



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

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

**T.T. NAGAR, BHOPAL**

**Notice Inviting Tender**

Online tender are invited from insurance companies who are interested in providing Group Medclaim Policy for our employees working across the whole M.P. and their dependent. Such tender should reach us on or before 27.02.2019 up to 5.30 P.M.

<b>Sr. No.</b>	<b>Name of work</b>	<b>Cost of Tender</b>	<b>Last Date &amp; Time of tender submission</b>
01	Group Medclaim policy for employees and their dependent	2,000.00	27.02.2019 up to 5.30 P.M.

- (1) Other conditions and details of the NIT can be viewed on website [www.mptenders.gov.in](http://www.mptenders.gov.in) and Apex Bank website [www.apexbank.in](http://www.apexbank.in).
- (2) Eligible tenderers can purchase & submit online tender document on payment of requisite amount through online from 19.02.2019 to 27.02.2019.

**I/c. 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 28.02.2019 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 01.03.2019 at 3:30 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.

**I/c. Managing Director**

**M.P. RAJYA SAHAKARI BANK MYDT., BHOPAL**

**GENERAL TERMS AND CONDITIONS OF TENDER**

Tenderer(s) shall submit firm Registration & certificate, G.S.T Registration Certificate, TIN Number. and earlier 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 require separate rates for Group Mediclaim policy for sum insured of Rs. 3.00 lacs & Rs. 5.00 lacs for its employees and dependent spouse (husband/wife) and their 2 dependent children on floater basis.
2. Each tender bid shall comprise of two part.
  - a) **Technical bid**  
Technical bid of the tenderer will be evaluated on the following grounds:-
    - (i) Claim settlement ratio of last three years.
    - (ii) Number of hospitals associated with the company in Madhya Pradesh and other than M.P.
    - (iii) Net worth of the Company during last two years (Rs. In Crores )
  - b) **Commercial bid**
3. The rate quoted per family (2+2) must not under any circumstances be altered and the rates must be entered in words as well as in figures.
4. Premium rate quoted should be as per commercial bid and it should be inclusive of all taxes & duties if any.
5. Firms should submit following documents in technical bid.
  - a) Company profile. **Annexure - I**
  - b) Policy term acceptance. **Annexure - II**
  - c) Authorization letter. **Annexure - III**
6. Technical bid will be opened on 28.02.2019 at 12.30 PM. If Bid is found to be in order, it will be accepted by the bank otherwise it will be rejected.
7. Commercial Bid will be opened on 01.03.2019 at 3.30 PM for all technically qualified Companies only, on 4th Floor, Apex Bank, H.O., 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	Income Tax PAN no.	
4	Tin No.	
5	GST NO.	
6	Whether proprietorship / Limited Company or Pvt. Ltd. or Partnership	
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	Company Net worth	
11	Details of affiliated Hospitals with address and locations in M.P. and outside.	
12	List of other corporate clients to whom such policy has been issued by the Company	
13	Claim settlement detail for last three years Year                      No. of Claim                      Amount                      Settled No. of Claim Settled Amount 2015-16 2016-17 2017-18	(Rs.in cr.)
14	Name of Re-assurance Co.	

**SIGNATURE OF THE TENDRER  
WITH SEAL**

Place :

Date

<b>Sr. No.</b>	<b>CLAUSES OF COVERAGE REQUIRED UNDER GROUP MEDICLAIM POLICY</b>	<b>Yes</b>	<b>No</b>
1	Policy will be issued on floater basis.		
2	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 get covered under the policy from day one.		
5	30 days waiting period and first year exclusions will be waived off.		
6	Maternity expenses will get covered under the Policy without any sub limits; with waiver of 9 months waiting period and 9 months waiting period for new joiners only.		
7	New Born dependent baby will be covered from day one subject to declaration and family size restriction under the policy.		
8	Maternity coverage will be applicable for first two living children only.		
9	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 2% of Basic Sum Insured.		
B	Sub limit per day for Intensive Care / Therapeutic Unit expenses : Sub limit waived.		
C	Registration and Service Charges of Hospital / Nursing Home: Actual Charges.		
10	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.		
11	Details of additions / deletions should reach us on monthly basis which include all additions / deletions / natural additions of newly wedded Spouse or new born child during preceding month. Additional premium will be charged/refunded on pro- rata basis from the date of joining / relieving of the employee subject to sufficient cash deposit with us.		
12	No premium will be charged / refunded for natural additions unless change in the highest age of the family. Refund can only be processed if there is no claim registered /initiated / paid against any of the family member including the primary insured who is proposed for deletion under policy.		

Sr. No.	CLAUSES OF COVERAGE REQUIRED UNDER GROUP MEDICLAIM POLICY	Yes	No
13	Warranted that all claims must be notified to us immediately on occurrence and in any case within 7 days giving full description of the medical treatment undertaken and the cause. Also Submit the completed and signed claim form, provide all the relevant documents in support of the claim not later than 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 query by the insured submitted to Company would be 30 days.		
14	SMS facility for the insured.		
15	Whether Company works as TPA or third party T.P.A. is involved. If third party TPA is involved it necessary to obtain Bank permission.		
16	No Broker is involved by the Company.		
17	As per suggestion of the Bank any new hospital may be added.		
18	On satisfactory services Bank may extend period of policy from one year to up-to three year on same terms & conditions & same premium.		
19	Other conditions :- waiver for below mentioned two conditions :		
A	25% medical practitioner charges, surgeon fees, consultant fees and similar expenses limit		
B	40% expenses on anaesthesia, blood oxygen, surgical appliances, drugs medicines, dialysis, chemotherapy, radiotherapy, x - ray, operation theatre charges etc.		

**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: / 02 /2019

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.

Yours faithfully,

(NAME)  
(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 3.00 lacs & Rs. 5.00 lacs sum insured as under which is inclusive of all applicable taxes and duties.

For Rs. 3.00 Lakhs

Rate per family Rs. ----- only.  
(2+2) ( All inclusive)

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

For Rs. 5.00 Lakhs

Rate per family Rs. ----- only.  
(2+2) ( All inclusive)

Rate in words Rs. ----- only

**SIGNATURE OF THE TENDRER  
WITH SEAL**