

Tender Document REQUEST FOR PROPOSAL (RFP)

FOR

GROUP MEDICLAIM POLICY FOR EXISTING AND RETIRED OFFICERS AND EMPLOYEES DEPENDANTS OF PASCHIM BANGA GRAMIN BANK AS DETAILED IN JOINT NOTE AND BIPARTITE SETTLEMENT TO THE EXTENT MODIFIED OR AMENDED PRESENTLY APPLICABLE TO PSBs AND RRBS.

Tenderers may download the RFP document from the Bank's official websitewww.pbgbank.com.

RFP REF NO: PBGB/HO/PAD/GMP/3095/2022-23, Date: 10/03/2023

The information provided by the bidders in response to this RFP Document will become the property of the Bank and will not be returned. The Bank reserves the right to amend, rescind or reissue this RFP Document and all amendments will be advised to the bidders and such amendments will be binding on them. The Bank also reserves its right to accept or reject any or all the responses to this RFP Document without assigning any reason whatsoever.

Disclaimer

This Request For Proposal is not an offer by the Paschim Banga Gramin Bank, but an invitation to receive response from eligible interested bidders for Group Mediclaim Policy for existing and retired Officers and Employees of the Bank. No contractual obligation whatsoever shall arise from the RFP process unless and until a formal contract(SLA, Non-Disclosure Agreement, Bank Guarantee) is signed and executed with the Bidders. This Document should be read in its entirety.

Information provided in this RFP to the Bidders is on a wide range of matters, some of which depends upon interpretations of law. The information given is not an exhaustive account of statutory requirements and should not be regarded as a complete or authoritative statement of law.

PBG Bank its Executives and advisors makes no representations or warranty and shall have no liability to any person including any Bidder under any law, statute, rules or regulations or tort, principles of restitution or unjust enrichment or otherwise for any loss, damages, costs or expense which may arise from or be incurred or suffered on account of anything contained in this RFP or otherwise, including the accuracy, adequacy, correctness, reliability or completeness of the RFP and any assessment, assumption, statement or information contained therein or deemed to form part of this RFP or arising in anyway in this Selection Process.

PBG Bank also accepts no liability of any nature whether resulting from negligence or otherwise however caused arising from reliance of any Bidder upon the statement contained in this RFP.

PBG Bank may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information, assessment or assumption contained in this RFP.

The issue of this RFP does not imply that Paschim Banga Gramin Bank is bound to select a Bidder or to appoint the selected Bidder, as the case may be, for the insurance policy and PBG Bank reserves the right to reject all or any of the Proposals without assigning any reason whatsoever. No Correspondences shall be entertained in this regard.



The proposed evaluation schedule is tabulated below. However, the Bank, at its discretion can change the schedule without assigning any specific reasons for the same.

EEVENT DESCRIPTION	PARTICULARS				
Tender Reference	Tender No. 3095/2022-23 Dated 10/03/2023				
Tender Cost	The bidder shall furnish tender cost (non-refundable) of Rs. 5000/- by way of NEFT/RTGS/(Account No10011082030033, Name of Account-"TENDER FEE", IFSC Code- UCBAORRBPBG(Fifth Digit is ZERO))Demand Draft drawn on any schedule bank in favour of Paschim Banga Gramin Bank, payable at Howrah. The Tender Cost to be submitted in a separate Envelope Super scribed as TENDER COST OF RRF NO. 3095 of 2023 Dated 10.03.2023				
Medical Insurance Details	IBA GROUP MEDICAL POLICY- As per the Joint Note and Bipartite Settlement dated 25.05.2015 and subsequent amendments if any.				
Date of issue of RFP	10.03.2023				
Last Date for raising query	All queries pertaining to the said RFP must reach us in email Id- ho.pad@pbgb.co.in ; ho.gad@pbgb.co.in ; ho.gad@pbgb.co				
Date For Pre-Bid Meeting	28.03.2023 at 3 PM				
Last Date & Time for Submission of Tender:	Bids can be submitted on or Before 01.04.2023 till 4 PM.				
Date, Time and venue of Opening Technical Bid.	On 05.04.2023 at 11.00 am at Paschim Banga Gramin Bank, Board Room, Head Office, Natabar Pal Road, Chatterjee Para More, Tikiapara, Howrah- 711101				
Date and Time of Opening of Price Bid.	Financial Bid of tender will be opened for those vendors whose technical bid is qualified. Date:- 05.04.2023 at 3 PM				
Validity of Tenders	6 months from the date of opening				
Address of communication	General Manager Paschim Banga Gramin Bank, Personnel Administration Department,(PAD) Head Office, Natabar Pal Road, Chatterjee Para More, Tikiapara, Howrah- 711101				
Process of submission of tender document.	 This Tender can be downloaded from the website of the Bank under auction and tenders. All Bids to be submitted in the Tender drop box for Medical Health Insurance Policies/Tenders. No Bid or part of Bid shall be submitted vide Email or in any other electronic form Bids received later than the prescribed date and time i.e by 1st April, 2023 by 4PM will not be considered for evaluation. If the last day of submission of Bid is declared as a holiday by any circumstances beyond the control or Paschim Banga Gramin Bank, the next working day will be deemed to be the last day for submission of the 				

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Bid.

 Further, in case PBG Bank does not function on the aforesaid date due to unforeseen circumstances or holiday, then the Bid will be opened on the next working day subject to availability of all the Technical Committee Members; unless otherwise such change may be notified to all bidders in the portal of the Bank.

Bank reserves the right to accept or reject in part or full, any or all tenders without assigning any reason whatsoever and without any cost and compensation therefore. Any decision of Bank in this regard shall be final, conclusive and binding on all the Tenderers. The Courts of West Bengal shall have exclusive jurisdiction in the matters of dispute raised or to be raised out of this tender.

The bidder must obtain for himself/herself/themselves on his/her/their own responsibility all the information which may be necessary for the purpose of making a valid tender and entering into valid contract. The tenderer is advised to acquaint himself/herself/themselves with all local conditions, nature of work and all matters pertaining thereto.

All the information relating to corrigendum if any, selection of bidders to participate in Price Bid, name of L-1 bidders etc. will be uploaded in Bank's website which may please be noted.

Tenderers fulfilling the specified requirements may submit their Bids only in the Tender Drop Box latest by 01.04.2023 up to 4.00 PM.

For Paschim Banga Gramin Bank

General Manager

A.K.MURMU General Manager PA & HR Department, Paschim Banga Gramin Bank Howrah

Date of Tender: 10.04.2023, Howrah



SR. NO.	CONTENTS	PAGE	
	Introductions & Instructions	6-8	
	Our Profile	6	
	• Purpose	6	
	Selection Process	7	
	 Technical Bid 		
	 Commercial/Financial Bid 		
	Applicability of TDS	8	
1.	Proposal Instructions	8	
2.	Corrupt and Fraudulent Practices	9	
3.	Qualification to the Bid	9	
4.	General Considerations	9	
5.	Definitions	9	
6.	Cost of Operation of Proposal	10	
7.	Documents comprising the Proposal	10	
8.	Only one Proposal	10	
9.	Proposal validity	11	
10.	Preparation of Proposals- Specific Considerations	11	
11.	Technical Proposal- Format and Content	11	
12.	Financial Proposal- Format & Content	12	
13.	Signature on each page	12	
14.			
15.			
16.	5		
17.			
18.	Opening of Proposals	13	
19.		14	
20.	Acceptance/Rejection of Tender	14	
21.	Evaluation of Technical/Financial Proposals	14	
22.	Award of Contract	14	
23.	Period of Contract	15	
24.	Disqualification	15	
25.	Other conditions to be filled by the Bidders	15	
26.	Duties and responsibility of successful Bidder	15	
27.	Bidders' eligibility criteria	15	
28.	Documents to be submitted in support of Bidder's	16	
	Eligibility		
29.	Submission of the Proposal	16	
30.	Pre Bid meeting	17	
31.	Indemnity	17	
32.	Governing law and jurisdiction	17	
33.	Termination of agreement	17	
34.			
J-1.	Policy	18	
	A. Group Mediclaim Policy for In-service Employees	18	
	1. Group incurrent rolley for in service Employees	1 10	

PASCHIM BANGA GRAMIN BANK



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	B. Group Mediclaim Policy without Domiciliary	21
	Cover	
35.	Policy Exclusion	24
36.		25
37.		25
38.		26
39.		29
40.	Plan Design and Related documents	29
	Annexures	32-50
Annexure A-	For prevailing Vendor/Fresh Bidder	32
Annexure B-	Undertaking for terms of engagement on Company's	33
	Letterhead	
Annexure C-	Financial/Commercial Bid format	34
Annexure D-	Undertaking from Insurance Company	35
Annexure E-	Company Information	36
Annexure F-	Grievance ratio and redressal	37
Annexure G-	List of Regional Rural Banks presently availing services	38
Annexure H-	Declaration from Insurer	39
Annexure I-	Voluntary Disclosures	40
Annexure J-	Certificate by the Chartered Accountant	41
Annexure K-	Declaration with respect to claim settlement ratio	42
Annexure L-	Non-disclosure agreement	43
Annexure M-	Performance Bank Guarantee	45
Annexure N-	Service Level Agreement	47
Annexure O-	Pre-Contract Integrity Pact	53
Annexure P-	Annexure of IBA Guidelines	57



INTRODUCTIONS & INSTRUCTIONS

This is a procurement event of HR Department of Paschim Banga Gramin Bank, Howrah. You are requested to read and understand the RFP and subsequent Corrigendum, if any, before submitting the Bid.

OUR PROFILE:-

Paschim Banga Gramin Bank is one of the leading Regional Rural Banks formed by amalgamation of three erstwhile Gramin Banks viz. Howrah Gramin Bank, Bardhaman Gramin Bank and Mayurakshi Gramin Bank as per Govt of India Notification No: 1/4/2006-RRB dated 26.02.2007. On amalgamation of erstwhile three Gramin Banks now termed/treated as transferor Banks, newly established Paschim Banga Gramin Bank, a Sponsored RRB has five districts viz. Howrah, Hooghly, East & West Burdwan and Birbhum as its area of operation, with 230 Branches and five administrative offices.

PURPOSE:-

This request For Proposal is invited from Health Insurance Companies (Licensed and registered with IRDA) dealing with health Insurance for implementation of Mediclaim scheme for:-

- I. Servicing Officers and Employees and their Dependants
- II. Retired Officers & Employees & Spouse or Widow/Widower of the Retired Officer/Employee (With and Without Domiciliary)

PBGBank shall solicit proposals through a two stage bidding process (comprising of Technical Bids and Commercial Bids) from IRDA licensed Health Insurance Companies operating in India for the Group Mediclaim Policy for its In Service and retired employees of Paschim Banga Gramin Bank are invited to submit their proposals in accordance with RFP terms.

The Insurance Companies which are agree with the Scheme and its Clauses, only need to participate in the bidding and any disagreement in this regard may invite disqualification/ rejection of bid at technical level. Hence all the Companies are requested to go through the Scheme carefully and submit their bids in given specific formats.

Complete Confidentiality should be maintained. Information provided here should be used to treat the information as confidential. The bidder(s) must agree to bear all costs related to the preparation of their proposal.

At any time prior to the deadline for submission of technical bid, Bank reserves the right to the RFP without assigning any reasons. As such Bidders are requested to see the website once again before the due date of bid submission to ensure that they have not missed any corrigendum uploaded. PBGBank reserves the right to accept or reject any or all the proposals in whole or part without assigning any reasons. No correspondence shall be entertained in this regard.

SELECTION PROCESS:-

The selection of Insurer/insurers would happen through a two step process.

TECHNICAL BID:-

All technical bids would be checked for eligibility as per eligibility criteria mentioned in the RFP. Bids not meeting the eligibility criteria would be disqualified.

The technical Bids will be evaluated by the technical Committee of PBGBank. Financial Bids of only the technically acceptable offers shall be considered.

The Committee of the Bank will decide the cut off marks in the technical evaluation, who will qualify for the Financial bid. Those Bidders who score less than the cut off marks as determined by the Committee will not qualify for the Financial Bid. The technical Bid parameters are given under Evaluation Criteria (However, PBGBank at its discretion may relax these criteria to ensure enough bidders to participate in the Financial Bid).

The documents/information submitted by the bidder(s) will be scrutinized. In case of any of the information furnished by the Bidder is found to be false during scrutiny, the bid shall be liable to be rejected.

COMERCIAL/FINANCIAL BID:-

Financial Bid of the technically responsive bidders shall be opened at a later stage. There would be two separate Financial bidding process for two groups Mediclaim Policies:-

A- FOR SERVING OFFICERS & EMPLOYEES B-FOR RETIRED OFFICERS & EMPLOYEES

Tenders will be opened on the specified date and time as given in the Schedule.

It is compulsory for bidders to bid for all two policies, negotiations with L1 bidder of the In-Service Staff Policy may be done to match the lowest bid of the Retired Staff Policy. Final decision will be taken by the Bank.

Notwithstanding anything contained in this document, PBGBank reserves the right to accept or reject any Bid or annul the Bidding process and reject all Bids at any time without assigning any reason thereof. No correspondence shall be entertained in this regard.

Indicative number of Officers and Employees (Both Serving and retired) in each of the two policies is given. This number of Staffs would also be utilised by the Bank to evaluate the lowest cost. However, Bank does not guarantee the participation of Retired Employees which is totally voluntary and self contributory.

The payment of insurance premium will be made after all statutory compliances of GST Act and IT Act including deduction u/s 194(O) of the IT Act, 1961.



APPLICABILITY OF TDS U/S 194(0):-

The TDS as per applicable rates under this selection will be deducted by the Bank and will be remitted for further filing of same on the PAN records of successful bidder.

Anytime during the process the Bank may at its discretion, ask the bidders for clarifications on their proposals. The bidders are required to respond within the time frame prescribed by the Bank.

The technical bid alongwith information/documents indicated in the Annexures, are to be signed by the authorised signatory with seal of the Company. All pages are required to be signed by the Authorised Signatory with the bidder's seal.

