



E-Tender Form
for
Group Mediclaim Policy
M.P.Rajya Sahakari Bank Mydt.,
Head Office, New Market, T.T.Nagar,
BHOPAL – 462 003

No. of Pages - 06

**M.P. RAJYA SAHAKARI BANK MYDT.
(APEX BANK)**

NEW MARKET, T.T. NAGAR, BHOPAL

Notice Inviting E-Tender

Online E-tender are invited from insurance companies who are interested in providing Group Mediclaim Policy for our approx. 95 employees working across the whole M.P. and their dependents. Such E-Tender should reach us on or before 30/08/2021 up to 11.00 A.M.

| Sr. No. | Name of work | Cost of E-Tender with 18% GST | Last Date & Time of E-Tender submission |
|----------------|---|--------------------------------------|--|
| 01 | Group Mediclaim Policy for Employees and their dependents | 2,360.00 | 30/08/2021 up to 11.00 A.M. |

- (1) Other conditions and details of the NIT can be viewed on website www.mptenders.gov.in and Apex Bank website www.apexbank.in.
- (2) Eligible Tenderer can purchase & submit online tender documents on payment of requisite amount through online from 03/08/2021 to 30/08/2021.

Managing Director

Other Conditions :-

- (1) If the opening date of tender happens to be on bank holiday then the tenders will be opened on next working day.
- (2) The Technical bid will be opened on 31/08/2021 at 12.30 P.M. at M.P. Rajya Sahakari Bank Mydt., 4th Floor, Head Office, Bhopal.
- (3) Commercial bid of the selected Tenderer will be opened on 03/09/2021 at 12:30 P.M. at M.P. Rajya Sahakari Bank Mydt., 4th Floor, Head Office, Bhopal. Company representative of Tenderer may be allowed on prior intimation over Telephone / e-mail.
- (4) Technical and Commercial Bid should be submitted separately as per prescribed format.
- (5) The Bank reserves its right to reject any or all the tenders without assigning any reason.

Managing Director

M.P. RAJYA SAHAKARI BANK MYDT., BHOPAL**GENERAL TERMS AND CONDITIONS OF E-TENDER**

Tenderer(s) shall submit firm Registration Certificate, G.S.T Registration Certificate, and G.S.T. Clearance Certificate / No dues certificate of value added tax from the concerned assessing authority, Income Tax Clearance Certificate & PAN Number along with the Tender.

1. Bank requires rate for Group **Mediclaim** Policy for sum insured of Rs. 5.00 lakhs for its employees and dependents, spouse (husband/wife) and their 2 dependent children up to 25 years on floater basis.
2. Each tender bid shall comprise of two part.

a) Technical bid

The Tenderer will submit following documents in Technical bid.

- (i) Claim settlement ratio of last two years.

Claim settlement detail for last two years(Mediclaim Policy only)

(Rs. in Lakhs)

| Year | No. of Mediclaims lodged | Amount of Mediclaims lodged | No. of Mediclaims settled | Amount of Mediclaims settled | Settlement Ratio in % | |
|----------------|--------------------------|-----------------------------|---------------------------|------------------------------|-----------------------|--------|
| | | | | | No. of Claims | Amount |
| 2018-19 | | | | | | |
| 2019-20 | | | | | | |

- (ii) Name of Hospitals associated with the Company in Madhya Pradesh.
- (iii) Net worth of the Company during last two years (Rs. in Crores)
(as certified by the Company Auditor)

3. Firms should submit following documents in Technical Bid.

- a) Company profile. **Annexure - I**
- b) Policy term acceptance. **Annexure - II**
- c) Authorization letter. **Annexure - III**

4. Technical bid will be opened on 31/08/2021 at 12.30 P.M. If Bid is found to be in order, it will be accepted by the bank otherwise it will be rejected.

b) Commercial bid

5. The rate should be quoted per family (2+2) only. The rates must be entered in words as well as in figures.
6. Premium rate quoted should be as per commercial bid and it should be inclusive of all taxes & duties if any.
7. Commercial Bid will be opened on 03/09/2021 at 12:30 P.M. for all technically qualified Companies only, on 4th Floor, Apex Bank, H.O., T.T. Nagar, Bhopal in presence of Company Representatives.
8. Technical and Commercial Bid should be submitted separately as per prescribed format.

Place :

Date :

Details of Company Profile**(To be filled up by the Tenderer)**

| | | |
|----|---|--|
| 1 | Name & Full Address of the firm: | |
| 2 | Registered Office with Address (Copy of registration certificate of firm may be enclosed) | |
| 3 | Date of Registration of the Firm | |
| 4 | Income Tax PAN No. | |
| 5 | G.S.T. No. | |
| 6 | Whether proprietorship / Limited Company or Pvt. Ltd. or Partnership Firm. | |
| 7 | If Private limited or Public Co. ,then name & Address of directors. | |
| 8 | Whether you have any establishment in M.P. If so detailed, addresses of the same. | |
| 9 | Name & Address of the authorised person who will represent the firm while dealing with the APEX BANK. (Mobile No. & email id) | |
| 10 | Details of affiliated Hospitals with address and locations in M.P. and outside. | |
| 11 | List of other corporate clients to whom such policy has been issued by the Company | |
| 12 | Name of Re-assurance Co. | |

**SIGNATURE OF THE TENDRER
WITH SEAL**

Place :

