



भारतीय समुद्री विश्वविद्यालय INDIAN MARITIME UNIVERSITY

(Central University, Govt. of India)

HEADQUARTERS


Ref: IMU-HQ/R/71/31/3/2021-PUR

Date: 09.08.2021

**Notice Inviting Limited Tender from IRDA approved Public Sector
(Government) Insurance Companies for providing
Group Medclaim Insurance Policy of IMU**

Indian Maritime University (IMU) invites Bids for Limited Tender under Single Bid System from Public Sector (Government) Insurance Companies Registered with IRDA for providing Group Medical Insurance Coverage to the regular employees of IMU and their dependent family members.

Bidders are advised to study the Tender Document (including all Sections, Annexures, etc.) carefully. Submission of Tender shall deem to have been done after careful study and examination of the Tender Document with full understanding of its implications. The Tender Document can be downloaded at free of cost from IMU website www.imu.edu.in from 09.08.2021 onwards. The last date for receiving tender at IMU HQ is 11.00 AM on 23.08.2021.


Registrar (i/c)
Indian Maritime University
09.08.21

INDIAN MARITIME UNIVERSITY (IMU)

(A Central University, Govt. of India)

East Coast Road, Semmencherry, Sholinganallur (PO), Chennai-600 119

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TENDER ABSTRACT

(a)	Title	:	“Limited Tender Enquiry for providing Group Medclaim Insurance Policy from IRDA approved Public Sector (Government) Insurance Companies”
(b)	Notice Inviting Tender No.	:	Tender No IMU-HQ/R/71/31/3/2021-PUR dated 09.08.2021
(c)	Last date and time for receipt of bids	:	11.00 AM on 23.08.2021
(d)	Pre bid meeting	:	11:00 AM on 11.08.2021 (through Video Conference due to COVID-19 pandemic. Prospective Bidders will be required to register through the Google Form link which will be updated on Tenders Page of IMU)
(e)	Date and time for opening of Financial bid	:	11.30 AM on 23.08.2021
(f)	Period of Coverage	:	One year (From 00:00 hrs on 31.08.2021 to 24:00 hrs on 30.08.2022) in continuation to existing policy.
(g)	Period of contract	:	One year from the date of initial coverage with an option of extension one year at a time up to a maximum of 3 years (1+2 years) with the same rate (Applicable to downward revision of premium and not under escalation of premium), terms and conditions, subject to providing of satisfactory services on year to year basis at the sole discretion of IMU.
(h)	Validity of Bid offers	:	120 days from the last date for submission of Tender.
(i)	Estimated cost of Tender	:	Rs. 16,00,000/- (Approximately)

(j)	EMD Certificate	: Due to COVID-19 pandemic situation Bidders in lieu of Bid security shall submit the following certificate in their Letter Head: "I/We, hereby state and understand that if I/we withdraw/modify our bid during the period of validity of the tender, the administration would suspend the Bidder from participation in any future tenders of IMU for a period of 6 months".
(k)	Address for Submission of Sealed Bids	: Registrar (i/c), Indian Maritime University Headquarters, East Coast Road, Semmencherry, Sholinganallur (PO), Chennai-600 119 Tel:044- 2453 9020 Email: registrar@imu.ac.in

1. About Indian Maritime University:

The Indian Maritime University (IMU) was established on 14th November 2008 as a Teaching-cum-Affiliating University under the Ministry of Ports, Shipping and Waterways, Government of India, with Chennai as Headquarters. It was set up to promote maritime studies, training, research and extension with focus on emerging areas like oceanography, maritime history, maritime laws, maritime security, search and rescue, transportation of dangerous cargo, environmental studies and other related fields and to achieve excellence in these areas. It has Campuses in Chennai, Mumbai Port, Navi Mumbai, Kolkata, Visakhapatnam and Cochin.

2. Instructions to Bidders:

2.1. Bids of Insurance Agents/ Brokers will be out rightly rejected.

2.2. The details of Existing total staff strength who are covered under IMU's Group Mediclaim Insurance Policy are given as under (Regular employees at HQ- Chennai & Campuses in Chennai, Mumbai, Navi Mumbai, Kolkata, Visakhapatnam and Cochin as of now):

Breakup of members who are covered under existing policy as on 29-07-2021	Number of Members (Approved under existing policy)
Employees	135
Spouse	98
Dependent Children	116
Dependant Parents	58
Total	407

2.3. The Actual number of employees that are going to be covered will be subject to variations from above existing number of employees & their dependents who are covered under policy. The above are only indicative & may increase or decrease at the time of actual award of Tender.

2.4. Sum Assured:

Family Floater Sum insured – @ Rs. 1 lakh Per Member in an employee's family subject to a minimum of Rs. 2 Lakh and maximum of Rs. 5 lakh per employee's family.