The bidder shall appoint one duly authorised official as the Single Point of Contact (SPOC) for the entire process of the bidding. There should be a board resolution or delegation as per board resolution to establish that the SPOC is an authorised signatory.

1. PROPOSAL INSTRUCTIONS:

(i) Proposal Requirement -

It may be noted that for the purpose of appointment of Group Medical Insurance, a two-stage bidding process will be followed. The response to the present tender will be submitted in two parts, i.e., the Technical Bid and the Financial/Commercial Bid.

The Technical Bid' will contain the exhaustive and comprehensive technical details as enlisted in the RFP. The Technical Bid shall NOT contain any pricing or Financial information at all. If the Technical Bid contains any price related information, then that Technical Bid would be disqualified and would NOT be processed further.

Bidder's are requested to submit the proposal complying following four sections:-

Section- A Executive Summary/ Introduction to your organization and documents for eligibility given under this RFP.

Section- B Proposal Compliance letter- A letter signed by an authorized officer of your organization signifying your proposal's complete compliance with the RFP specifications mentioned in the Tender Document/ Corrigendum

Section- C Response to Technical Bid to this RFP with supporting documents.

Section- D Acceptance of Service Level Agreement & MIS formats.

(ii) Process to be Adopted for Evaluation of the Technical Bids



In the first stage, only the 'Technical Bids' will be opened in respect of those bidders who fulfill the details indicated in the eligibility criteria as enlisted in point no. 38

2. CORRUPT AND FRAUDULENT PRACTICES:

Bidders and their respective officers, employees, agents and advisers shall observe the highest standard of ethics during the Selection Process. Notwithstanding anything 10 the contrary contained in the RFP, the Bank shall reject a Proposal without being liable in any manner whatsoever to the Bidder, if it determines that Bidder has, directly or indirectly, engaged in corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice (collectively the "Prohibited Practices") in Selection Process.

For the purposes of this Clause, the following terms shall have the meaning hereinafter respectively assigned to them:

- a) "Corrupt Practice" means the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence the action of any person connected with the Selection Process.
- b) "Fraudulent Practice" means a misrepresentation or omission of facts or disclosure of incomplete facts, in order to influence the Selection Process.
- c) "Coercive Practice" means impairing or harming or threatening to impair or harm, directly or indirectly, any persons or property to influence any person's participation or action in the Selection Process.
- d) "Undesirable Practice" means establishing contact with any person connected with or employed or engaged by the Bank with the objective of canvassing, lobbying or in any manner influencing or attempting to influence the Selection Process.
- e) "Restrictive Practice" means forming a cartel or arriving at any understanding or arrangement among Bidders with the objective of restricting or manipulating a full and fair competition in the Selection Process.

3. QUALIFICATION TO THE BID:

The bids may be submitted as per the technical criteria indicated in the RFP.

4. GENERAL CONSIDERATIONS:

In preparing the Proposal, the insurer is expected to examine the RFP in detail. Material deficiencies in providing the information requested in the RFP may result in rejection of the proposal.

5. DEFINITIONS:

In this bid, following words and expressions shall, unless repugnant to context or meaning thereof, have meaning hereinafter respectively assigned to them.



- j. "Bank" means Paschim Banga Gramin Bank or PBG Bank
- ii. "Bidder" means an Insurance company incorporated under Companies Act, 1956 and licensed by IRDA.
- iii. "RFP" means Request for Proposal by Bank for Group Health Insurance for Officers / Employees and Retired Employees and their family members.
- iv. "Insured" means PBG Bank.
- v. "Insurer" means Insurance Company.
- vi. "Applicable Laws" means all laws, promulgated or brought into force and effect by GOI, regulations and rules made there under, and Judgments, decrees, injunctions, , writs and orders of any Court of records, as record, as may be in force and effect during the subsistence of this Agreement.
- (viii) Insurer in response to the Request for Proposal in accordance with the provisions there of.
- ix. "Competent Authority" means committee members elected by PBG Bank.
- ix. "Contract Period/Effective Date" means the period starting tentatively from 25.04.2023 to 24.04.2024 for serving and 01.06.2023 to 31.05.2024 for retirees
- x. "LOA or Letter of Award" means written confirmation of an award of an Insurance Contract by Bank to a successful bidder, stating the amount of award, award date, and when the insurance Contract will be signed.
- xi. "Successful Bidder" means Insurance Company that has been shortlisted after qualifying for bid(technical and Commercial/Financial) to issue the policy. Unless excluded by or repugnant to the context.

6. COST OF OPERATION OF PROPOSAL:

The Insurer shall bear all costs associated with preparation and submission of its Proposal and Bank shall not be responsible or liable for those costs, regardless of the conduct or outcome of the Selection Process. Bank is not bound to accept any proposal, and reserves the right to annul the Selection Process at any time prior to award of Contract, without thereby incurring any liability to the Insurer.

7. DOCUMENTS COMPRISING THE PROPOSAL:

The Proposal shall comprise the documents and forms listed in the RFP.

8. ONLY ONE PROPOSAL:

The Insurer shall submit only one Proposal from a single designated office.



9. PROPOSAL VALIDITY:

- 9.1 The Insurer's Proposal must remain valid for at least 180 days for In-Service Policy & for Retiree Policy after the Proposal Submission Deadline. A Bid valid for a shorter period shall be rejected by the tendering Authority as non-responsive bid.
- 9.2 During the Period discussed above, Insurer shall maintain its original Proposal without any change.
- 9.3 Bank will make its best effort to complete the processing within the proposal's validity period. However, under exceptional circumstances, prior to expiration of bid validity period, the tendering authority may request bidders to extend period of validity of their bids.
- 9.4 A Bidder granting request shall not be required or permitted to modify its bid. The request and responses shall be made in writing.
- 9.5 Except as the Bank may otherwise agree, no changes shall be made in team members /personnel. If, for any reason beyond control of Insurer, such as resignation, retirement, medical incapacity, death, etc. it becomes necessary to replace any of team member, the Insurer shall provide as a replacement a person of equivalent or better qualifications.
- 9.6 If the Bank finds that any of the team members / personnel of the Insurer have committed serious misconduct or have been charged with having committed a criminal action or have reasonably caused to be dissatisfied with the performance of any of the team member/ personnel, then the Insurer shall, at the Bank's written request specifying the grounds thereof, provide as a replacement a person with qualification and experience acceptable to the Bank.
- 9.7 Sub-contracting or Joint Venture will not be permitted.

10. PREPARATION OF PROPOSALS - SPECIFIC CONSIDERATIONS:

The Insurer shall prepare its Proposal as per the provisions of this RFP.

11. TECHNICAL PROPOSAL - FORMAT AND CONTENT:

- 11.1 It is must to meet all the technical criteria mentioned in the RFP
- 11.2The Technical Proposal shall not include any financial information. A Technical Proposal containing material financial information shall be declared non-responsive.
- 11.3 The Insurer is required to submit a Technical Proposal as indicated in the RFP.
- 11.4 The Insurer shall be responsible for meeting all tax liabilities arising out of the contract.



11.5 If there be any increase in the taxes (direct / Indirect / local), levies, fees, etc. whatsoever, and other charges during tenure of the contract, financial burden of same shall be borne by the Bank. Further, the insurance company will not charge any extra charges/fees and the bank will not borne any extra charges other than taxes/charges imposed by Government.

12. FINANCIAL PROPOSAL - FORMAT & CONTENT:

Financial bid shall contain only the premium that the Insurance Company shall charge and taxes as applicable as per the coverages given in the RFP. It is compulsory for bidders to bid for all two policies. Negotiation with L1 Bidder of the In-Service Employee/Officer Policy may be done to match the lowest bid of the Retired Employee Policy. Final decision shall be taken by the Bank.

In event of a tie between two or more bidders in the In-Service Employee policy during financial evaluation, determination of L1 bidder will be based, considering the highest score in the technical evaluation.

13. SIGNATURE ON EACH PAGE:

The competent authority of the bidder must sign and put official seal on each page of the tender document which also comprises of the Annexure A to P and the bid. If any page is unsigned, it may lead to rejection of the bid.

14. AMENDEMENT OF TENDER DOCUMENT:

- (i) At any time after the issue of tender document and before opening of the tender, the tender inviting authority may make any changes, modifications or amendments to the tender document and changes will be available at bank's website www.pbgbank.com in case any Bidder seeks clarification to the tender documents, the same shall submit their queries latest by 24.03.2023 up to 05.00 PM on issues thus received by the bank will be discussed in Pre Bid Meet only. No issues and queries in respect to tender document will be entertained by the bank after Pre-Bid Meet. No separate invitation for pre-bid meet will be sent to any bidder
- (ii) The amendments will be notified through corrigendum. Such amendments will form part of the tender document. Bidders are advised to constantly watch for any corrigendum at the above-mentioned Bank's website.
- (iii) The Tender Inviting Authority reserves the right to extend dead line for submission of tender for any reason, and the same shall be notified through corrigendum posted on bank's website www.pbgbank.com

15. CONFIDENTIALITY:

a. From the time the Proposals are opened to the time the Contract is awarded, the Insurer should not contact Bank on any matter related to its Technical and / or Financial Proposal. Information related to the evaluation of Proposals and award recommendations shall not be disclosed to the Insurer who submitted the



Proposals or to any other party not officially concerned with the process until publication of the contract award information.

- b. Any attempt by the Insurer or anyone on behalf of the Insurer to influence the Bank improperly in the evaluation of the Proposals or Contract award decisions may result in the rejection of its Proposal.
- c. The Parties agree to maintain confidentiality and secrecy of all information received by them and / or their personnel, employees, staff, agents, representatives, tangible or intangible, either directly or in the course of dealing with each other and or its employees and / or its clients. The parties further undertake to utilize such information only for the normal course of the business purposes of this agreement /RFP and not for any other purpose, or which may prove detrimental to the interest of parties and / or its employees and / or its clients The restriction contained in this clause shall not be applicable to any information required to be provided pursuant to any statutory or regulatory obligation.
- d. Notwithstanding the above provisions, from the time of the opening of the Proposals to the time of award of the contract, if an Insurer wishes to contact Bank on any matter related to the Selection Process, it should do so only in writing. The above-mentioned queries shall be written to:

General Manager, (PAD)
Paschim Banga Gramin Bank (Head Office)
Natabar Pal Road, Tikiapara More, Chatterjee Para, Howrah-711101
Email Id- ho.gm2@pbgb.co.in

In case of any difficulty, in bid submission you may contact any of the below mentioned officers of the Paschim Banga Gramin Bank:

- 1. Sri. Bhabani Chakraborty (Chief Manager-PAD)- 9474361962
- 2. Sri. Dipak Das- (Manager)- 9432227871

16. TENDER COST:

Tender Cost for Rs. 5000/- to be deposited as Bank draft or through NEFT in favour of "TENDER FEE" account of PBG Bank, or by way of NEFT/RTGS/(Account No.- 10011082030033, Name of Account- "TENDER FEE", IFSC Code- UCBAORRBPBG(Fifth Digit is ZERO)).

17. WITHDRAWAL OF BID:

In case of withdrawal of Bid, the bidder shall not be allowed to participate in any future bid.

18. OPENING OF PROPOSALS:

The Bid Evaluation committee of the bank shall conduct the opening of the technical Proposals.

19. EVALUATION OF PROPOSAL:

The insurer is not allowed to modify or alter its Proposal in any way after the proposal submission deadline. The Bid Evaluation Committee of the Bank shall conduct the evaluation on the basis of the submitted technical Bid. However, the Bank may seek clarification on the information submitted by the Bidder, if required.

20. ACCEPTANCE / REJECTION OF TENDER:

- I. Bank does not bind itself to accept the tender.
- II. Bank also reserves the right to accept or reject any or all tenders without assigning any reason whatsoever. No correspondence shall be entertained in this regard.
- III. Bank also reserves the absolute right to reject any or all the tenders at any time solely based on the past unsatisfactory performance by the bidders), the opinion/decision of Bank regarding the same shall be final and conclusive.
- IV. Bank may at its sole discretion for reasons to be recorded in writing may reject L1 vendor and accept the L2 Vendor.

21. EVALUATION OF TECHNICAL / FINANCIAL PROPOSALS:

- a) Evaluation Committee will evaluate the Technical Bid by applying the evaluation criteria in the RFP
- b) A Bid shall be rejected at the stage if it does not meet each and every technical criterion. The bidder whose technical bid is found suitable as per RFP and who quotes the lowest premium in the Financial bid for proposed Group Mediclaim policy shall be declared as Successful bidder,
- c) Bank also reserves the right to further negotiate the price with the L1 Bidder. Further, they also reserve the right to have more than one insurer as co- insurer provided the other bidders agree to participate in the risk at the price quoted by L1 Bidder.
- d) In event of a tie between two or more bidders in the In-Service Employee policy during financial evaluation, determination of L1 bidder will be based, considering the highest score in the technical evaluation.

NOTE:- In the event the L1 Bidder is rejected by the Bank, all negotiations shall be with 12 vendor only.

22. AWARD OF CONTRACT:



Prior to the expiration of bid validity or any such extended validity period, Bank will notify the successful bidder in writing that his offer has been accepted.

The letter of acceptance shall be a part of agreement/contract.

23. PERIOD OF CONTRACT:

Though the policy would be issued for one year, the tenure of the contract with the Insurance Company would be for one policy year. This may be further renewed up to a maximum of one year thereafter, subject to satisfactory performance and mutually agreed premium. The renewal on yearly basis will be based on continuation of IRDA Licenses with other statutory compliance and satisfactory review of performance..

24. DISQUALIFICATION:

The bid is liable to be disqualified if:

- Not submitted in accordance with this RFP
- During the bid process if the bidder indulges in any such deliberate act as would jeopardize or unnecessarily delay the process of bid evaluation and finalization.
- Bidder submits conditional bids.
- Bidder indulges in canvassing in any form to win the contract.
- Bidder has been banned /debarred by Central Government/ any State Government or its
- Agencies or by any other Government Body or has been disqualified in participating the Government schemes as per IRDAl guidelines

25. OTHER CONDITIONS TO BE FILLED BY THE BIDDERS:

- a. The bidders are also essentially required to fulfil the following conditions/ submit relevant documents/annexures along with their offers:
- b. Detail of works under execution along with copies of relevant documents.
- c. Should enclose the Power of Attorney given under Board Resolution in favor of person who has signed the tender documents.
- d. In the absence of supporting documents, the offers shall be rejected.

