PCNS (Percutaneous nephrostomy)
136	PCNL (PercutaneousNephro-Lithotomy)
137	Tran urethral resection of bladder tumor
138	Suprapubiccytostomy
Procedures of Respiratory System	
139	Brochosopic treatment of bleeding lesion
140	Brochosopic treatment of fistula /stenting

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141	Bronchoalveolar lavage & biopsy
142	Direct Laryngoscopy with biopsy
143	Therapeutic Pleural Tapping
Procedures of Heart and Blood vessels	
144	Coronary angiography (CAG)
145	Coronary Angioplasty (PTCA)
146	Insertion of filter in inferior vena cava
147	TIPS procedure for portal hypertension
148	Blood transfusion for recipient
149	Therapeutic Phlebotomy
150	Pericardiocentesis
151	Insertion of gel foam in artery or vein
152	Carotid angioplasty
153	Renal angioplasty
154	Varicose vein stripping or ligation
OTHER Procedures	
155	Radiotherapy for Cancer
156	Cancer Chemotherapy
157	True cut Biopsy
158	Endoscopic Foreign Body Removal
159	Vaccination / Inoculation - Post Dog bite or Snake bite
160	Endoscopic placement/removal of stents
161	Tumorembolisation
162	Aspiration of an internal abscess under ultrasound guidance

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Annexure – VI

Format of Declaration/Acceptance Letter Format

(To be submitted by the bidder on their letterhead along with Bid documents)

To,
The Chairman,
Personnel & HRD Department,
Head Office,
Andhra Pragathi Grameena Bank,
Mariyapuram,
Kadapa, Andhra Pradesh

Sir,

Our Bid for RFQ No: 785/RFQ/GMIS/P&HRD/2023, dated 24/03/2023.

1. With respect to your RFQ mentioned above, we submit our Bid Document herewith. As desired in the RFQ, we are submitting two envelopes, one containing Technical and the other Financial Bid, both 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 the 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 the 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.

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3. We confirm that we have the necessary legal, regulatory, statutory, and corporate authority/eligibility and competency to participate in this RFQ and also to provide the services as per the RFQ 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 in the shortest possible time.

Yours faithfully,

**Authorized Signatory:
(INSURANCE COMPANY)**

Name:

Designation:

Seal of Company


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Annexure VII

ANDHRA PRAGATHI GRAMEENA BANK
FINANCIAL / PRICE BID
GROUP MEDICAL INSURANCE SCHEME - A FAMILY FLOATER POLICY COVER FOR
EXISTING EMPLOYEES OF APGB

Ref No 785/RFQ/GMIS/P&HRD/2023

Dated: 24/03/2023

Sl. No.	Sum Insured	Premium per Family		
		Net Premium	GST @ 18%	Gross Premium
1	Rs. 3,00,000/-	Rs.	Rs.	Rs.
		Rs.(in words)	Rs.(in words)	Rs.(in words)
2	Rs. 4,00,000/-	Rs.	Rs.	Rs.
		Rs.(in words)	Rs.(in words)	Rs.(in words)
Total (1+2)		Rs.	Rs.	Rs.
		Rs.(in words)	Rs.(in words)	Rs.(in words)

- 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 offers will be evaluated based on the total (1+2) quoted value.
- 3) Conditional Bids are liable to be rejected.

SIGNATURE OF THE BIDDER**WITH SEAL & DATE**

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