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Andhra Pragathi Grameena Bank

(Sponsored by Canara Bank)

Ref.No. 04 / RGMI / PHRD / 2023

Date: 09.01.2023

NOTICE INVITING TENDER (NIT)

NAME OF THE WORK:: INSURANCE OF TAILOR-MADE GROUP MEDICLAIM FAMILY FLOATER POLICY (GMC) FOR RETIRED 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 Mediclaim Floater Policy (GMC) for the Retired Employees of Andhra Pragathi Grameena Bank, Kadapa
2.	Family Definition	Retired Staff + spouse (1+1)
3.	Total No of Retirees/Pensioners	1028 - Regular Pensioners 249 - Family Pensioners 1277 – Total Pensioners
4.	Tender Cost	Free of Cost
5.	Tender may be downloaded from the bank website only	To be downloaded directly from Bank Website only Website: www.apgb.in
6.	Tender Start Date	09/01/2023
7.	Sum Insured	Family Floater (1+1): Rs. 4.00 Lakhs (With Domiciliary – 5% of SI) Rs. 4.00 Lakhs (Without Domiciliary)
8.	Place and Address for Submission of Tender	The Chairman, Andhra Pragathi Grameena Bank, Personnel & HRD Dept. Head Office, Mariapuram, Kadapa – 516003 (Andhra Pradesh).
9.	Pre Bid Meeting on	19/01/2023 at 3.00 P.M
10.	Last Date & Time for Bid submission	30/01/2023 by 01.00 P.M.



Signature and Seal of the Bank

Signature and Seal of the Bidder



11.	Date and Time for opening of the Tender	Technical Bid on: 30/01/2023 at 3.00 P.M Financial Bid on: 31/01/2023 at 11.00 A.M.
12.	In Case of any queries, please contact	Mr. E Venkateswarlu The Chief Manager Personnel & HRD Dept Andhra Pragathi Grameena Bank Contact No: 9440459520 Email: apgbpension@apgb.in
13.	Name and Address of the Insurance Broker	Mr. S.Y. Rajeeva Lochan, Vice-President, Atlas Insurance Brokers Pvt Ltd., # 3-6-521, Flat No. 301& 401, Gharondamaya Apartmets, Himayathnagar Main Road, Hyderabad Ph.No. 9959055508 Email id: atlasinsurancehyd@gmail.com;
14.	Name and Address of the Third Party Administrator (TPA)	To be Finalized by the Bank

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



Signature and Seal of the Bank



Signature and Seal of the Bidder

**GROUP MEDICLAIM INSURANCE POLICY (GMC) FOR RETIRED EMPLOYEES OF
APGB**

TECHNICAL BID

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 31/03/2022

The Bank earned a Net profit of Rs. 416.89 Crore as on 31/03/2022 and is having a net worth of Rs.3,194.11 Crores as on 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 addendum/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.
- 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
- x. “Personnel” means 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 “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.



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- 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 Mediciam Policy (GMC) for Retired Employees as per the terms of the NIT & RFQ/ contract.

Tailor-made Group Mediciam Policy for Retired Employees of Andhra Pragathi Grameena Bank

We wish to inform you that APGB is providing a Family Floater Group Mediciam policy (GMC). In this context; we wish to inform you that the bank has appointed **M/s Atlas Insurance Brokers Pvt Ltd.**, to carry out the process for procurement of the Family Floater Group Mediciam Policy (GMC) for the Retired Employees of APGB from IRDAI licensed Insurance Companies.

Bank will shortlist L1, L2, and L3 insurers for placing GMC Insurance Policy based on the Premium quoted in Financial Bid.

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

A) THE BROAD TERMS OF COVERAGE WILL BE:

Family floater Group Mediciam Policy - designed especially for Retired Employees + Spouse (1+1).

B) POLICY ADMINISTRATION:

- A dedicated Customer Relationship Manager for effective initiation and regular servicing from **M/s Atlas Insurance Brokers Pvt Ltd.**
- Comprehensive operational and post-launch support from the centralized Group Operations Team from **M/s Atlas Insurance Brokers Pvt Ltd.**
- Centralized customer support for query handling on an ongoing basis.

3. ELIGIBILITY / INVITATION:

The NIT 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.

4. 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.



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ii. Content of Bidding Document

- a) The bidding document provides an overview of the requirements, bidding procedures, and contract terms. It includes an Introduction, Instructions to the 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 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 bidding documents in every respect will be at the Bidder's risk and may result in the 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/ addendum, 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 addendum is intended to relieve Bidders from forming their own opinions and conclusions in respect of the matters addressed in this NIT & RFQ or any addendum.