26. DUTIES AND RESPONSIBILITY OF SUCCESSFUL BIDDER:

• Signing of agreement between Bank and the successful bidder in the specified format of Bank within 5 days from the issue of LOA.

27. BIDDERS' ELIGIBILITY CRITERIA:

The Bidders have to satisfy following Pre-qualification criteria to apply for engagement. Respondents satisfying following criteria only are eligible to submit Technical and Financial Bid, This invitation to respond to RFP is open only to reputed Standalone Health Insurance Companies that are incorporated or registered under Indian Companies Act, 1956.



- a) Bidder must be registered /Issued License by Insurance Regulatory and Development Authority of India (IRDAI) to operate in the Indian insurance market.
- b) The Bidder should have been in existence in India for a period of more than 5 years as of 31.01.2023 and their license should not have been suspended or cancelled during this period.
- c) The solvency ratio of the Company should be more than 1.50 in FY2021-22. Auditor's certificate to be submitted.
- d) The Bidder should have a minimum Settlement Ratio of Health Insurance claims of at least 85% for F.Y.2021-22 as on 31.03.2022. Declaration to be Attached.
- e) The Bidder should have Claims settlement of at least 85% as on 31.03.2022 within a TAT of 3 months of lodgment. Declaration to be Attached.
- f) The Bidder should have an exclusive team under Health Insurance Department. Insurers having Coinsurance for the purpose of risk sharing shall not qualify under the scheme.
- g) Grievance Ratio & Grievance Redressal Ratio in accordance to the Assessment Criteria.
- h) Bidder should submit declaration confirming that policy quoted is in accordance with their filed product with IRDA as per regulations.
- i) The Bidder should have an office in Howrah/Kolkata- West Bengal for coordination and dedicated manpower with strength for servicing Bank.
- j) Experience of Group Mediclaim Policy of Regional Rural Bank /Commercial Bank was being serviced by the Insurance Company.
- k) Declaration that bid submitted is as single entity and not as part of any consortium.
- l) The proposal of the company which does not meet any of the above criteria will not be further evaluated.

28. DOCUMENTS TO BE SUBMITTED IN SUPPORT OF BIDDER'S ELIGLIBILTY:

The Bidder shall submit the documents mentioned in RFP duly certified by their Auditors in support of fulfilling the eligibility criteria as per Annexures mentioned.

29. SUBMISSION OF THE PROPOSAL:

- i. Technical and financial Bids needs to be submitted before stipulated date and time.
- ii. At any time prior to deadline for submission of proposal, Bank may for any reason, modify RFA and such amendments shall be binding on them.
- iii. The Bank reserves the right to accept any or reject any or all the proposals in whole or part without assigning any reason.
- iv. The Bank will select one (1) Insurance Company on the basis of the Premium Quoted for the Group Health Policy of both the In-Service & Retired Employees and the bidder quoting the lowest premium in In-Service employee policy shall be treated as LI. Negotiation with LI Bidder of the In-Service Employee Policy may be



done to match the lowest bid of the Retired Employee Policy. The Selected Insurer shall be issued a LOA. Final decision of the Bank shall prevail.

- v. In event of a tie between two or more bidders in the In-Service Employee policy during financial evaluation, determination of LI bidder will be based, considering the highest score in the technical evaluation.
- vi. During pre-qualification and evaluation of Proposals, 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.
- vii. Respondents are not permitted to modify, substitute or withdraw Proposals after submission.
- viii. The proposal may be submitted along with covering letter about proposal, with the Information /documents indicated in Annexure and the declaration signed by authorized signatory with Seal of the Company. All pages are required to be signed, along with the tender document.
- ix. No cost will be borne by Bank towards preparation and submission of the proposals.

30. PRE BID MEETING:

Pre-Bid Meeting will be conducted as per schedule, between the participating Insurance Companies and Bank wherein all the intending bidders will be invited to discuss their queries regarding the RFP. Bank would be represented by a team of officials appointed by the competent authority.

All queries will be addressed during the meeting and no subsequent query, post the pre bid meeting will be entertained.

31. INDEMNITY:

"Bidder /Vendor shall agree to indemnify and hereby keep the Bank indemnified against all questions, claims, losses, damages, cost expenses which Bank may suffer or incur on account of any acts of omission or commission, negligence, fraud, default or misconduct breach of duties obligations, breach of representations and warranties, breach of confidentiality, on the part of bidder/Vendor or on the part of its employees ,agents, constituents for their respective duties or obligations in terms of this Arrangement. Apart from the above Bank reserves the right to invoke the Bank Guarantee after 90 days to indemnify itself for the commission and omission of the Insurer.

32. GOVERNING LAW AND JURISDICTION:

This RFP shall be governed and interpreted by and construed in accordance with the laws of India and shall be subject to the exclusive jurisdiction of courts in West Bengal.

33. TERMINATION OF AGREEMENT:

This agreement shall be valid for a period of One year or unless terminated by the Bank. This agreement may be terminated by Bank without being required to assign any reason to the vendor. Whereas the selected vendor shall not terminate the agreement for its convenience and without giving 30 days notice to the Bank.



Further in an event termination is made as per mutual written consent; the same shall be effective from the date as may be mutually decided between the parties and the premium amount to be refunded proportionately.

Each Bidder must give following declaration duly signed by an Authorized Signatory by virtue of Board Resolution:

- a) We do hereby declare that there is no case with Police / Court / IRDA/ SEBI Regulatory authorities against proprietor / firm / partner /employee.
- b) Also, I/ We have not been suspended / delisted / blacklisted by any other Govt. Ministry / Department / Public Sector Undertaking/ IRDA/ SEBI/ Autonomous Body / Financial Institution / Court.
- c) We certify that neither our company nor any of the / Directors are involved in any scam or disciplinary proceedings settled or pending adjudication.
- d) We hereby undertake and confirm that we have understood the scope of work properly and shall carry out the work as mentioned in this RFP.
- e) Every Bidder shall put their seal and signatures in the annexures A to P with duly filled up clauses at the time of participation in the Bidding process. The selected Bidder shall issue a Bank Guarantee of atleast 10% of the total premium amount for both the serving and retirees as a token for performance of their duties under this Contract. Bank shall reserve the right to invoke the said Bank Guarantee if the selected vendor declines or refuses to settle the bills or rejects any claims without assigning any reason or fails to settle the claim within the maximum period of 30 days.

34. SALIENT FEATURES OF PROPOSED GROUP MEDICLAIM POLICY:

A. GROUP MEDICLAIM POLICY FOR IN SERVICE EMPLOYEES

Coverage/Details

Policy Type:- Group Medical Insurance Policy for Employees of PBG Bank and their families (Definition of family as per IBA guidelines)

Coverage Type- Family floater (As per IBA policy)
Sum Insured:- For Employees i.e Clerical Staff/Sub Staff- Rs. 3,00,000/For Officer Rs. 4,00,000/-

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

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



• Heart Valve Replacement Surgery

Total Number of Staff- Officer- 525, Award staff including PTSW-467 Total-992

All new Employees to be covered from the date of joining as per their appointment letter. For additions/deletions during period, premium to be charged/refunded on prorate basis against the Cash Deposit account with Insurer adequately maintained by the Bank. Increase in sum insured allowed in case of promotion on charging pro-rata basis.

Geographical Limit-Treatment taken in India only

Continuity Benefit- Continuity benefits coverage to staffs on retirement till the end of the policy period provide there is no request for refund of the premium.

KEY POLICY TERMS AND CONDITIONS

NATURE	COVERAGE			
Hospital Room Rent	Room and boarding expenses as provided by the Hospital/Nursing Home not exceeding INR 5000 per day or the actual amount whichever is less			
ICU Rent	Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount			
All other expenses Cost of Donor	No limits for all expenses including Nursing Charges			
Cost of Donor	Hospitalization Expenses (excluding cost of Organ) incurred on donor in respect of organ transplant to the insured			
Ambulance Charges	Ambulance charges are payable up to Rs.2500/- per trip on production of the receipt. Taxi and Auto expenses in actual, maximum up to Rs.750/- per trip, on production of a receipt will be payable. (Claim upto Rs.300/- will be paid without receipt on declaration basis). Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/medical complication shall be payable in full.			
Pre and Post	Expense incurred during the Pre-hospitalization and Post-hospitalization period will be			
Hospitalization	covered for 30 days prior to hospitalization and 90 days after discharge respectively.			
Expenses				
Alternative Treatment	Reimbursement of expenses for hospitalization and only domiciliary treatment under the recognized system of medicines, viz. Ayurveda, Unani, Sidha, Homeopathy, Naturopathy, if such treatment is taken in a clinic/hospital recognized by the central and state government.			
Pre-existing Diseases	Pre-existing diseases / Ailments are covered from day one			
	All diseases and ailments are covered under the policy without any waiting period			
30 days waiting period	Waived off			
on specific diseases				
Day Care Treatment Maternity	Expense incurred during the Pre-hospitalization and Post-hospitalization period will be covered for 30 days prior to hospitalization and 90 days after discharge respectively. Day Care Treatment: Expenses on Hospitalization for minimum period of a day are admissible. However this limit will not apply in case of stay in hospital of less than a day for those ailments listed in the Bipartite Settlement / Joint Note (Clause 3.3 of Appendix – I)provided: a) If the surgery 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.			
	No age limit, Normal Delivery Rs. 50,000/- and Caesarean Section Rs. 75,000/-			
Pre & Post Natal Expenses	9 months waiting period waived off.New born baby will be covered right from the first day of the birth			
Missed Abortions, Miscarriages or	 Pre-natal &post natal charges up to 30 days and 60 days unless the same requires hospitalization 			
abortions induced by accidents	 Missed Abortions , Miscarriage or abortions induced by accidents are covered under the limit of Maternity. 			
Complications in Maternity including	 Complications in Maternity including operations for extra uterine pregnancy / ectopic pregnancy would be covered upto the Sum Insured limit Expenses incurred for medical termination of pregnancy. 			

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HEAD OFFICE:- NATABAR PAL ROAD, TIKIAPARA MORE, CHATTERJEE PARA MORE, HOWRAH- 711101 প্রধান কার্যালয়:- নটবরপাল রোড, চ্যাটার্জীপারা মোড়, টিকিয়াপাড়া, হাওড়া- ৭১১১০১

PASCHIM BANGA GRAMIN BANK



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operations for extra uterine pregnancy, ectopic pregnancy	Claim in respect of delivery to be given irrespective of the number of children
New Born Baby cover	 New born baby is covered from day one. All routine pediatric expenses incurred during immediate post natal period on the new born baby will be covered within the maternity limit. However in case of complications, an additional sum of Rs 20,000/- will be allowed provided the maternity limit of Rs 50,000 has been exhausted.
	 Baby to be taken as an additional member within the normal family floater. Medical expenses incurred for listed domiciliary ailments on out Patient basis
	 are covered under the policy and shall be reimbursed to the extent of 100%. The cost of Medicines, Investigations and consultations, etc. in respect of listed 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.
Domiciliary Cover (OPD)	Medical expenses incurred in case of the following diseases which need domiciliary treatment as may be certified by the attending medical practitioner and / or bank's medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100% subject to the overall limit of Sum Insured under the policy.
Diseases covered in the Domiciliary limit	The cost of Medicines, Investigations, and consultations, etc. in respect of domiciliary treatment for the 62 listed ailments shall be reimbursed for the period stated by the specialist and / or the attending doctor and I 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.
Congenital Anomalies	Congenital Internal/External diseases, defects and anomalies are covered under the policy. Other diseases: Diseases such as Benign prostatic hypertrophy, hysterectomy, menorrhagia or fibromyoma, hernia, fistula in ano, piles, sinusitis, asthma and bronchitis are covered under the policy, Psychiatric and psychosomatic diseases are payable with or without hospitalization.
Psychiatric Ailment	Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization
All Advanced Medical Treatment Treatment for accidents	All new kinds of approved advanced medical procedures for eg- laser surgery, stem therapy for treatment of a disease is payable on hospitalization/day care surgery. Treatment taken for accidents can be payable even on OPD basis in Hospital upto sum
on OPD Basis	insured. Not Covered Minor injuries like Contused, Lacerated wound requiring suturing. Minor burns or injury requiring dressing.
Taxes and Charges	All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, IV Administration charges will be payable. Chargers 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/ICCU. Neo natal nursing care or any other case where the patient is critical and requiring specialized nursing care.
Genetic Disorder	Covered
Other Medical Treatment	Treatment for Age related Macular Degeneration (ARMD)
	Age related macular degeneration (Neovascular) will be covered if diagnosis confirmed with flourescein angiography. Intravitreal injection of Lucentis, Macugen, Avastin or photodynamic laser therapy will be payable.
	Rotational Field Quantum magnetic Resonance (RFQMR)
	It will be covered if used for advanced osteoarthritis and for treatment of Cancer.
	Enhanced External Counter Pulsation (EECP)

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	It will be covered for specific Indications –
	Angina or Angina equivalents with poor response to medical treatment and when
	patient is unwilling to undergo invasive revascularization procedures.
	• Ejection fraction is less than 35%.
	Co-morbid conditions co-exist which increase the risk of surgery e.g. DM,
	Congestive Cardiac Failure, Cor. Pulmonale, Renal dysfunction.
	Ischemic or Idiopathic Cardio myopathy.
External and Durable Equipment	Rental Charges for external and or Durable Medical equipment of any kind used for diagnosis and or treatment including CPAP,CAPO, Bi-PAP, Infusion pump, etc, will be covered under the scheme. However, purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.
Cost of Artificial Limb	Covered
Physiotherapy Charges	Physiotherapy charges shall be covered as recommended by attending doctor even if taken at home during the period of post hospitalization.
NOTE: The above mention	ned coverage of Group Mediclaim Policy are indicative only, detailed terms and conditions

NOTE: The above mentioned coverage of Group Mediclaim Policy are indicative only, detailed terms and conditions can be obtained through IBA guidelines in place or amended from time to time. SEPERATE ANNEXURE OF IBA IS **ENCLOSED**

B. GROUP MEDICLAIM POLICY WITHOUT DOMICILIARY COVER

Policy Type:- Group Medical Insurance Policy only for retired Employees of the

Bank

Family Definition:- Self(Retiree) + Spouse or Widow/Widower of the Retired Staff

Coverage Type:- Family Floater

Sum Insured:- For Clerical/Sub Staff- Rs. 3,00,000/-

For Officer - Rs. 4,00,000/-

EXPECTED RETIRED STAFF:- Retired Officers- 200, Award Staff including PTSW- 100

Pre-existing diseases: Coverage from day one

90 days waiting period:- Waived off

Waiting period on specific diseases:- Waived off.

