



## **PASCHIM BANGA GRAMIN BANK**

HEAD OFFICE: Natabar Paul Rod, Chatterjee Para More, Tikiapara, Howrah- 711101  
Phone: (033) 2667-2477 Email: pascC3616@dataone.in Fax: (033) 2667-0051/9589

**EXPRESSION OF INTEREST (EOI)**

**for**

**MEDICAL INSURANCE SCHEME**

Paschim Banga Gramin Bank, a premier Regional Rural Bank (hereinafter called the “Bank”) is sponsored by UCO Bank and is operating in 4 districts of West Bengal namely Howrah, Hooghly, Burdwan and Birbhum. The Bank has 230 branches. The Bank has 1265 employees ( Officer - 567, Award Staff- 514 & Part Time Sweeper- 184) as on November 1, 2016.

## **1. PURPOSE OF EXPRESSION OF INTEREST**

1.1 Bank is exploring the option to purchase a Group Medical Insurance policy for its employees as per the X<sup>th</sup> Bipartite Settlement reached with IBA. The objective of the scheme is to provide reimbursement of hospitalization / medical expenses incurred by the employee / dependent family members.

1.2 With the view to implement the new scheme as finalized by Indian Bankers Association, bank invites Expression of Interest from existing general insurance companies (hereinafter called the “Insurer”) in India for the Medical Insurance Scheme.

1.3 This EOI document is neither an offer letter nor a legal contract, but an invitation for expression of interest. No contractual obligation on behalf of the Bank what so ever shall arise from this EOI process, unless and until a formal contract is signed and executed by duly authorized officers of the Bank and the Insurer.

## **2. OBJECTIVES**

With Opening up of the health sector and commercialization of Health Services, medical treatment has become extremely expensive and unaffordable. Hence this scheme will be provide significant support to the employees & their dependents.

## **3. INSURER ELIGIBILITY**

In order to qualify for the selection process, the Insurer should meet the following criteria:

3.1 Insurer should be registered with Insurance Regulatory and Development Authority (IRDA) and having a valid License to procure General / Health Business in India.

3.2 The company should have been in existence in India for a period of at least 3 years i.e. IRDA License must have been obtained prior to 31st January 2014.

3.3 The company should have atleast 2 years of experience of servicing organizations for Group Medical Insurance.

3.4 The Insurance Company should meet criteria fixed by the Bank internally, such as experience in handling similar assignments, Pan-India presence, cashless hospital network, claim settlement, grievance redressal, service capability etc

#### **4. SHORTLISTING OF INSURERS**

4.1 Upon receipt of applications (EOI) the same shall be scrutinized and evaluated by the Bank and will shortlist Insurers who meet the requirement.

The evaluation and short listing, will happen based on Insurer's past experience of handling similar types of assignments/projects, hospital network, claim settlement, grievance redressal, service capability etc

4.2 During pre-qualification and evaluation of the proposals, the Bank may, at its discretion, ask respondents for clarifications on their proposal. The respondents are required to respond within the time frame prescribed by the Bank.

4.3 Disqualifications: PBGB may at its sole discretion and, at any time during the evaluation of proposal, disqualify any respondent, if the respondent has made misleading or false representations in the forms, statements and attachments submitted in proof of the eligibility requirements, failed to provide related clarifications, when sought or declared ineligible by the Government of India/State/UT Government for corrupt and fraudulent practices or blacklisted.

#### **5. EOI PROCESS & EVALUATION SCHEDULE**

The Bank will issue an invitation for EOI to all prospective Insurers through a notice on the official website of the Bank : [www.paschimbangagraminbank.com](http://www.paschimbangagraminbank.com)

The EOI response will be submitted in sealed envelope and will include the Duly filled & signed EOI document along with relevant supporting documents wherever required.

The proposed evaluation schedule is tabulated below. However, the Bank, at its discretion can change the schedule assigning no specific reasons for the same.

<b>Table of Evaluation Schedule Activity</b>	<b>Scheduled Dates</b>
EOI Reference	31.01.2017
Last date of seeking clarification to /confirming participation in EOI	07.02.2017
Last Date for receipt of EOI response	15.02.2017 upto 5 pm
Contact Ph No.	03326679185
Contact e-mail ID	Pasc3616@dataone.in

## **6. CLARIFICATION & AMENDMENT**

Insurer may request a clarification on any clause in the EOI up to 07.02. **2017**. Any request for clarification must be sent by standard electronic means to [pasc3616@dataone.in](mailto:pasc3616@dataone.in) **with cc to** [ho.gm1@mail.pbgb.co.in](mailto:ho.gm1@mail.pbgb.co.in). The Bank will respond in writing or by standard electronic means or load the responses if required on its website latest by 10.02. **2017**. Last date is 15.02.2017 upto 5 pm for submission of EOI

At any time before the submission of Proposals, the Bank may amend the EOI by issuing an addendum and hosting it in the Bank's website. The addendum will be binding on all the interested Insurers who are willing to bid.