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 **19/01/2023** either to the Bank and Insurance Broker:

Contact Person at Bank:

Mr. E Venkateswarlu, Chief Manager,
Andhra Pragathi Grameena Bank,
Personal & HRD Department,
Head Office, Mariyapuram, Kadapa
Ph.No. 9440459520 – Landline: 08562-259016
Email Id: apgbpension@apgb.in

Contact Person at Insurance Broker:

Mr. S.Y. Rajeeva Lochan,
Vice-President,
Atlas Insurance Brokers Pvt Ltd.,
3-6-521, Flat No. 301& 401,
Gharondamaya Apartments,
Himayathnagar Main Road, Hyderabad
Ph.No. 9959055508
Email id: atlasinsurancehyd@gmail.com;



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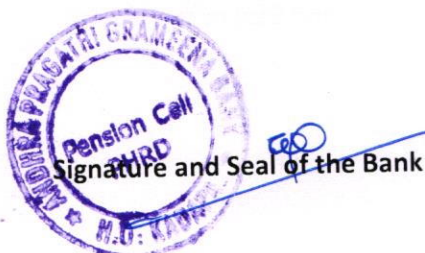
- c) At any time prior to the deadline for submission of bids, APGB reserves the right to modify the bidding document.
- d) Any clarification issued by APGB will be in the form of an addendum/ corrigendum and will be provided to the Insurance companies. The amendment will be binding on all bidders. APGB, 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.

5. 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 Mediclaim Policy (GMC) for Retired Employees of APGB”**, and
 - (B) **“FINANCIAL BID”** for **“Tender for Family Floater Group Mediclaim Policy (GMC) for Retired 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 (superscribed as “Technical Bid - Eligibility Details”). The bidders are advised to write their name and contact details (Phone No., 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.

Contents of Tender Document :

- NIT : Notice Inviting Tender
- Annexure I : Request for Quotation (RFQ)
- Annexure II : Diseases List of Domiciliary Treatment / OPD
- Annexure III : Day Care Procedures List
- Annexure IV : Declaration of acceptance letter from the Bidder
- Annexure V : Terms & Conditions of GMC Policy
- Annexure VI : Financial /Price Bid



Signature and Seal of the Bidder

- 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 Technical Evaluation will be followed by the opening of the financial bid of those bidders who qualify as per the technical Bid specified criteria and further NIT & RFQ 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. Insurance companies must provide individual and factual replies to specific questions asked in the NIT & RFQ. Documents submitted should be completed in all respects as detailed in this NIT & RFQ.
- iii. The Technical bid should comprise one hard copy of the Technical Bid to be placed in a sealed envelope super-scribed as "**TECHNICAL BID**" for **Tender for Family Floater Group Mediclaim Policy (GMC) for Retired Employees" of APGB** (NIT and Annexure I to V). This envelope is to be submitted along with another sealed envelope super-scribed as "**FINANCIAL BID**" for **Tender for Family Floater Group Mediclaim Policy (GMC) for Retired Employees" of APGB** (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 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 Mediclaim Policies to be enclosed
 - B. A dummy copy of the Group Health Insurance Policy.
 - C. List of Government / Semi-Government / Govt. of India Undertaking / Autonomous Body or Private Body for which such Insurance Scheme has been provided along with proof.
 - D. The total premium collection should be at least Rs.300 crores per year in the last 3 Financial Years.
 - E. 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.



F. The bidder must have a track record of a minimum of Five Years 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.

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:

i. A letter on the bidder's letter head mentioning Inter-alia.

ii. Certifying that the period of the validity of the bid is **60 days** from the last date of submission of the bid.

iii. 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 Family Floater Group Mediclaim Policy (GMC) for Retired Employees of APGB".

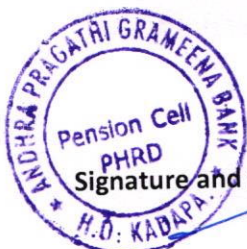
- c. The financial proposal shall not include any conditions attached to it and any such condition attached to the financial proposal shall be liable for rejection. The proposal should also indicate specific milestones and deliverables for raising bills for part payment subject to other conditions. Payment 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

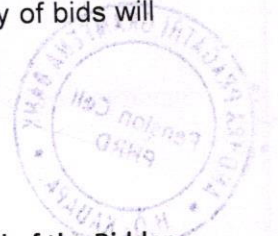
The prices should be specified only in "Financial Bid" and must not be specified at any other place in the bid document. The quote prices and any type of Tax should be specified separately.

e. Validity of Bids

The bid shall remain valid for **60 days** from the last date for the 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.