Date

| Sr. No. | MENDATORY COVERAGE REQUIRED UNDER GROUP MEDICLAIM POLICY |
|----------------|--|
| 1 | Policy will have to be issued on floater basis. |
| 2 | Insurance cover will be applicable to Employee, Spouse and first two dependent children. |
| 3 | Maximum age for dependent children will be 25 years. |
| 4 | Pre - existing and all diseases will be covered under the policy from the day one without questioning any reason for recurrence of disease. |
| 5 | 30 days waiting period and first year exclusions will be waived off. |
| 6 | New Born dependent baby will be covered from day one subject to declaration and family size restriction under the policy. |
| 7 | Room, Boarding and Nursing Expenses as provided in the Hospital / Nursing Home subject to following limits. |
| A | Sub limit per day for normal Room expenses will be 1% of the Basic Sum Insured. |
| B | Actual expenses for Intensive Care / Therapeutic Unit will be reimbursed / paid. |
| C | Registration and Service Charges of Hospital / Nursing Home: Actual Charges will be paid. |
| 8 | After inception of the policy, midterm inclusion of any new member or dependents of the primary insured including newly married Spouse, new born child, new joiners and their dependents shall be allowed. New Member will be added on pro-rata basis from the date of joining. |
| 9 | In case of Company does not has its own TPA than prior permission from Bank will be obtained to appoint third party T.P.A. preferably the TPA should be Bhopal based. |
| 10 | The insurer will be permitted to submit the completed and signed claim Form, providing all relevant documents in support of the claim within 30 days from the date of intimation for hospitalization claims and not later than 90 days from the date of intimation for post – Hospitalization claims. Reply of any query raised by the Insurance Company / TPA regarding insurance claims will be replied within 30 Days by the insurer. |
| 11 | SMS by the insured will be considered regarding intimation of claim. |
| 12 | No Broker will be involved by the Company. |
| 13 | As per suggestion of the Bank any new hospital may be added. |

| | |
|----------------|--|
| | ..4.. |
| Sr. No. | MENDATORY COVERAGE REQUIRED UNDER GROUP MEDICLAIM POLICY |
| 14 | In case of critical illness where admission is not required by the Hospital. All expenses incurred on such critical illness like Chemo - therapy, Radiation therapy, Nuclear therapy and all expenses will be covered under this policy. |
| 15. | Selected Company will have to collect claim documents from Insurance Section of the Bank. |
| 16. | <u>Other Conditions :-</u> |
| A | Actual expenses of Medical Practitioner charges, Surgeon fees, Consultant fees and similar expenses will be paid / reimbursed. |
| B | Actual expenses on anaesthesia, blood oxygen, surgical appliances, drugs medicines, dialysis, chemotherapy, radiotherapy, x - ray, operation theatre charges etc. will be paid / reimbursed. |
| C | All claims will be settled and paid <u>within 30 days</u> from the date of submission of claims. |

Acceptance & Declaration :-

We accept and declare that Group Mediclaim Policy issued to the Bank will be inclusive of all above mentioned terms & conditions and no additional clause is added in policy to restrict the claim, if it is found, Bank will reserve the right to terminate the policy at any time.

Place :

Date :

Signature of the Tenderer

With Seal

AUTHORISATION LETTER

No.

Dated: / /2021

The Managing Director,
M.P.Rajya Sahakari Bank Mydt.,
Head Office, T.T.Nagar, New Market,
Bhopal (M.P.)

Dear Sir,

Sub: Invitation to bid for Group Mediclaim Policy for Bank
employees & their dependents

We are established and
reputed Insurance Company for providing Mediclaim Insurance Services. We
hereby accept & agree to abide all the terms & conditions of the tender and kindly
find enclose herewith our tender bid documents. We hereby agree & assure you
that all the information & annexure contains in the submitted tender bid
documents are true and any disparity or false information will lead to cancellation
of our bid without assigning any reason. We are authorizing
_____ to sign and submit Tender
Documents, his / her signature is attested herewith.

Yours faithfully,

Name _____

Name of Insurance Company

With Seal

Name & signature of the authorized person

Name of Insurance Company

With Seal

Place :

**Note: This letter of authority should be given on the letter paid of the
Insurance Company and should be signed by a competent authority. It
should also be included by the Bidder in its bid.**

Commercial Bid Submission Format.

We hereby accept all the terms and conditions of the tender and quoted rate per family (2+2) per annum separately for Rs. 5.00 lacs sum insured as under which is inclusive of all applicable taxes and duties.

For Rs. 5.00 Lacs

Rate in figures Rs. ----- only.
Per family (2+2) (All inclusive)

Rate in words Rs. ----- only.

**SIGNATURE OF THE TENDRER*8
WITH SEAL**

..1..

M.P. RAJYA SAHAKARI BANK MYDT., BHOPAL

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(Rs. in Lakhs)

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|---------|--------------------------------|-----------------------------------|---------------------------------|------------------------------------|-----------------------------|
| 2018-19 | | | | | |
| 2019-20 | | | | | |

(v) Name of Hospitals associated with the Company in Madhya Pradesh .

(vi) Net worth of the Company during last two years (Rs. in Crores)(as certified by the Company Auditor)

3. Firms should submit following documents in Technical Bid.

a) Company profile. **Annexure - I**

b) Policy term acceptance. **Annexure - II**

c) Authorization letter. **Annexure - III**

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