## **7. OTHERS**

7.1 Respondents are not permitted to modify, substitute, or withdraw proposals after its submission.

7.2 The EOI may be submitted with a covering letter enclosing documents/ information indicated below and the declaration, signed by the authorized signatory with Seal of the Company. All pages are required to be signed.

7.3 The role of the insurance company would be to provide a competitive quote against the terms & conditions as mentioned in the group medical scheme and provide seamless service and timely claim settlement as and when the need arises.

7.4 The tenure of the policy will be one year and may be renewed thereafter with the same or some other insurer depending upon the performance of the incumbent Insurer.

7.6 The empanelled Insurer shall sign an MOU having Non Disclosure Clause, with the Bank.

7.7 Expression of Interest needs to be submitted in hard copy in a sealed envelope. Proposals received by facsimile shall be treated as invalid and shall be rejected. Only detailed complete proposals in the form indicated, received prior to the closing time and date of the proposals, shall be taken as valid.

7.8 Intending insurance broking firms/companies are required to submit their applications (EOI) upto 15.02.2017 giving full particulars about the information sought at the following address.

The General Manager,  
Paschim Banga Gramin Bank,  
HEAD OFFICE: Natabar Paul Rod, Chatterjee Para More,  
Tikiapara,  
Howrah- 711101

**Contact Person: Shri T. C. Poonia, General Manager**

7.9 Applications (EOI) received after last date and time for submission of application (EOI) will be summarily rejected.

7.10 Upon receipt of applications (EOI) the same shall be scrutinized and evaluated by the Bank. The Bank will shortlist Insurers as per the parameters internally defined and the shortlisted Insurers shall be communicated by the Bank. The selection of Insurer is entirely at the discretion of the Bank. The Bank also reserves the right to accept or reject any or all EOI

7.11 Sealed commercial bids would then be invited from the insurers who participate in the EOI and are further shortlisted.

**FORM - 1****COMPANY INFORMATION****A. SNAPSHOT**

1	Name of the Insurer			
	Head Office (Address)			
	Website			
2	Date of Commencement of Business ( MM/YYYY)			
3	Number of Branches as on 31.01.17			
4	<i>Financial Information</i>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>
	1. Invested Capital ( <i>INR Crore</i> )			
	2. Profit after Tax ( <i>INR Crore</i> )			
	3. Accum. Profit/ Loss( <i>INR Crore</i> )			
	4. Networth ( <i>INR Crore</i> )			
	5. Solvency Ratio			
5	Number of Branches in Howrah, Hooghly, Burdwan & Birbhum Districts			
6		<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>
	No. of GMC Policies Sold			
	Premium from GMC Policies( <i>INR Cr</i> )			

**FORM 2****CLAIM SETTLEMENT – GROUP MEDICLAIM****GROUP MEDICLAIM STATUS (NUMBER OF CLAIMS)**

<b>Particulars</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
Claims pending at start of year (A)			
Claims intimated / booked (B)			
Total Claims (C=A+B)			
Claims paid (D)			
Claims repudiated (E)			
Claims closed during the Year (F)			
Claims pending at end of year			

**GROUP MEDICLAIM STATUS (AMOUNT OF CLAIMS)****IN INR**

<b>Particulars</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
Claims pending at start of year (A)			
Claims intimated / booked (B)			
Total Claims (C=A+B)			
Claims paid (D)			
Claims repudiated (E)			
Claims closed during the Year (F)			
Claims pending at end of year			

**FORM 3****GRIEVANCE REDRESSAL**

Please provide a data pertaining to grievance redressal in the format given below for last 3 FY's

<b>FY</b>	<b>Opening Balance of Grievances c/f</b>	<b>Grievances reported during the Year</b>	<b>No. of grievances resolved during the year</b>	<b>No. of grievances pending at the end of the year</b>
2012 – 13				
2013 – 14				
2014 – 15				







## **DECLARATION**

- All the information furnished by us here in above is correct to the best of our knowledge and belief.
- We agree that the decision of Paschim Banga Gramin Bank in Shortlisting process will be final and binding on us.
- We confirm that we have not been barred / blacklisted / disqualified by any Regulators / Statutory Body in India and we understand that if any false information is detected at a later date, the policy shall be cancelled at the discretion of the Bank.

I/ We hereby undertake and confirm that I/ we have understood the terms & conditions of the Group Medical Insurance Scheme as desired by the Bank, properly and shall comply with the same.

**Signature of the Authorised Signatory**

**With Seal**

**Place :**

**Date :**