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f. Bid Compliance:

The willful mis-representation of any fact within the Bid will lead to the cancellation of the contract without prejudice to other actions that the 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 a 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 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 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 to The Chairman, Andhra Pragathi Grameena Bank, Personnel & HRD Department, Kadapa at the following address up to the time and date mentioned at the bid details:

**The Chairman,
Personnel & HRD Department,
Andhra Pragathi Grameena Bank, Head Office,
Mariyapuram, Kadapa, Andhra Pradesh, 516003.**

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

Prices shall be expressed in Indian 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 Banks 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 the 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 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 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, the party (APGB or Broker or Insurance Company), give written notice to other party clearly setting out there in specific dispute(s) and/or difference(s) and shall be referred to a sole arbitrator mutually



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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 item 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 the 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 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 to 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 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 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



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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.
- 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 Mediclaim Policy (GMC) for Retired 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 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.



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Signature and Seal of the Bidder

- 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 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.
- ix. Subject to any law to the contrary, and to the maximum extent permitted by law, APGB 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 APGB or any of its officers, employees, consultants, agents or advisors.



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Annexure I

**RFQ FOR FAMILY FLOATER GMC POLICY COVER FOR RETIRED EMPLOYEES OF
APGB
WITH & WITHOUT OPD / DOMICILIARY TREATMENT COVERAGE**

S.No.	INSURANCE COVERAGES	
1	Type of Policy	Tailor-made Group Medclaim Policy
2	Family Floater	Yes
3	Family Definition	Retired Employee + Spouse OR Single Person (Retiree without a spouse, i.e. widow, widower, or unmarried, Family Pensioner and legally divorced).
4	Sum Insured	Family Floater: Rs. 4.00 Lakhs (With Domiciliary – 5% of S.I) Rs. 4.00 Lakhs (Without Domiciliary)
5	Total No of Retirees / Pensioners	1028 - Regular Pensioners <u>249 - Family Pensioners</u> 1277 – Total Pensioners
6	Minimum No. of Members Enrollments expecting	300 Members
7	Eligibility Criteria	<ul style="list-style-type: none">• Andhra Pragathi Grameena Bank staff Retired on completion of pensionable services in the bank and their Spouses.• Spouse of the Deceased Staff.
8	Age Limit	There is no age limit for joining the policy.
9	Window open for Enrollment	<ul style="list-style-type: none">• 3 months (90 Days) subject to Full Premium payable for Existing Retired Employees.• 3 Months (90 Days) from the Date of Retirement for Future Retirees by paying Pro-rata Basis premium
9	Process of Enrollment	<p>Insurance cover to the Member, who pays the premium during the 1st day of the month to the 15th day of the month, Insurance Coverage commences from the 16th day of the month. Similarly, Insurance coverage for members who pay the premium during the 16th day to the last day of the month Insurance Coverage commences from the 1st day of the next month.</p> <ul style="list-style-type: none">• In case of death of a member, coverage will cease automatically from that date. There will be no refund of the premium if the claim is made under the policy. But the cover will be extended to the living spouse of the deceased till the end of the policy period if the sum insured is not exhausted.



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10	Mid-Term Additions for Future Retirees	Premium payable on a pro-rata basis and Enrollment should be within 90 days from the date of Retirement
11	Administration of the scheme	Centrally at APGB Head Office, Kadapa
12	Premium Payment	Premium shall be collected from the Retirees and paid by Bank in a lump sum
13	Hospitalization/ Treatment	Cashless / Reimbursement
14	Pre Existing Diseases	Waived Off – Covered from Day One
15	30 Days Waiting Period	Waived Off – Covered from Day One
16	1 st Year, 2 nd Year and 4 th Year Exclusions	Waived Off – Covered from Day One
17	Day Care Procedures	Yes, Covered – As per Annexure III
18	Domiciliary Treatment / Out-Patient (OPD) Treatment (Consultation, Investigation and Pharmacy Expenses)	If Covered, max limit up to 5% of SI in the policy year and Doctor prescription validity up to 90 days – List of ailments as per Annexure-II
19	AYUSH Cover	Yes, Covered subject to the treatment has been undergone in a Government Hospital or in any Institute recognized by the Government and/or accredited by the Quality Council of India / National Accreditation Board on Health or any other suitable institute – Subject to Hospitalization only.
20	Hospitalization Expenses	Yes, Covered subject to a Minimum 24 Hrs Hospitalization
21	Room Rent for normal	1% of the Sum Insured per day
22	Room Rent for ICU / ICCU	2% of the Sum Insured per day
23	Pre and Post Hospitalization	30 and 60 days
24	Ambulance Charges	Max up to Rs 2,500/- per trip to hospital and/or transfer to another hospital or transfer from hospital to home if immediately advised. Taxi and Auto expenses in actual maximum up to Rs 750/- per trip will also be reimbursable.
25	Major Surgeries	Yes, Covered from the inception of the policy
26	Cataract Surgery	Actual Expenses or subject to Max. amount of Rs.35,000/- per eye
27	Genetic, Psychiatric, Neurological, Muscular Degenerative & Age-Related Disorders	Yes, Covered subject to Hospitalization
28	Congenital Anomaly	Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy for Life-threatening diseases.