NATURE	COVERAGE				
Hospital Room Rent	Room and boarding expenses as provided by the Hospital/Nursing Home not exceeding				
	INR 5000 per day or the actual amount whichever is less				
ICU Rent	Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount				
Professional Charges	Surgeon, team of Surgeons, Assistant surgeons, Anasthetist, Medical Practitioner,				
	consultants, Specialist fee covered upto sum insured				
All other expenses	No limits for all expenses including Nursing Charges				
Cost of Donor	Hospitalization Expenses (excluding cost of Organ) incurred on donor in respect of				
	organ transplant to the insured				
Ambulance Charges	Ambulance charges are payable up to Rs.2500/- per trip on production of the receipt.				
	Taxi and Auto expenses in actual, maximum up to Rs.750/- per trip, on production of a				
	receipt will be payable. (Claim upto Rs.300/- will be paid without receipt on declaration				
	basis). Ambulance charges actually incurred on transfer from one center to another				
	center due to Non availability of medical services/medical complication shall be payable				
	in full.				
Pre and Post	Expense incurred during the Pre-hospitalization and Post-hospitalization period will be				

আপনাদের ব্যাঙ্ক-ব্যাঙ্কিং পরিষেবা সবার জন্য BANK FOR U- BANKING FOR ALL

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Phone: 2667 9478; Email:-cm.secretary@pbgb.co.in



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Hospitalization Expenses	covered for 30 days prior to hospitalization and 90 days after discharge respectively.
Alternative Treatment	Reimbursement of expenses for hospitalization and only domiciliary treatment under the recognized system of medicines, viz. Ayurveda, Unani, Sidha, Homeopathy, Naturopathy, if such treatment is taken in a clinic/hospital recognized by the central and state government.
Pre-existing Diseases	Pre-existing diseases / Ailments are covered from day one All diseases and ailments are covered under the policy without any waiting period
30 days waiting period on specific diseases	Waived off
Day Care Treatment	Expense incurred during the Pre-hospitalization and Post-hospitalization period will be covered for 30 days prior to hospitalization and 90 days after discharge respectively. Day Care Treatment: Expenses on Hospitalization for minimum period of a day are admissible. However this limit will not apply in case of stay in hospital of less than a day for those ailments listed in the Bipartite Settlement / Joint Note (Clause 3.3 of Appendix - I)provided. a) If the surgery 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.
Congenital Anomalies	Congenital Internal/External diseases, defects and anomalies are covered under the policy. Other diseases: Diseases such as Benign prostatic hypertrophy, hysterectomy, menorrhagia or fibromyoma, hernia, fistula in ano, piles, sinusitis, asthma and bronchitis are covered under the policy, Psychiatric and psychosomatic diseases are payable with or without hospitalization.
Psychiatric Ailment	Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization
All Advanced Medical	All new kinds of approved advanced medical procedures for eg- laser surgery, stem
Treatment	therapy for treatment of a disease is payable on hospitalization/day care surgery.
Treatment for accidents	Treatment taken for accidents can be payable even on OPD basis in Hospital upto sum
on OPD Basis	insured. Not Covered
	Minor injuries like Contused, Lacerated wound requiring suturing. Minor burns or injury requiring dressing.
Taxes and Charges	All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, IV Administration charges will be payable. Chargers 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/ICCU. Neo natal nursing care or any other case where the patient is critical and requiring
	specialized nursing care.
Genetic Disorder	Covered
Other Medical Treatment	Treatment for Age related Macular Degeneration (ARMD)
	Age related macular degeneration (Neovascular) will be covered if diagnosis confirmed with flourescein angiography. Intravitreal injection of Lucentis, Macugen, Avastin or photodynamic laser therapy will be payable.
	Rotational Field Quantum magnetic Resonance (RFQMR)
	It will be covered if used for advanced osteoarthritis and for treatment of Cancer.
	Enhanced External Counter Pulsation (EECP)
	It will be covered for specific Indications –
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	Angina or Angina equivalents with poor response to medical treatment and when

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Ejection fraction is less than 35%.
Co-morbid conditions co-exist which increase the risk of surgery e.g. DM,
Congestive Cardiac Failure, Cor. Pulmonale, Renal dysfunction.
Ischemic or Idiopathic Cardio myopathy.
Rental Charges for external and or Durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPO, Bi-PAP, Infusion pump, etc., will be
covered under the scheme. However, purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.
Covered
Physiotherapy charges shall be covered as recommended by attending doctor even if taken at home during the period of post hospitalization.

NOTE: The above mentioned coverage of Group Mediclaim Policy are indicative only, detailed terms and conditions can be obtained through IBA guidelines in place or amended from time to time. **SEPERATE ANNEXURE OF IBA IS ENCLOSED**

INDICATIVE DAY CARE LIST:-

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

Adenoidectomy	Haemo dialysis
Appendectomy	Fissurectomy/Fistulectomy
Auroplasty not cosmetic in nature	Mastoidectomy
Coronary angiography / Renal	Hydrocele
Coronary angioplasty	Hyserectomy
Dental surgery	Inguinal/ ventral/umbilical/femoral hemia
D & C	Parental chemotherapy
Excision of cyst / granuloma / lump / tumor	Polypectomy
Eye Surgery	Septoplasty
Fracture including hairline fracture/dislocation	Piles/fistula
Radiotherapy	Prostrate Surgeries
Chemotherapy including parental chemotherapy	Sinusitis surgeries
Ithotripsy	Tonsillectomy
Inscision and drainage of abscess	Liver aspiration
Varicolectomy	Scierotherapy
Wound suturing	Varicose Vein biopsies
FESS	All scopies along with biopsies
Operations/Micro surgical operations on Ascitic Pleural tapping	Lumber puncture

This condition will also not apply in case of stay in hospital of less than a day provided 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 which would have otherwise required hospitalization of more than a day.

35. POLICY EXCLUSION:

War like Operations:

Injury/disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy and War like operations (whether war be declared or not).

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

Vaccination or inoculation.

Cosmetic Surgeries:

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

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

Cost of spectacles and contact lenses, hearing aids.

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

Convalescence,rest cure and General debility. **Obesity treatment**and its complications including morbid obesity. **Treatment for Venereal disease**.

Intentional self-injury.

Use of intoxication drugs / alcohol.

Immune System:

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.

Hospitalization for Investigations only:



Investigation which are not pertaining to the primary ailment, for which hospitalization is required are not covered unless recommended by attending doctor.

Vitamins and Tonics:

Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.

Nuclear Weapons:

Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.

Non-Medical Expenses:

Charges for telephone, television, /barber or beauty services, food charges (other than patient's diet provided by hospital), baby food, cosmetics, tissue paper, toiletry items and similar incidental expenses.

Suicide

36. PROPOSAL REQUIREMENTS:

The following sections include the information necessary for your organisation to respond to this RFP. Your proposal must:-

- A. Consider 25-04-2023 as effective date for tentative Policy Inception for in service Staffs and 01-06-2023 as effective date for tentative Policy Inception for retired Staffs.
- B. Answer all questions in the following sections clearly and concisely and
- C. Technical Bids will be an integral part of the RFP
- D. Pre bid queries must be submitted on or before 24-03-2023 till 5 PM.

Failure to submit the proposal within the stipulated time will result in disqualification of the proposal.

37. CLAIM SETTLEMENT PROCESS:

The selected Bidder must be technologically advanced so that claims can be filed online with the selected insurer. The selected insurer shall hand over Group Health Insurance Card in favour of the beneficiaries within 10 working days from the date of submission of the premium with the selected vendor. The beneficiaries shall be able to file their claims online by way of scanning of documents, bills, prescriptions, reports. The system generated claim form along with hard copies of the said bills to be collected from the Head Office and concerned regional Officeby the duly authorised representatives of the selected vendor, upon proper acknowledgment, every week. Any loss or theft of such documents from the custody



of the authorised representative of the Insurer will not be the responsibility of the Bank or the beneficiary. The Authorised Representative must visit the Head Office Regional Offices of Howrah, Hooghly, Burdwan and Birbhum every week.

The master login id must be provided to the Head Office, Nodal Officer who shall monitor the claim process. Each Nodal Officer at Regional Offices to be provided with user id and password so as to enable them to monitor the claims lodged and also to ensure that claims are settled flawlessly.

No bills other than GST Bills to be allowed and the said rule is also applicable for alternative treatments from Central or State Govts.

No Claims lodged with the Bidder shall be cancelled or declined without the prior approval of the Bank and after giving reasons in writing. Every month the dump file must be shared with the Bank at the time of monthly review meeting.

TIME LINE:-

Endeavour must be made to settle the claim as early as possible preferably within 7 days and maximum within 30 days. In the event claim is not settled, the same shall be escalated as per escalation matrix in this SLA. In the event the claim is not settled within 30 days an interest @ 2% over the Bank rate shall be payable over the claim amount.

General Information

The objective is to ensure that this Group Medical Insurance plan is managed at a high service level and in the most cost-effective manner as possible. The insurer must have the flexibility necessary to respond to Bank's current and changing needs.

Bank's primary objective in conducting this RFP is to contract with an insurer who matches the desired plan design and contract provisions and

Demonstrates the ability to deliver high quality services across the country at a competitive price.

Questions concerning the RFP or its attachments can be directed to Shri Amid Kumar Murmu, General Manager (PAD). No answer to the questions concerning the RFP will be provided over the phone. Please submit all questions in writing by email latest by 5 P.M. on 24-March-2023.

38. EVALUATION CRITERIA FOR TECHNICAL BIDS:

SR. NO.	CRITERION	POINTS	TOTAL	SELF ASSESSMENT SCORING
1	Number of Years since license given by IRDA as on 31.01.2023		10	
	>5 Years, <=7 Years	4		

PASCHIM BANGA GRAMIN BANK



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	>7 Years, <=10 Years	8		
	>10 Years	10	1	
2	Solvency Margin for FY: 2019-20,		10	
	2020-21 & 2021-22			
	<1.49	0		
	1.50, <=1.75	4		
	1.76, <=2.25	8		
	>2.26	10		
	(PSU Insurers are eligible for 10 marks)	10		
	(PSO misurers are engine for 10 marks)		1	
	77 11 5		1.0	
3	Health Premium underwritten within		10	
	India (INR in crores) for FY 2019-20,			
	2020-21 & 2021-22			
	Up to 500 Crores	4		
	>Rs. 500 Crores, <=Rs. 750 Crores	6	<u> </u>	
	>Rs. 750 Crores, <=Rs. 1000 Crores	8		
	>Rs. 1000 Crores	10		
4.	Number of Group Mediclaim lives		10	
'.	covered during FY 2021-22			
-	Up to 50,000	2	1	
			+	
	>50,000, <=1,00,000	4		
	>1,00,000, <=1,50,000	8		
	>1,50,000	10	1	
5	Net Worth (INR in Crores) for FY 2021-		10	
	22		<u> </u>	
	>500 Crores, <=1000 Crores	4		
	>1000 Crores, <=2000 Crores	8		
	>2000 Crores	10		
	2000 010100	10	+	
6	Claim Settlement Ratio for FY: 2019-		10	
			10	
<u> </u>	20, 2020-21 & 2021-22	0		
	<=75%	0	1	
	>75%, <=80%	4	 	
	>80%, <=90%	6	1	
	>90%,<=95%	8	1	
	>95%	10		
7	Aging of Claims for FY 2021-22 of		10	
	Claims settled within Three Months as			
	of 31.03.2022			
	<=75%	4		
	>75%, <=85%	6	1	
		8	1	
	>85%, <=95%			
	>95%	10		
			 _	
8	Grievance Ratio (Number of Grievances		5	
	per 10,000 Policies for FY: 2019-20,			
	2020-21 & 2021-22)			
	=>3 per 10,000	1		
	=>2 per 10,000, <3	2		

BANK FOR U- BANKING FOR ALL আপলাদের ব্যাঙ্ক-ব্যাঙ্কিং পরিষেবা সবার জল্য

HEAD OFFICE:- NATABAR PAL ROAD, TIKIAPARA MORE, CHATTERJEE PARA MORE, HOWRAH- 711101 প্রধান কার্যালয়:- নটবরপাল রোড, চ্যাটার্জীপারা মোড়, টিকিয়াপাড়া, হাওড়া- ৭১১১০১

Phone: 2667 9478; Email:-cm.secretary@pbgb.co.in



	->1 F non 10 000 <0	2		
	=>1.5 per 10,000, <2	<u>3</u> 5		
	<1.5 per 10,000	5		
9	Grievance Redressal Ratio (Percentage		5	
	of Grievances accepted for FY: 2019-			
	20, 2020-21 & 2021-22)			
	<=75%	0		
	>75%, <=85%	2		
	>85%, <=90%	3		
	>90%	5		
10	Number of Hospitals in PAN India(along		10	
	with their address-separate sheet to be			
	annexed) where Tie-up has been made			
	by the company as of 31.01.2023, out			
	of which minimum 100 hospitals(along			
	with their address-separate sheet to be			
	annexed) should be in West Bengal			
	3000	4		
	>3000, <=4000	6		
	>4000, <=5000	8		
	>5000	10		
11	Number of Group Mediclaim Policies of		10	
	Regional Rural Bank/Commercial			
	Bank being serviced by the Insurance			
	Company as on 31.01.2023			
	2	2		
	>2, <=6	4		
	>6, <=10	6		
	>10	10		

Calculation of points to be considered on average basis in case of data sought for more than one financial year.