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29	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.
30	Organ Transplant	Hospitalization Expenses incurred on the Donor with respect to Organ Transplant Treatment, excluding the Cost of the Organ are covered
31	Taxes and Other charges:	All Taxes, Surcharges, Service Charges, Registration charges, Nursing, and Administration charges are 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 of ICU/CCU, are or any other case where the patient is critical and requires special care.
32	Third-party Administrator (TPA)	To be finalized by the Bank



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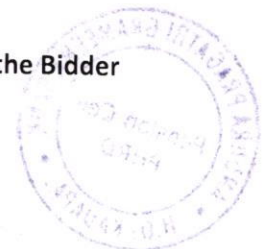
Annexure- II

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 disorders 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 Anaemia
24	Psoriasis
25	Third Degree burns
26	Arthritis
27	Hypothyroidism & Hyperthyroidism
28	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 the Liver
34	Purpura
35	Typhoid
36	Accidents of Serious Nature
37	Cerebral Palsy
38	Polio
39	All Strokes Leading to Paralysis
40	Hemorrhages caused by accidents
41	All animal/reptile/insect bite or sting



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42	Chronic pancreatitis
43	Immuno suppressants
44	Multiple sclerosis/motor neuron disease
45	Status asthmaticus
46	Sequa lea 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 Pulmonary Disease
59	Chronic Bronchitis
60	Physiotherapy and swine flu
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 shall be considered for reimbursement under domiciliary treatment.



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Annexure III

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	
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



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40	Free skin transplantation, recipient site
41	Revision of skin plasty
42	Restoration and reconstruction of the skin and subcutaneous tissues
43	Chemosurgery on 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 teeth, 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 teeth
58	Plastic surgery to the floor of the th
59	Palatoplasty
Trauma surgery and orthopedics	
60	Incision on bone, septic and aseptic
61	Closed reduction on fracture, luxation or epiphysiolysis 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 a ligament tear
69	Surgery for a meniscus tear
70	Surgery for a hemarthrosis /pyoarthrosis
71	Removal of fracture pins/nails
72	Removal of metal wire
73	Joint Aspiration - Diagnostic/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 hemorrhoids
80	Division of the anal sphincter (sphincterotomy)
81	Ultrasound-guided aspirations
82	Sclerotherapy



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83	Therapeutic Ascetic 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 /Gastroesophageal 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	
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 Ductus Deferans	
123	Surgical treatment of a varicocele and hydrocele of spermatic cord
124	Excision in the area of the epididymis
125	Epididymectomy



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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	Cystoscopic removal of stones
133	Lithotripsy 19
134	Haemodialysis
135	PCNS (Percutaneous nephrostomy)
136	PCNL (Percutaneous Nephro-Lithotomy)
137	Tran urethral resection of bladder tumor
138	Suprapubic cystostomy
Procedures of Respiratory System	
139	Bronchoscopic treatment of bleeding lesions
140	Bronchoscopic treatment of fistula /stenting
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 Snakebite
160	Endoscopic placement/removal of stents
161	Tumor embolization
162	Aspiration of an internal abscess under ultrasound guidance



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Annexure –IV (Bid Covering Letter)

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

To
The Chairman
Head Office,
PHRD Dept.
Andhra Pragathi Grameena Bank,
Kadapa, Andhra Pradesh

Dear Sir,

Our Bid for RFQ no _____ dated _____

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. The bank may follow a 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 of 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.
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.



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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



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Annexure- V

**Medical Insurance Scheme for the Retired Employees of
Andhra Pragathi Grameena Bank**

GMC INSURANCE POLICY - TERMS & CONDITIONS

1 WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein has applied to M/s. _____ INSURANCE COMPANY LTD. (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of Employees/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.

1.1 NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed here on the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any insured person 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 expenses for medical/surgical treatment at any Nursing Home/Hospital in India as herein defined (hereinafter called HOSPITAL) as an inpatient, 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 will 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 1% of Sum Insured per day or the actual amount whichever is less.
- B) Intensive Care Unit (ICU) expenses not exceeding 2% of the Sum Insured per day or actual amount whichever is less.
- C) Surgeon, a team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- D) Nursing Charges, Service Charges, 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



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such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.

E) Hospitalization expenses (excluding the 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 60 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, check-ups 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 (AYUSH):

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 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.



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2.5 CASHLESS FACILITY:

A 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.

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:

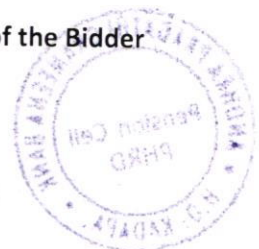
Domiciliary Hospitalization means medical treatment for an illness / Disease / Injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- a) The condition of the patient is such that he/she is not in a condition to be moved to a hospital or,



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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 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 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.



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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: (NOT APPLICABLE)

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.



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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, parents-in-law, 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: (NOT APPLICABLE)

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 center 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 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 (NOT APPLICABLE)

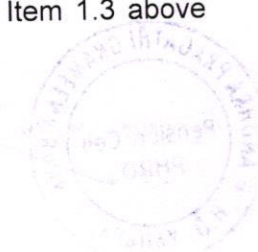
Portability means the transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

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;



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- 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 60 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 both the parties.

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 the Insurance Regulatory and Development Authority to act as a THIRD PARTY



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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: **(NOT APPLICABLE)**
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 10% of the Sum Insured under the policy.

List of Diseases are mentioned below (Complete list Enclosed as Annexure –II)

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 Anemia, Psoriasis, Third Degree burns, Arthritis, Hypothyroidism, Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diptheria, 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, sequalea 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, Physiotherapy and swine flu, Type 1 Diabetes, Rheumatoid Arthritis, Psoriasis/Psoriatic Arthritis, Sysytem lupus Erythematosus, Inflammatory Bowel Diseases, Additions Diseases, Sjogren's Diseases, Hashimoto's Thyroiditis, Auto immune vacuities, Pernicious Anemia, Celiac disease, Auto immune myositis 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 Hospitalization 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:



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- 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 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 below mentioned treatments and **detailed list treatments as enclosed in Annexure III**

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	Piles/ fistula
11	Fractures 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 scopies 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.



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3.5 ALTERNATIVE THERAPY:

Reimbursement of Expenses due to hospitalization under the recognized system of medicines , viz 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 (NOT APPLICABLE):

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. _____ for Normal Delivery and Rs. _____ for Caesarean Section:-

Special conditions applicable to Maternity expenses Benefit Extension:

- i 9-month's waiting period under maternity benefit will be waived from the policy.
- ii Pre-natal & post-natal charges in respect of maternity benefits are covered under the policy up to 30 days and 60 days only, unless the same requires hospitalization.
- iii Missed Abortions, Miscarriages, 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
- v Expenses incurred for Medical Termination of Pregnancy
- vi Claim in respect of delivery to be given irrespective of the number of children

3.7 BABY DAY ONE COVER (NOT APPLICABLE):

Newborn 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 of up to Rs, _____ Per child.

However, if the baby contacts any illness the same shall be considered in the Sum Insured + Corporate buffer. Baby is to be taken as an additional member within the normal family floater.

3.8 AMBULANCE CHARGES:

Ambulance charges are payable maximum of up to Rs 2500/- per trip to Residence / Incident place to hospital and/or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual or maximum up to Rs 750/- per trip will also be reimbursable.

3.9 PRE-EXISTING DISEASES / AILMENTS:

Pre-existing diseases are covered under the scheme.

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 hospitalization.



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3.12 ADVANCED MEDICAL TREATMENT (NOT APPLICABLE):

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.

3.13 Treatment taken for Accidents can be payable even on an OPD basis in the Hospital up to 10% of the 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 Disorders and stem cell therapy is covered under the scheme subject to Hospitalization

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 subject to hospitalization.

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, the purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall not be covered.

3.18 Ambulatory devices i.e., walkers, 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 not be covered under the scheme.