Policies where your company is a Co-Insurer will not be considered,

Micro Insurance/State Policies will not be considered. Only Corporate Group Medical Insurance policies will be considered for the Technical Bid. Company that does not have any policy of the required size will not get any points

The Committee of the Bank will decide the cut off marks in the technical evaluation, who will qualify for the Financial bid. In the second stage, only those bidders, who have qualified through the above process on the basis of evaluation of their Technical Bids, will be allowed to participate in bidding process for financial bids. (However, Bank at its discretion may relax this criterion to ensure enough bidders participate in the Financial bid)

In event of a tie between two or more bidders in the In-Service Employee policy during financial evaluation, determination of L1 bidder will be based, considering the highest score in the technical evaluation.



Paschim Banga Gramin Bank reserves the right to

- Reject any or all responses received in response to the RFP without assigning any reason whatsoever.
- Cancel the RFP/ Tender at any stage, without assigning any reason whatsoever.
- Waive or Change any formalities, irregularities, or in consistencies in this proposal (format and delivery).
- Extend the time for submission of all proposals and such an extension would be duly communicated by Bank.
- Select the next most responsive bidder if the first most responsive bidder evaluated for selection fails to result in an agreement within a specified time frame.
- Select the bidder even if a single bid is received as response.
- Share the information / clarifications provided in response to RFP by any bidder, with other bidder(s) / others, in the same form as clarified to the bidder raising the query

39. BID SUBMISSION:

- 1. The bid should be signed by the bidder or any person duly authorized to bind the bidder to the contract. The signatory should give a declaration and through authenticated documentary evidence establish that he/she is empowered to sign the tender documents and bind the bidder. All pages of the tender documents except brochures, if any, are to be signed by the authorized signatory.
- 2. The bid should contain no interlineations, erasures or over-writings except as necessary to correct errors made by the bidder. In such cases, the person/s signing the bid should initial such corrections.
- 3. The bidder is expected to examine all instructions, forms, terms and conditions and technical specifications in the Bidding Documents. Failure to furnish all information required by the Bidding Documents or submission of a bid not substantially responsive to the Bidding Documents in every respect will be at the Bidder's risk and may result in rejection of the bid.
- 4. No columns of the tender should be left blank. Offers with insufficient information and Offers which do not strictly comply with the stipulations given above, are liable for rejection.

40. PLAN DESIGN AND RELATED DOCUMENTS:

i. Plan / Design:

The Policy shall be in the Name of Paschim Banga Gramin Bank and hence two separate policies should be issued: -

- a) In-Service Staffs with Domiciliary Treatment.
- b) Retired Staffs with /without Domiciliary Treatment.



The terms and conditions of the Policy shall be as per the Scheme of Medical insurance as per the 10th Bi-Partite Settlement for workman staff as described in the RFO section.

ii. RFP Terms and Conditions:

Following additional terms and conditions shall apply to the evaluation process:

- (a) Bidder warranties By submitting a Response, the Bidder represents and warrants to Paschim Banga Gramin Bank that, as at the date of submission:
 - i. the Bidder has to fully disclose to Bank in its Responses all information which could reasonably be regarded as affecting in any way Bank's evaluation of the Response;
 - ii. all information contained in the Bidder's Response is true, accurate and complete and not misleading in anyway;
 - iii. no litigation, arbitration or administrative proceeding is presently taking place, pending or to the knowledge of the Bidder threatened against or otherwise involving the Bidder which could have an adverse effect on its business, assets or financial, condition or upon Bank's reputation if the Response is successful;
 - iv. the Bidder will immediately notify Bank of the occurrence of any event, factor circumstance which may cause a material adverse effect on the Bidder's business, assets or financial condition, or Bank's reputation or render the Bidder unable to perform its obligations under the Bank agreement, if any or have a material adverse effect on the evaluation of the responses by Bank;
 - v. the Bidder has not and will not seek to influence any decisions of Bank during the evaluation process or engage in any uncompetitive behavior or other practice which may deny legitimate business opportunities to other Bidders.
 - vi. If selected, Bidder will not seek Medical examination of any employee or retired staff or family members for inclusion in the Policy.

Document Annexures- Supporting Documents to be given:

- 1. IRDA licence of the Insurance Company.
- 2. Audited or CA certification of Net Worth as on March 31-03-2022.
- 3. Audited or CA certification of Solvency Ratio as of March 31-03-2022.
- 4. Annual Report indicating the Health Premium figures as of March 31st 2022 duly signed by the Authorized Signatory of the Insurer.



All supporting documents should be additionally attested by authorized signatory and bidder to put company seal.

The UDIN of certifying CA is to be clearly mentioned.

For Paschim Banga Gramin Bank

General Manager

A.K.MURMU General Manager

ANNESURE-A-FOR PREVAILING VENDOR/FRESH BIDDER

ANNEXURE-B-UNTERTAKING FOR TERMS OF ENGAGEMENT ON COMPANY'S LETTERHEAD

ANNEXURE-C-FINANCIAL/COMMERCIAL BID FORMAT

ANNEXURE-D-UNDERTAKING FROM INSURANCE COMPANY

ANNEXURE-E-COMPANY INFORMATION

ANNEXURE-F-GRIEVANCE RATIO AND REDRESSAL

ANNEXURE-G-LIST OF REGIONAL RURAL BANKS PRESENTLY AVAILING SERVICES

ANNEXURE-H-DECLARATION FROM INSURER

ANNEXURE-I-VOLUNTARY DISCLOSURES

ANNEXURE-J-CERTIFICATE BY THE CHARTERED ACCOUNTANT

ANNEXURE-K-DECLARATION WITH RESPECT TO CLAIM SETTLEMENT RATIO

ANNEXURE-L-NON DISCLOSURE AGREEMENT

ANNEXURE-M- PERFORMANCE BANK GUARANTEE

ANNEXURE-N- SERVICE LEVEL AGREEMENT

ANNEXURE-O- PRE-CONTRACT INTEGRITY PACT

ANNEXURE-P- IBA GUIDELINES



ANNEXURE-A-FOR PREVAILING VENDOR/FRESH BIDDER

Sr. No.	Parameter	Response
1.	No. of years since license given by IRDA as	
	on 31-01-2023	
2.	Net worth of Insurer	
3.	Solvency Margin	
4.	Health premium underwritten within India	
	(INR Crores)	
5.	Number of lives being serviced under	
	Group Medical Insurance Policies	
6.	Claim Settlement Ratio	
7.	Aging of Claims	
	(% of claims settled within 15 days)	
	(% of claims settled within 15 to 30 days)	
	(% of claims settled within 30 to 45 days)(%	
	of claims settled within 45 to 60 days)	
	(% of claims settled within 90 days)	
	from the date of lodging of claims	
8.	No. of claim in hand pending for more than	
	30 days and not resolved upto 31.01.2023	
	and amount	
	No. of claims not processed during the FY	
	2019-20,2020-21,2021-22 and amount	
8.	No. of Claims declined in FY 2019-20,	
0	2020-21, 2021-22 including amount	
9.	All public disclosure forms pertinent to	
10	claims- NL 24 and 25	
10.	All Public Disclosure forms pertinent to	
11.	grievance for NL 41	
11.	Number of Hospitals where cashless Tie-up	
12.	has been made by the Company	
12.	No. of Group Mediclaim Policy of	
	RRBs/PSBs being serviced by the	
	Insurance Company	

Signature of the Authorised Signatory with Seal



ANNEXURE-B-UNTERTAKING FOR TERMS OF ENGAGEMENT ON COMPANY'S LETTERHEAD

Undertaking for Terms of Engagement (On Company's Letterhead)

We,_______Insurance Company Limited, a licensed general insurancecompany /Standalone Health Insurance company authorized and Regulated by the InsuranceRegulatory and Development Authority (IRDA) under License Code No______And having its registered office at______hereby undertake and confirm that we shall comply with the terms of engagement if shortlisted as LI bidder in the In-service Employee Policy and agree to match the lowest bid of the Retired Employee Policy.

Signature of the Authorised Signatory with Company Seal



ANNEXURE-C-FINANCIAL/COMMERCIAL BID FORMAT

S. No.	Particulars	Proposed Rates (Per Serving and Retired Staff Members)				
1.	Group Insurance Premium Rates	Cadre (In SERVICE)	Insurance Coverage	Premium with Domiciliary Treatment		
		Officers	Rs. 4 lacs			
		Clerical/Sub-Staff Cadre (RETIREE)	Rs. 3 lacs Insurance Coverage	Premium with Domiciliary Treatment	Premium without Domiciliary Treatment	
		Officers	Rs. 4 Lacs			
		Clerical/Sub-Staff	Rs. 3 Lacs			
	Top Up*	Cadre(Serving)	Insurance Coverage	Premium with Domiciliary Treatment		
		Officer	Rs. 1 Lacs Rs. 2 Lacs Rs. 3 Lacs			
		Clerical/Sub-Staff	Rs. 1 Lacs Rs. 2 Lacs Rs. 3 Lacs			
		Cadre (For retirees)	Insurance Coverage	Premium With Domiciliary	Premium Without Domiciliary	
		Officer	Rs. 1 Lacs Rs. 2 Lacs Rs. 3 Lacs			
		Clerical/Sub- Staff	Rs. 1 Lacs Rs. 2 Lacs Rs. 3 Lacs			
2.	Rate of GST		10. O Laco			
3.	Details of Engagement with RRBS in West Bengal and					
	other States					

• The above rates shall be inclusive of management expenses, etc as per IRDA norms.

As per the family definition mentioned in the RFP, Premium to be quoted on per family basis without taxes, selection of LI bidder will be based on the same.

Data /Count of employees shared is indicative only and may vary due to New Joinee, Retirement and Resignation.

- Tax Component (GST & TDS as applicable)
- The payment of insurance premium will be made after all statutory compliances of GST Act and Income Tax Act including deduction U/S- 194 (0) of the Income Tax Act 1961.

Signature of Authorised Person with Company Seal/Stamp



ANNEXURE-D-UNDERTAKING FROM INSURANCE COMPANY

Undertaking From the Insurer (Company Letterhead)

This has reference to the RFP published in the website of Paschim BangaGramin Bank on In response to the RFP, we have submitted our technical & financial bid In connection with the above bid, we hereby declare as under;

I- That we are neither related to any of your Trustees, Trade Unions, Officers and others employees nor do we have any financial, commercial or other interests with any of the above persons in any capacity whatsoever.

II-That we have submitted the bid in the name of M/s_____and declare that no other bids have been submitted by us in the same name of any other firms/companies/ proprietors / subsidiaries/ individuals which comes under the same management and related parties.

III- We hereby undertake that in case of any violations to the above declarations at any stage of the contract, Paschim Banga Gramin Bank reserves the sole right to cancel the contract and recover the full value of the contract from us.

For and on behalf of

Signature of Authorised Person with Company Seal/Stamp



ANNEXURE-E-COMPANY INFORMATION

A. Snap Shot Name of the Insurer	
Head Office (Address)	
Website & e-mail.	
1.Authorized office Address submitting RFP.	
2.Date of Commencement of Business (MM/YYYY)	
3. IRDA licence obtained since (Copy of IRDA licence Since issuance till date to be enclosed)	
4. Number of Branches / Offices in India as on 31.01.2023.	
5. Total No of Employees in India as on 31.01.2023.	
Signature of Authorized person with Company Seal.	



ANNEXURE-F-GRIEVANCE RATIO AND REDRESSAL

Please provide a data pertaining to grievances in the format given below for last 3 F.Y's (number of grievances per 10,000 of policies)

F.Y	Opening	Grievances	No. of	No. of	Grievance
	Balance of	reported	Grievances	grievances	Redressal
	Grievances	during the	resolved	pending at	Ratio
		year	during the	the end of	
			year	the year	
2019-20					
2020-21					
2021-22					

Calculation of Points to be considered on average basis

Signature of Authorised Person with Company Seal



ANNEXURE-G-LIST OF REGIONAL RURAL BANKS PRESENTLY AVAILING SERVICES

List of Regional Rural Banks having a Group Mediclaim Policy from the Insurer as on 31-01-2023

Name of the RRB/PSB	Date of Commencement of Policy(MM/YYYY)	Premium in Rs. (Without GST)

Signature of Authorised Person with Company Seal



ANNEXURE-H-DECLARATION FROM INSURER

Declaration from insurer that it has not been banned /debarred by any State Government/Central Government or its Agencies or not disqualified in participating the Government schemes as per IRDAI guidelines

DECLARATION CERTIFICATE

- a) I/ We, do hereby declare that there is no case with Police / Court / IRDA/ SEBI/ Regulatory authorities against proprietor / firm / partner /employee.
- b)Also. I/ We have not been suspended I delisted / blacklisted by any other Govt. Ministry / Department / Public Sector Undertaking/ IRDA/ SES/ Autonomous Body / Financial Institution / Court
- c) We certify that neither our company nor any of the / Directors are involved in any scam disciplinary proceedings settled or pending adjudication.
- d) We hereby undertake and confirm that we have understood the scope of work properly and shall carry out the work as mentioned in this RFP.