4. 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:

4.1 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).

4.2 A) Circumcision unless necessary for the treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

B) Vaccination or inoculation.

C) Change of life or cosmetic or aesthetic treatment of any description is not covered.

D) Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

4.3 Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implants.

4.4 Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.



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- 4.5 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.
- 4.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic 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.
- 4.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis 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.
- 4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
- 4.10 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.
- 4.11 Attempted suicide, critical illness before the commencement of the policy, war, invasion, nuclear radiation are not covered.

5. CONDITIONS:

- 5.1 **CONTRACT:** the proposal form, declaration, and the policy issued shall constitute the complete contract of insurance.
- 5.2 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.
- 5.3 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 fulfillment 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.
- 5.4 **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.



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- 5.5 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 60 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 days to 45 days after completion of such treatment.

Note: Waiver of these Conditions 5.4 and 5.5 may be considered in extreme cases of hardship where it is proved to the satisfaction of the Bank that under the circumstances 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.

- 5.6 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.
- 5.7 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.
- 5.8 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.
- 5.9 DISCLOSURE TO INFORMATION NORM
The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 5.10 Claims will be managed through the same Office of the Bank from where it is managed at present. The Insurance Companies 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.
- 5.11 In case of Rejection of Claims it would go through a Committee set up of the Bank, Insurance Broker, Third Party Administrator and Insurance Co, unless rejected by the committee in real time the claim should not be rejected.
- 5.12 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 the subsequent renewal thereof. The Company shall not be bound to give notice that such renewal premium is due, provided however that if the insured shall apply or requested for renewal and remit the requisite premium before the expiry of this policy, renewal shall not normally be refused, unless the Company has reasonable justification to do so.



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5.13 ENHANCEMENT OF SUM INSURED (**NOT APPLICABLE**)

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

5.14 **CANCELLATION CLAUSE:**

The Company may at any time cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of 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 ON 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 of the annual rate
Up to six months	3/4th of the annual rate
Exceeding six months	Full annual rate.

- 5.15 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.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

- 5.16 If the TPA, as per terms and conditions of the policy or the Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/ Company in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

- 5.17 All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency. Payment of the claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.



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- 5.17 All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency. Payment of the claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.
- 5.18 **LOW/HIGH CLAIM RATIO (BONUS / MALUS):**
Subject otherwise to terms and conditions of Group Medclaim 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

6. IRDA REGULATIONS:

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

7. GRIEVANCE REDRESSAL:

In the event of the policyholder having any grievance relating to the insurance, the insured Person may submit in writing to the Policy Issuing Office or Grievance cells at the Regional Office of the Company for redressal. If the grievance remains unaddressed, the Insured person may contact the Officer, Uni – Customer Care Department, Head Office.

8. IMPORTANT NOTICE:

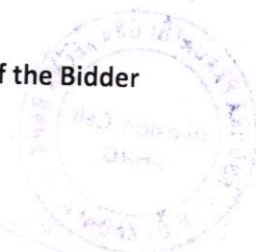
The Company may revise any of the terms, conditions and exceptions of this insurance including the premium payable on renewal in accordance with the guidelines/rules framed by the Insurance Regulatory and Development Authority of India (IRDAI) and after obtaining prior approval from the Authority. We shall notify you of such changes at least three months before the revision are to take effect.

The Company may also withdraw the insurance as offered hereunder after following the due process as laid down by the IRDAI and after obtaining prior approval of the Authority and we shall offer to cover you under such revised/new terms, conditions, exceptions and premium for which we shall have obtained from the Authority.



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Annexure VI

FINANCIAL BID / PRICE BID

To
The Chairman
P&HRD Dept.
Head Office
Andhra Pragathi Grameena Bank
Mariyapuram, Kadapa

Date: _____

**GROUP MEDICLAIM FAMILY FLOATER POLICY COVERAGE FOR
RETIRED EMPLOYEES OF APGB**

Ref No _____

Date: _____

Type	Sum Insured	Domiciliary/ OPD	Net/Base Premium (a)	GST (b)	Gross Premium (a+b)	Option
Family Floater	Rs.4.00 Lakhs	Without Domiciliary				Option - 1
	Rs.4.00 Lakhs	With 5% Domiciliary				Option - 2

- 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 above-quoted value
- 3) Conditional Bids are liable to be rejected.

SIGNATURE OF THE BIDDER

WITH SEAL & DATE



Signature and Seal of the Bank



Signature and Seal of the Bidder