Signature of the Authorised Signatory with Seal

Date:-



A GOVT. ENTERPRISE একটি সরকারী সংস্থা

ANNEXURE-I-VOLUNTARY DISCLOSURES

	Details of Overall Group Mediclaim Pol Health premium underwritten within 2020-21, 2021-22			Y 2019-20,
	Name of the Insurance Company			
	Group Mediclaim Policy			
	Sr. No. Name of Insured Address of Insured	No. of lives	Total premium (L	acs)
	Health Premium Underwritten with	nin India (INI	R in Crores)	
	Health Premium Figures	2019-20	2020-21	2021-22
	No. of GMC Policies Sold			
	Premium from GMC Policies (INR C	rores)		
	Calculation of points to be consider	ed on averag	ge basis	
Signa	ature of Authorised Signatory with Co	ompany Seal		
Place	:-			



ANNEXURE-J-CERTIFICATE BY THE CHARTERED ACCOUNTANT

Certificate by the Chartered Accountant : Declaration regarding solvency Ratio and Net Worth of the Company

Declaration
This is to inform that Insurance Company having its Registered Officat has the net worth and solvency ration respectively a mentioned below, based on the system records maintained by the Company
FY Solvency Ratio
2019-20
2020-21
2021-22
Average of 3 years
Net Worth
The information is provided for tender participation process only.
Signature of the Chartered Accountant with UDAI details and seal.
Date:- Place:-



ANNEXURE-K-DECLARATION WITH RESPECT TO CLAIM SETTLEMENT RATIO

Declaration that the Bidder should have a minimum Claim Settlement Ratio of 80% for last 3 Financial years and ageing of Claims for Financial Years:-

For FY 2019-20 as on 31-03-2020 % of Claims settled (% of claims settled within 15 days) (% of claims settled within 15 to 30 days) (% of claims settled within 30 to 45 days) (% of claims settled within 45 to 60 days) (% of claims settled within 90 days) from the date of lodging of claims For FY 2020-21 as on 31-03-2021 % of Claims settled (% of claims settled within 15 days) (% of claims settled within 15 to 30 days) (% of claims settled within 30 to 45 days) (% of claims settled within 45 to 60 days) (% of claims settled within 90 days) from the date of lodging of claims For FY 2021-22 as on 31-03-2022 % of Claims settled (% of claims settled within 15 days) (% of claims settled within 15 to 30 days) (% of claims settled within 30 to 45 days) (% of claims settled within 45 to 60 days) (% of claims settled within 90 days) from the date of lodging of claims UNDERTAKING, designated as _____ On behalf of _____ Insurance Company Company hereby confirms that we have a Settlement ratio for Health Insurance Claims for the last three financial years as mentioned below. FY 2019-20 2020-21 2021-22

BANK FOR U- BANKING FOR ALL আপনাদের ব্যাঙ্ক–ব্যাঙ্কিং পরিষেবা সবার জন্য

Authorised Signatory with Seal and Signature



ANNEXURE-L-NON DISCLOSURE AGREEMENT

NON-DISCLOSURE AGREEMENT This Agreement is made on the _____, day of _____, ____ at Howrah BETWEEN company incorporated under the CompaniesAct, 1956 having its registered (hereinafter referred to as which expression unless repugnant to the context or meaning thereof be deemed to include its successors and assigns) of the ONE PART; AND PASCHIM BANGA GRAMIN BANK, a Regional Rural Bank, incorporated under the RRB Act, 1976 having its registered address at Natabar Pal Road, Chatterjeepara More, Tikiapara, Howrah-711101(hereinafter referred to as "PBGBank/Bank" which expression unless repugnant to the context or meaning thereof be deemed to include its successors) of the OTHER PART. and Bank are hereinafter collectively referred to as "the Parties" and individually as "the Party". WHEREAS:

The Parties intend to engage in discussions and negotiations concerning the establishment of a business relationship between themselves. In the course of such discussions and negotiations, it is anticipated that each Party may disclose or deliver to the other certain or some of its trade secrets or confidential or proprietary information, for the purpose of enabling the other party to evaluate the feasibility of such business relationship (hereinafter referred to as "the Purpose").

NOW, THEREFORE, THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS:

1. Confidential Information: "Confidential Information" means all information disclosed/ furnished by the Disclosing Party to the Receiving Party in connection with the business transacted/to be transacted between the Parties and/or in the course of discussions and negotiations between them in connection with the Purpose. Confidential Information shall include any copy, abstract, extract, sample, note or module thereof.

The Receiving Party may use the Confidential Information solely for and in connection with the Purpose.

Notwithstanding the foregoing, "Confidential Information" shall not include any information which the Receiving Party can show: (a) is now or subsequently becomes legally and publicly available without breach of this Agreement by the Receiving Party, (b) was rightfully in the possession of the Receiving Party without any obligation of confidentiality prior to receiving it from the Disclosing Party, (c) was rightfully obtained by the Receiving Party from a source other than the Disclosing Party without any obligation of confidentiality, or (d) was developed by or for the Receiving Party independently and without reference to any Confidential Information and such independent development can be shown by documentary evidence, or (e) is disclosed pursuant to an order of a court or government agency as so required by such order, provided that the Receiving Party shall, unless prohibited by law or regulation, promptly notify the Disclosing Party of such order and afforded the Disclosing Party the opportunity to seek appropriate protective order relating to such disclosure.

2. Non-disclosure: The Receiving Party shall not commercially use or disclose any Confidential Information or any materials derived therefrom to any other person or entity other than persons in the direct employment of the Receiving Party who have a need to have access to and knowledge of the Confidential Information solely for the Purpose authorized above. The Receiving Party may disclose Confidential

BANK FOR U- BANKING FOR ALL আপনাদের ব্যাঙ্ক–ব্যাঙ্কিং পরিষেবা সবার জন্য

HEAD OFFICE:- NATABAR PAL ROAD, TIKIAPARA MORE, CHATTERJEE PARA MORE, HOWRAH- 711101 প্রধান কার্যালয়:- নটবরপাল রোড, চ্যাটার্জীপারা মোড়, টিকিয়াপাড়া, হাওড়া- ৭১১১০১



Information to consultants only if the consultant has executed a Non-disclosure Agreement with the Receiving Party that contains terms and conditions that are no less restrictive than these. The Receiving Party shall take appropriate measures by instruction and written agreement prior to disclosure to such employees to assure against unauthorized use or disclosure. The Receiving Party agrees to notify the Disclosing Party immediately if it learns of any use or disclosure of the Disclosing Party's Confidential Information in violation of the terms of this Agreement.

- 3. Publications: Neither Party shall make news releases, public announcements, give interviews, issue or publish advertisements or publicize in any other manner whatsoever in connection with this Agreement, the contents / provisions thereof, other information relating to this Agreement, the Purpose, the Confidential Information or other matter of this Agreement, without the prior written approval of the other Party.
- 4. Term: This Agreement shall be effective from the date hereof and shall continue till expiration or termination of this agreement due to cessation of the business relationship between and Bank. Upon expiration or termination as contemplated herein the Receiving Party shall immediately cease any and all disclosures or uses of Confidential Information; and at the request of the Disclosing Party, the Receiving Party shall promptly return or destroy all written, graphic or other tangible forms of the Confidential Information and all copies, abstracts, extracts, samples, notes or modules thereof. The obligations of the Receiving Party respecting disclosure and confidentiality shall continue to be binding and applicable without limit in point in time except and until such information enters the public domain.
- 5. Title and Proprietary Rights: Notwithstanding the disclosure of any Confidential Information by the Disclosing Party to the Receiving Party, the Disclosing Party shall retain title and all intellectual property and proprietary rights in the Confidential Information. No license under any trademark, patent or copyright, or application for same which are now or thereafter may be obtained by such Party is either granted or implied by the conveying of Confidential Information. The Receiving Party shall not conceal, alter, obliterate, mutilate, deface or otherwise interfere with any trademark, trademark notice, copyright notice, confidentially notice or any notice of any other proprietary right of the Disclosing Party on any copy of the Confidential Information, and shall reproduce any such mark or notice on all copies of such Confidential Information. Likewise, the Receiving Party shall not add or emboss its own or any other any mark, symbol or logo on such Confidential Information.
- 6. Return of Confidential Information: Upon written demand of the Disclosing Party, the Receiving Party shall (i) cease using the Confidential Information, (ii) return the Confidential Information and all copies, abstract, extracts, samples, notes or modules thereof to the Disclosing Party within seven (7) days after receipt of notice, and (iii) upon request of the Disclosing Party, certify in writing that the Receiving Party has complied with the obligations set forth in this paragraph.
- 7. Remedies: The Receiving Party acknowledges that if the Receiving Party fails to comply with any of its obligations hereunder, the Disclosing Party may suffer immediate, irreparable harm for which monetary damages may not be adequate. The Receiving Party agrees that, in addition to all other remedies provided at law or in equity, the Disclosing Party shall be entitled to injunctive relief hereunder.
- 8. Entire Agreement, Amendment, Assignment: This Agreement constitutes the entire agreement between the parties relating to the matters discussed herein and supersedes any and all prior oral discussions and/or written correspondence or agreements between the parties. This Agreement may be amended or modified only with the mutual written consent of the parties. Neither this Agreement nor any right granted hereunder shall be assignable or otherwise transferable.
- 9. Governing Law and Jurisdiction: The provisions of this Agreement shall be governed by the laws of India. The disputes, if any, arising out of this Agreement shall be submitted to the jurisdiction of the courts in Howrah/Kolkata.
- 10. General: The Receiving Party shall not reverse-engineer, decompile, disassemble or otherwise interfere with any software disclosed hereunder. All Confidential Information is provided "as is". In no event shall the Disclosing Party be liable for the inaccuracy or incompleteness of the Confidential Information. None of the Confidential Information disclosed by the parties constitutes any representation, warranty, assurance, guarantee or inducement by either party to the other with respect to the fitness of such Confidential Information for any particular purpose or infringement of trademarks, patents, copyrights or any right of third persons.

IN WITNESS WHEREOF, the Parties hereto have executed these presents the day, month and year first hereinabove written.

For and on behalf of	
INSURANCE COMPANY)
For and on behalf of BANK	



ANNEXURE-M- PERFORMANCE BANK GUARANTEE

FORMAT FOR PERFORMANCE BANK GUARANTEE (TO BE STAMPED AS AN AGREEMENT) (Separate for serving and retirees)(For serving date of expiry of bank guarantee is 24.06.2024) (for retiree the date of expiry of bank guarantee is 31.08.2024)

To The General Manager (Personnel Administration Deptt.), PBGBank, Head Office

1. In consideration of Paschim Banga Gramin Bank, a Regional Rural Bank incorporated under RRB Act 1976 having its registered address at Natabar Pal Road, Chatterjeepara More more, Tikiapara, Howrah- 711101 (hereinafter called "BANK") having agreed to exempt M/s (Name of the VENDOR) a Private Individual/Proprietorship or Partnership Firm/ Company incorporated under the Companies Act, 1956/2013 having its office/registered office at (Address of the Vendor) (hereinafter called "the said VENDOR") from the demand, under the terms and conditions of BANK"s Letter of Intent/Award bearing nodated
We,
2. We
3. We undertake to pay to PBGBANK any money so demanded notwithstanding any dispute or disputes raised by the VENDOR in any suit or proceeding pending before any court or Tribunal relating thereto our liability under this present being absolute and unequivocal.
The payment as made by us under this bond shall be a valid discharge of our liability for payment there under and the VENDOR for payment there under and the VENDOR shall have no claim against us for making such payment.
4. We,
5. We
6. This guarantee will not be discharged due to the change in the constitution of the Bank or the VENDOR.
BANK FOR U- BANKING FOR ALL আপনাদের ব্যাঙ্ক–ব্যাঙ্কিং পরিষেবা সবার জন্য

HEAD OFFICE:- NATABAR PAL ROAD, TIKIAPARA MORE, CHATTERJEE PARA MORE, HOWRAH- 711101

প্রধান কার্যালয়:- নটবরপাল রোড, চ্যাটার্জীপারা মোড়, টিকিয়াপাড়া, হাওড়া- ৭১১১০১



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7. We,
Notwithstanding anything contained herein:
i) Our liability under this Bank Guarantee shall not exceed Rs (Rupees) only.
ii) This Bank Guarantee shall be valid upto(including three months grace period)
iii) We are liable to pay the guaranteed amount or any part thereof under this Bank Guarantee only and only if you serve upon us a written claim or demand on or before
(date of expiry of Guarantee including claim period).
8. Dated the day of for [indicate the name of Bank] Yours" faithfully, For and on behalf of
Bank Authorised Official



ANNEXURE-N- SERVICE LEVEL AGREEMENT

Seperate for in-service and retirees

To be stamped on NJS of Rs. 500/-

Between Paschim Banga Gramin Bank and Insurance Co. Ltd.

This Agreement is made and entered into on this Day of 2023, at Howrah

by and between

Paschim Banga Gramin Bank, a Regional Rural Bank, incorporated under the Regional Rural bank Act, 1976 herein after referred to as "**Insured**", having its Head Office at: Natabar Pal Road, Chatterjee Para More, Tikiapara, Howrah-711101, W.B

The purpose of this Service Level Agreement (SLA) is to formalize an arrangement between the Insured and the Insurer to effectively manage the claims arising under the aforesaid insurance policies and to record the responsibilities and deliverables of each party under the mentioned policies.

This Agreement will be effective from the date of 25.04.2023 and exist throughout the currency of the aforesaid insurance policies or until settlement of all valid claims arising under the policies whichever occurs later.

Working Days shall mean any day on which the Insured is generally open for business in India.

No clause agreed here contradicts the Policy Terms & Conditions.

CLAIMS PROCESS:

1. Intimation of Loss:



The Insured shall intimate every incident that may give rise to a claim under the policy to the Insurer in accordance with the conditions of the policy in question i.e. the incident or loss shall be notified immediately upon loss coming to notice by the following mode:

E-Mail Notification:	(E-Notification)	(cc:	<u>a</u>	.com)
In a				

Insurer's e-mail address:

Insurer Contacts E-mail Contact Nos.

Contact 1:-

Contact 2:-

Contact 3:-

Mobile Claim Notification:

In the event of emergency, the insured can send initial claim intimation via SMS/Email/Phone to the above mentioned mobile numbers of the insurers. However, such notifications shall be followed by a notification through PBG Bank via e-mail or letter as soon as practically possible.

Whichever mode of notification is used, the notification shall be acted upon.

Cashless Facility

The insurer hereby assures the insured that the beneficiaries covered under the Group Health Policy shall be admitted without any formal paperwork. This clause is applicable for those Hospitals/Clinics/Nursing Homes with whom the Insurer is having cashless facility. Further, the Insurer, upon qualifying and after awarding of Letter of Intent, shall intimate that Client- M/s Paschim Banga Gramin Bank is their Client and no formal paperwork/email to be carried out for admission in emergency or serious cases. The Hospitals who are having tie-up arrangement with the Insurer shall not demand any cash at the time of admission of patients. It is the sole lookout of the Insurer to ensure and arrange for the same.

2. Action by the Insurer

The Insurer shall not insist on hard copy of claim form, save and except the system generated print out of the claim form. All claims must be filled up online through the designated account created per staff. A print out of the claim form with all pre filled details to be forwarded to Head Office/Regional Offices and Head Office/Regional Offices shall handover the documents(all Originals) to the designated representative of the Insurer. The representative must satisfy himself that he has collected all documents as per IRDA requirement and no questions pertaining to the documents shall be raised at a later end through email or otherwise. In the event any original document is torn/mutilated or lost in transit or misplaced either from the custody of the Bank or the beneficiary, a formal declaration on a plain paper along with the recommendations of the Insured is to be acted upon by the Insurer. Such declaration must state that the original scanned copy has been uploaded and no previous claim has been lodged against the said bill(s). In the event the claim form along with original documents is misplaced/lost by the representative of the Insurer, neither Bank nor the

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beneficiary shall forward any copy and if on that count the claim is not settled within the period of thirty days, Bank reserves the right to escalate the dispute and if the dispute persists beyond the period of 90 days bank reserves the right to settle the same from the bank Guarantee by invoking it in accordance with law.

NOTE:- The representative must satisfy himself Before leaving the Head Office or Regional Office that all original documents as required has been collected and any later intimation(either by way of system generated email/or otherwise) regarding non-receipt of original documents or directing production of original documents will not be entertained by the Insured/beneficiaries.

The insurer shall within 24 hours of receiving the initial claim notification online send an email to the insured with copy to beneficiary stating the requirements. The hard copies of the said document along with system generated claim form must be collected from head Office/regional Office within 7 days from the date of lodging of claim. The insurer will monitor the claims and ensure all covered claims are settled within 7 working days of receiving all necessary documents required to service the claim.

The Insurer will always follow the principles and time-lines as set out within the Clause 9 of the IRDA (Protection of policyholders' interest) Regulations 2002. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

The Insurer shall share the monthly claim settlement report on the end of every month with the insured.

3. Settlement of Claims:

- 3.1. Dedicated account management team from Insurer's end.
- 3.2. Account review to be done on monthly basis with Bank Head Office, Nodal Officer.
- 3.3. Insurer will confirm whether a claim is admissible or not as per terms of the policy within 2 working days from the receipt of hard copy. If, in the opinion of the insurer, the claim is not admissible, then a detailed written explanation will be provided to the insured within the time frame of 2 days from the date of collection of hard copies.
- 3.4. **Final Payment:** Insurer will make payment for claim amount directly to the Beneficiary's account under advice to Bank, along with UTR No. and Date.
- 3.5. Insurer will accept all documents sent through E-mail and hard copies of the documents if required shall be collected by their representative from Head Office and Regional Offices weekly. Where documents cannot be



shared due to their confidential nature or volume involved, the Insurer shall act upon the scanned documents only.

- 3.6. If additional requirement/clarification is needed by the Insurer, Insurer to inform the same to Bank within 2 working days from the date of collection of hard copies of the documents.
- 3.7. Once all documents, as desired, have been received by the insurer, claim settlement should be effected within 3 working days.
- 3.8. In the event of claim not being settled within the prescribed time-frame of 30 days, the Insured shall follow the Grievance Escalation Matrix hereinafter mentioned.

Complaint to , E-mail:	`		, .	ν Ο ,.	Ph.
Appeal to , E-mail:	•		•		Ph.
 IDDA (-1 60 -1	-a)Caman	+	1 A 2 2 4 10 0 mid		

c. IRDA (above 60 days)Competent Authority

TIME LINE:-

Endeavour must be made to settle the claim as early as possible preferably within 7 days and maximum within 30 days. In the event claim is not settled, the same shall be escalated as per escalation matrix in this SLA. In the event the claim is not settled within 30 days an interest @ 2% over the Bank rate shall be payable over the claim amount.

DOCUMENTATION AND ISSUE OF POLICY DOCUMENTS:

- 1. **Issue of the Risk Held letter** Insurer will issue the Risk Held letter immediately from the time of receipt of Bank Guarantee / Premium cheque from Insured.
- 2. **Master Policy** Policy documents will be issued by Insurer within 7 working days from the receipt of Payment and submission of the required information. For retirees the Policy Bond must be issued within 7 working days from the date of payment.
- 3. **Endorsements** Endorsements for additions / deletions / amendments / refunds to the policies to be issued by Insurer within 5 working days from the date of receipt of the information/ premium.



- 4. **Monthly Claim MIS** to be sent to Insured on a monthly basis along with Dump file
- 5. **Monthly/Quarterly meeting and Report -** for discussion on claims and other pending issues, if any with Claim Report

INDEMNITY:-

The Selected bidder(Name of the Bidder) undertakes to indemnify Bank against all costs, expenses, liabilities, injuries, losses and damages which may be caused to or suffered by Bank due to non settlement of claims of the members (with special reference to retirees or serving staffs who availed Topups over and above the prescribed threshold limit). Such actions against the Bank to be indemnified by the Selected Bidder(Name of the Bidder)

JURSIDICTION:-

All disputes pertaining to the said RFP or SLA shall be confined within the jurisdiction of the nearest Court of the Bank.

ARBITRATION & CONCILIATION:-

All disputes and differences that may arise between the parties hereto in regard to or touching or arising out of or under or relating to these presents, the carrying out of the terms and conditions hereunder (including breach or alleged breach thereof) and/or the interpretation thereof in any way whatsoever or as to the construction, meaning, validity or effect of this Agreement or any clause, matter or thing herein contained or the rights and liabilities of the Parties hereunder shall be resolved amicably between the Parties through negotiation and conciliation failing which they shall be referred to Arbitration and the said arbitration shall be governed by the Arbitration and Conciliation Act, 1996 or any statutory modification or reenactment in force for the time being.

The dispute or difference shall be referred to the decision of a sole arbitrator to be mutually appointed in writing by the Parties and if both the Parties fails to agree upon a single arbitrator, then and in such an event, each Party shall appoint one arbitrator each, and the so appointed arbitrators shall mutually appoint a third Arbitrator, who shall act as the Presiding Arbitrator.

The place of arbitration shall be Howrah and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in Howrah.



The arbitral procedure shall be conducted in English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be Indian law.

The award of the arbitrator shall be final and conclusive and binding upon the Parties.

The reference to arbitration shall not restrict the parties' right to equitable remedies such as injunction, temporary restraining order, preliminary injunction or other equitable relief to preserve the status quo or prevent irreparable harm.

On Behalf of the Insurer On Behalf of the Bank Signature: Signature: Name: Name: Designation: Designation:

Date: Date:

ANNEXURE-O- PRE-CONTRACT INTEGRITY PACT
TO BE SIGNED ON A NON JUDICIAL SATMP PAPER AND DEPOSITED WITH TENDER
1.Whereas PASCHIM BANGA GRAMIN BANK, a Regional Rural Bank, incorporated under the RRB Act, 1976 having its registered address at Natabar Pal Road, Chatterjeepara More, Tikiapara, Howrah-711101acting through its Personnel Administration Department, represented by General Manager / Chief Manager hereinafter referred to as the Buyer/Bank and the first party, proposes to procure (Group Mediclaim Policy for serving as well as retiree staff members) hereinafter referred to as Group Mediclaim Policy
And M/s represented by Chief Executive Officer, (which term, unless expressly indicated by the contract, shall be deemed to include its successors and its assignee), hereinafter referred to as the bidder/seller and the second party, is willing to offer/has offered the Stores and / or Services.
2. Whereas the Bidder/Seller is a private company/public company/ /partnership/registered export agency, constituted in accordance with the relevant law in the matter and the BUYER is a Public Sector Undertaking and

registered under Companies Act 1956. Buyer and Bidder/Seller shall hereinafter be individually referred to as -Party or collectively as the -parties, as the context may require.

3. Preamble

Buyer has called for tenders under laid down organizational procedures intending to enter into contract /s for supply / purchase / etc of _ and the Bidder /Seller is one amongst several bidders /Proprietary Vendor /Customer Nominated Source/Licensor who has indicated a desire to bid/supply in such tendering process. The Buyer values and takes primary responsibility for values full compliance with all relevant laws of the land, rules, regulations, economic use of resources and of fairness / transparency in its relations with its Bidder (s) and / or Seller(s).

In order to achieve these goals, the Buyer will appoint Independent External Monitor(s) (IEM) in consultation with Central Vigilance Commission, who will monitor the tender process and the execution of the contract for compliance with the principles mentioned above.

4. Commitments of the Buyer

আপনাদের ব্যাঙ্ক–ব্যাঙ্কিং পরিষেবা সবার জন্য BANK FOR U- BANKING FOR ALL

HEAD OFFICE:- NATABAR PAL ROAD, TIKIAPARA MORE, CHATTERJEE PARA MORE, HOWRAH- 711101 প্রধান কার্যালয়:- নটবরপাল রোড, চ্যাটার্জীপারা মোড, টিকিয়াপাডা, হাওডা- ৭১১১০১



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- 4.1 The Buyer commits itself to take all measures necessary to prevent corruption and fraudulent practices and to observe the following principles:-
- (i)No employee of the Buyer, personally or through family members, will in connection with the tender, or the execution of a contract demand, take a promise for or accept, for self or third person, any material or immaterial benefit which the person is not legally entitled to.
- (ii) The Buyer will during the tender process treat all Bidder(s) /Seller(s) with equity and reason. The Buyer will in particular, before and during the tender process, provide to all Bidder (s) /Seller(s) the same information and will not provide to any Bidders(s) /Seller(s) confidential /additional information through which the Bidder(s) / Seller(s) could obtain an advantage in relation to the process or the contract execution.
- (iii) The Buyer will exclude from the process all known prejudiced persons.
- 4.2 If the Buyer obtains information on the conduct of any of its employees which is a criminal offence under the Indian Legislation Prevention of Corruption Act 1988 as amended from time to time or if there be a substantive suspicion in this regard, the Buyer will inform to its Chief Vigilance Officer and in addition can initiate disciplinary action.
- 5 Commitments of the Bidder(s) / Seller(s):
- 5.1 The Bidder(s)/ Seller(s) commit itself to take necessary measures to prevent corruption. He commits himself to observe the following principles during his participation in the tender process and during the contract execution.
- (i) The Bidder(s) /Seller(s) will not directly or through any other persons or firm, offer promise or give to any of the Buyer's employees involved in the tender process or the execution of the contract or to any third person any material or other benefit which he / she is not legally entitled to, in order to obtain in exchange any advantage during the tendering or qualification process or during the execution of the contract.
- (ii) The Bidder(s) /Seller(s) will not enter with other Bidders / Sellers into any undisclosed agreement or form a cartel or understanding, whether formal or informal. This applies in particular to prices, specifications, certifications, subsidiary contracts, submission or non submission of bids or any other actions to restrict competitiveness or to introduce cartelization in the bidding process.
- (iii)The bidder(s) /Seller(s) will not commit any offence under the Indian legislation, Prevention of Corruption Act, 1988 as amended from time to time. Further, the Bidder(s) /Seller(s) will not use improperly, for purposes of competition or personal gain, or pass on to others, any information or document provided by the Buyer as part of the business relationship, regarding plans, technical proposals and business details, including information constrained or transmitted electronically.
- (iv) The Bidder(s) /Seller(s) shall ensure compliance of the provisions of this Integrity Pact by its sub-supplier(s) / sub-bidder(s), if any, Further, the Bidder /Seller shall be held responsible for any violation/breach of the provisions by its sub-supplier(s) /Sub-bidder(s).
- 5.2 The Bidder(s) /Seller(s) shall ensure compliance of the provisions of this Integrity Pact by its sub-supplier(s) / sub-bidder(s), if any, Further, the Bidder /Seller shall be held responsible for any violation /breach of the provisions by its sub-supplier(s) /sub-bidder(s).
- 5.3 The Bidder(s) /Seller(s) will not instigate third persons to commit offences outlined above or be an accessory to such offences.
- 5.4 Agents / Agency Commission

The Bidder /Seller confirms and declares to the Buyer that the bidder/Seller is the original service provider in the business of group Mediclaim insurance policies and has not engaged any individual or firm, whether Indian or Foreign whatsoever, to intercede, facilitate or in any way to recommend to Buyer or any of its functionaries, whether officially or unofficially, to the award of the tender / contract / Purchase order to the Seller/Bidder; nor has any amount been paid, promised or intended to be paid to any such individual or firm in respect of any such intercession, facilitation or recommendation. The Seller / Bidder agrees that if it is established at any time to the satisfaction of the Buyer that the present declaration is in anyway incorrect or if at a later stage it is discovered by the Buyer that the Seller/Bidder has engaged any such individual /firm, and paid or intended to pay any amount, gift, reward, fees, commission or



A GOVT. ENTERPRISE একটি সবকাবী সংস্থা

consideration to such person(which includes both serving and retired staff as well), party, trade union, firm or institution, whether before or after the signing of this contract /Purchase order, the Seller /Bidder will be liable to refund that amount to the Buyer. The Seller will also be debarred from participating in any RFP / program with Buyer for a minimum period of five years. The Buyer will also have a right to consider cancellation of the Contract / Purchase order either wholly or in part, without any entitlement of compensation to the Seller /Bidder who shall in such event be liable to refund agents / agency commission payments to the buyer made by the Seller /Bidder along with interest at the rate of 2% per annum above LIBOR (London Inter Bank Offer Rate) (for foreign vendors) and Base Rate of SBI (State Bank of India) plus 2% (for Indian vendors). The Buyer will also have the right to recover any such amount from any contracts / Purchase order concluded earlier or later with Buyer.

6. Previous Transgression

- 6.1 The Bidder /Seller declares that no previous transgressions have occurred in the last three years from the date of signing of this Integrity Pact with any other company in any country conforming to the anti corruption approach or with any other Public Sector Enterprise in India that could justify Bidder's /Seller's exclusion from the tender process.
- 6.2 If the Bidder /Seller makes incorrect statement on this subject, Bidder /Seller can be disqualified from the tender process or the contract, if already awarded, can be terminated for such reason without any liability whatsoever on the Buyer.

7. Company Code of Conduct

Bidders /Sellers are also advised to have a company code of conduct (clearly rejecting the use of bribes and other unethical behavior) and a compliance program for the implementation of the code of conduct throughout the company.

- 8. Sanctions for Violation
- 8.1 If the Bidder(s) /Seller(s), before award or during execution has committed a transgression through a violation of Clause 5, above or in any other form such as to put his reliability or credibility in question, the Buyer is entitled to disqualify the Bidder(s) /Seller (s) from the tender process or take action as per the procedure mentioned herein below:
- (i) To disqualify the Bidder /Seller with the tender process and exclusion from future contracts.
- (ii) To debar the Bidder /Seller from entering into any bid from Buyer for a period of two years. (iii) To immediately cancel the contract, if already signed /awarded without any liability on the Buyer to compensate the Bidder /Seller for damages, if any. Subject to Clause 5, any lawful payment due to the Bidder/Seller for supplies effected till date of termination would be made in normal course.
- (iv) To encash EMD /security deposit/Advance Bank Guarantees / Performance Bonds / Warranty Bonds, etc. which may have been furnished by the Bidder /Seller to the extent of the undelivered Stores and / or Services.
- 8.2 If the Buyer obtains Knowledge of conduct of Bidder /Seller or of an employee or representative or an associate of Bidder /Seller which constitutes corruption, or if the Buyer has substantive suspicion in this regard, the Buyer will inform to its Chief Vigilance Officer.
- 9. Compensation for Damages
- 9.1 If the Buyer has disqualified the Bidder(s) /Seller(s) from the tender process prior to the award according to Clause 8, the Buyer is entitled to demand and recover the damages equivalent to Earnest Money Deposit in case of open tendering.
- 9.2 If the Buyer has terminated the contract according to Clause 8, or if the Buyer is entitled to terminate the contract according to Clause 8, the Buyer shall be entitled to encash the security deposit/ advance bank guarantee and performance bond / warranty bond, if furnished by the Bidder / Seller, in order to recover the payments, already made by the Buyer for undelivered Stores and / or Services.
- 10. Price Fall Clause



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The Bidder undertakes that it has not quoted same or similar quotations at a price lower than that offered in the present Bid in respect of any other PSU or Public Sector Bank or RRBs and its subsidiaries during the currency of the contract and if it is found at any stage that same or similar price was quoted by the Bidder to any other PSUs, Public Sector Bank or RRBs at a lower price during the currency of the contract, then that very price will be applicable to the present case and the difference in the cost would be refunded by the Bidder to the Buyer, if the contract has already been concluded.

- 11. This Integrity Pact is subject to Indian Laws, and exclusive Jurisdiction of Courts at Howrah/Kolkata, India.
- 12. Other Legal Actions

The actions stipulated in this Integrity Pact are without prejudice to any other legal action that may follow in accordance with the provision of the extant law in force relating to any civil or criminal proceedings.

- 13. Integrity Pact Duration.
- 13.1 This Integrity Pact begins when both parties have legally signed it. It expires of order / finalization of contract.
- 13.2 If any claim is made/ lodged during this time, the same shall be binding and continue to be valid despite the lapse of this Integrity Pact as specified above, unless it is discharged / determined by Chairman, PBGBank.
- 13.3 Should one or several provisions of this Integrity Pact turn out to be invalid, the reminder of this Integrity Pact remains valid. In this case, the parties will strive to come to an agreement to their original intentions.
- 14 Other Provisions

Authorized Signatory (*)

- 14.1 Changes and supplements need to be made in writing. Side agreements have not been made.
- 14.2 In view of nature of this Integrity Pact, this Integrity Pact shall not be terminated by any party and will subsist throughout its stated period.
- 14.3 Nothing contained in this Integrity Pact shall be deemed to assure the bidder / Seller of any success or otherwise in the tendering process.
- 15. This Integrity Pact is signed with Paschim Banga Gramin Bank exclusively and hence shall not be treated as precedence for signing of IP with MoD or any other Organization.
- 16. In the event of any contradiction between the Integrity Pact and its Annexure, the Clause in the Integrity Pact will prevail.

win prevail.		
17. The Parties here by sign this Integrity Pact aton (Buyer)	(Seller/Bidder)	and
BUYER Signature: General Manager PBGBANK,Division		
Place: Date:		
Witness (Name & Address)		1:
BIDDER * /SELLER* Signature:		

9

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Place: Date:

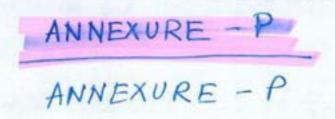
Witness

(Name & Address)



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SEPERATE DOCUMENT ENCLOSED FOR ANNEXURE-P AND UPLOADED IN THE PORTAL



ANNEXURE I

Medical Scheme for the Officers/ Employees of IBA Member Banks, parties to the Bipartite Settlement/ Joint Note dated 25th May 2015 in lieu of the Existing Hospitalization Scheme

The scheme covers expenses of the officers / employees and dependent in cases he/she shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization/domiciliary hospitalization and domiciliary treatment expenses as defined in the Scheme, for medical/surgical treatment at any Nursing Home/Hospital / Clinic (for domiciliary treatment)/ Day care Centre which are registered with the local bodies, in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specified as per the scheme, to the extent of the sum insured + Corporate buffer.

- The Scheme Covers Employee + Spouse + Dependent Children + 2 dependent Parents / parents-in-law.
 - No age limit for dependent children. (including step children and legally adopted children) A child would be considered dependent if their monthly income does not exceed Rs. 10,000/- per month; which is at present, or revised by Indian Banks' Association in due course. Widowed Daughter and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and Crippled Child shall be considered as dependent for the purpose of this policy. Physically challenged Brother / Sister with 40% or more disability.
 - No Age Limits for Dependent Parents. Either Dependent Parents or parents-In-law will be covered. Parents would be considered dependent if their monthly income does not exceed Rs. 10,000/- per month, which is at present, or revised by Indian Banks' Association in due course, and wholly dependent on the employee as defined in this scheme.

(The definition of family shall undergo a change as decided in due course in the negotiations)

- 1.2.1 All New Officers / employees to be covered from the date of joining as per their appointment letter. For additions /deletions during policy period, premium to be charged /refunded on pro rata basis.
- 1.2.2 Continuity benefits coverage to officers / employees on retirement and also to the Retired Officers / employees, who may be inducted in the Scheme.
- 1.3 Sum Insured: Hospitalization and Domiciliary Treatment coverage as defined in the scheme per annum

Officers: Rs.400000 Clerical Staff: Rs.300000 Sub Staff: Rs.300000

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

- 1.4 Corporate Buffer: Rs. 100,00,00,000/- Corporate buffer may be appropriated as per the premium of the bank. If the Corporate buffer of one bank is exhausted, the remaining amount can be claimed from the unutilized corporate buffer of the other banks. Corporate Buffer can be authorized by the Management, through an Authorized person / Committee as decided by IBA / Bank, and informed directly to the THIRD PARTY ADMINISTRATOR by keeping the insurance company in the loop.
- 1.5 In the event of any claim becoming admissible under this scheme, the company will pay through Third Party Administrator to the Hospital / Nursing Home or insured the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.
 - A. Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding Rs. 5000 per day or the actual amount whichever is less.
 - Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount whichever is less.
 - C. Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
 - D. Nursing Charges , Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator, Ventilator, orthopaedic

implants, Cochlear Implant, any other implant, Intra-Occular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.

- E. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.
- 1.6 Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge.

2. DEFINITIONS:

- 2.1 ACCIDENT: An accident is a sudden, unforeseen and involuntary event caused resulting in injury -
- 2.2
- A. "Acute condition" Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- B. "Chronic condition" A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics -
 - 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
 - It requires your rehabilitation or for you to be specially trained to cope with it
 - iv. It continues indefinitely
 - v. It comes back or is likely to come back.

2.3 ALTERNATIVE TREATMENTS:

Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, unani, siddha homeopathy and Naturopathy in the Indian Context, for Hospitalisation only and Domiciliary for treatment only under ailments mentioned under clause number 3.1

(Ref: 3.4 Alternative Therapy)

2.4 ANY ONE ILLNESS:

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

2.5 CASHLESS FACILITY:

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

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.

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

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 authorised personnel.

2.10 DAY CARE TREATMENT:

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

- undertaken under general or local anesthesia in a hospital/day care Centre in less than a day because of technological advancement, and
- Which would have otherwise required a hospitalisation of more than a day.

Treatment normally taken on an out patient 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:

- The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
- 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 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.

2.14 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

2.15 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.

2.16 ILLNESS:

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

2.17 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.

2.18 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.

2.19 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.

2.20 MATERNITY EXPENSES:

Maternity expenses/treatment shall include:

- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
- 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.

2.21 MEDICAL ADVICE:

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

2.22 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.

2.23 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 confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

2.24 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.)

2.25 NETWORK PROVIDER:

Network Provider means hospitals or health care providers entisted 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.

2.26 NEW BORN BABY:

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

2.27 NON NETWORK:

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

2.28 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.

2.29 OPD TREATMENT:

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

2.30 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.

2.31 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 1.2 above provided that;

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

2.32 POST HOSPITALISATION MEDICAL EXPENSES:

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

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

2.33 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.

2.34 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.

2.35 ROOM RENT:

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

2.36 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.

2.37 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.

2.38 Third Party Administrator

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

2.39 UNPROVEN/EXPERIMENTAL TREATMENT:

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

3. COVERAGES:

3.1 Domiciliary Hospitalization / Domiciliary Treatment: Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /domiciliary treatment as may be certified by the attending medical practitioner and / or bank's 'medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100%

Cancer , Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Allments , Pleurisy , Leprosy, Kidney Ailment , All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy , Diabetes and its complications, hypertension, Hepatitis - B , Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis Epidermolysis bullosa, Venous Thrombosis(not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis , Hypothyroidism , Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, 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 asthamaticus, sequalea of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematous (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE)], growth disorders, Graves' disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

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

- 3.2 Critical Illness: To be provided to the employee only subject to a sum insured of Rs. 1,00,000/-. Cover starts on inception of the policy. In case an employee contracts a Critical Illness as listed below, the total sum insured of Rs.1,00,000/- is paid, as a benefit. This benefit is provided on first detection/diagnosis of the Critical Illness.
 - · Cancer including Leukemia
 - Stroke
 - · Paralysis
 - By Pass Surgery
 - · Major Organ Transplant
 - · End Stage Liver Disease
 - Heart Attack
 - · Kidney Failure
 - Heart Valve Replacement Surgery

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

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

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

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

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

- a. The treatment is undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and
- Which would have otherwise required hospitalization of more than a day.
- 3.4 Alternative Therapy: Reimbursement of Expenses for hospitalization or domiciliary treatment (under clause 3.1) under the recognized system of medicines, viz, Ayurvedic ,Unani, Sidha, Homeopathy, Naturopathy, if such treatment is taken in a clinic /hospital registered, by the central and state government.

3.5 MATERNITY EXPENSES BENEFIT EXTENSION

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

Special conditions applicable to Maternity expenses Benefit Extension:

- 9 months waiting period under maternity benefit will be waived from the policy.
- Pre-natal & post natal charges in respect of maternity benefit are covered under the policy up to 30 days and 60 days only, unless the same requires hospitalization.
- III. Missed Abortions , Miscarriage or abortions induced by accidents are covered under the limit of Maternity
- IV. Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered in the up to the Sum Insured + Corporate Buffer
- V. Expenses incurred for Medical Termination of Pregnancy
- VI. Claim in respect of delivery to be given irrespective of the number of children
- 3.6 Baby Day one Cover: New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity limit up to Rs, 20000/-.
 - However if the baby contacts any illness the same shall be considered in the Sum Insured + Corporate buffer. Baby to be taken as an additional member within the normal family floater.
- 3.7 Ambulance Charges: Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised. Taxl and Auto expenses in actual maximum up to Rs750/- per trip.

 Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.
- 3.8 Pre- Existing Diseases / Ailments: Pre-existing diseases are covered under the scheme.
- 3.9 Congenital Anomalies: Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy
- 3.10 Psychiatric diseases: Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.
- 3.11 Advanced Medical Treatment: All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.

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

- 3.14 Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.
- 3.15 Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.
- 3.16 Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.
- 3.17 Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.
- 3.18 Physiotherapy charges: Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

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

4. 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 treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
 - b. Vaccination or inoculation.
 - 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 Implant.
- 4.4 Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.
- 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 lymphadinopathy 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 weapon / materials.
- 4.10 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, /barber or beauty services, died t 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.
- 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 tiability 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 authorised 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 Hospitalisation/Domiciliary Hospitalisation.
- 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-hospitalisation, treatment (limited to 90 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 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.
- 5.5.1 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.
- 5.5.2 Any medical practitioner authorised by the Bank / Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalisation, if so required.
- 5.6 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.
- 5.7 DISCLOSURE TO INFORMATION NORM
 - The claim shall rejected in the event of misrepresentation, misdescription or non-disclosure of any material fact.
- 5.8 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 real time basis.
- 5.9 In case of rejection of claims it would go through a Committee set up of the Bank, Third Party Administrator and United India Insurance Co Ltd. unless rejected by the committee in real time the claim should not be rejected.
- 5.10 There would be a continuity of this Scheme / benefits to the Retiring Officers / employees and their family and also to the Retired Officers / employees and their family.