2.5. The Financial bid containing rate of premium in the Price Bid Format as per **Annexures-C** (enclosed) should be provided in a separate cover and both the covers are to be placed in an outer cover duly super scribing, "**Submission of Sealed Bid for - Limited Tender Enquiry for providing Group Mediclaim Insurance Policy from IRDA approved Public Sector (Government) Insurance Companies**". The covers should be properly sealed.

- 2.6. Last date for submission of tender documents: **23.08.2021 by 11:00 Hrs**
Scheduled time for Opening of bids: **23.08.2021 at 11:30 Hrs.**
- 2.7. Bids from Insurance Company through its Regional / Zonal / Branch Offices only will be accepted and bids from Insurance Agents or Brokers and any external body to the Government insurance company, will not be accepted. For Operational Feasibilities Branch offices in Chennai only may be preferred.
- 2.8. Insurance company should have arrangement of healthcare at all the locations where IMU's offices are located preferably in all major cities and town across India. Such arrangements must include the following cities i.e. Chennai, Mumbai, Kolkata, Visakhapatnam and Cochin. – List of such arrangements to be enclosed. Large Number of Network Hospitals with Cashless facility with Pan India Presence may be preferred.
- 2.9. IMU's decisions will be final with regard to the determination of eligibility or otherwise of the bidders.
- 2.10. IMU reserves the right to modify, expand, restrict, scrap, refloat or cancel the Tender at any stage without assigning any reason. IMU also reserves the right to accept or reject any or all the tenders without assigning any reasons. The application for tender does not entitle any tenderer for automatic grant of tender.
- 2.11. Responses either received after the stipulated time period or are not in accordance with the specified format will be summarily rejected.
- 2.12. For any further query regarding Tender, please contact e-mail address dr.purchase@imu.ac.in with a copy to registrar@imu.ac.in or can be contacted at 044-24539020 (IVR Ext: 221) / 9840981612 during working hours only.

Limited Tender Enquiry

PART- I

GROUP MEDICLAIM INSURANCE POLICY FOR THE REGULAR EMPLOYEES OF IMU – SCHEME DETAILS, FEATURES, POLICY TERMS AND CONDITIONS, SUM ASSURE, ETC.

1. **TITLE:**

The scheme is titled as “Group Mediclaim Insurance Policy for the regular employees of IMU” aimed at providing Mediclaim insurance facilities to regular employees of the University.

2. **COMMENCEMENT:**

The scheme will be effective from 31st August, 2021 at 00.00 hours as a continuation of the existing Group medical Insurance of IMU with all the terms & conditions as mentioned in this tender document.

3. **DEFINITION:**

In this scheme unless there is anything repugnant in the subject or context:

- a) “University” means the “Indian Maritime University.”
- b) “Scheme” means “Group Mediclaim Insurance Policy for the regular employees of IMU”.
- c) “Policy” means IMU-Tailor made Group Health Insurance Policy
- d) “Hospitalization” means employee undergoing treatment in hospital as in-door Patient and also cover domiciliary / day care treatment as permitted in the extract of the existing policy conditions.
- e) Spouse means wife/husband of the employee, as the case may be, as declared to IMU.

4. **SCOPE:**

- 4.1. This policy will cover all the regular employees’ and their family and the Family means employee + Spouse + dependent children + dependent

parents who meet the eligibility criteria as fixed by IMU as per existing Indian Maritime University norms of eligibility:

Spouse: Should be non-wage earner. However, the spouse who is gainfully employed and not wholly dependent may also be covered provided he / she is not in receipt of free medical attendance in his / her own outside employment.

Children: Should be wholly dependent on the employee and will only include unemployed sons up to the age of 25, and unmarried and unemployed daughters and dependent divorced/widow daughter.

Dependent Parent: Should normally reside with the employee and his / her income from all sources including pensions and pension equivalent of DCRG benefit should not exceed Rs. 9000/- plus amount of DA on basic pension of Rs. 9000/- per month.

- 4.2. This policy, being contributory is optional to IMU's employees.
- 4.3. All Regular Employees / Newly Joined Regular Employees of IMU, who opt to be avail IMU-EGHIS will be covered from the date of payment of Premium.
- 4.4. The quantum of medical insurance coverage is on per annum, per family basis.

5. **Tailor made Group Mediclaim Insurance Policy - Features, Terms & Conditions:**

- 5.1. IMU, presently, is availing Tailor made Group Mediclaim Insurance coverage from M/s. National Insurance Company Limited which is expiring on 30.08.2021 @ 24.00 hrs. Hence, the proposed Group Medical Insurance coverage should have features and terms and conditions of IMU's existing Tailor made Group Medical Insurance.
- 5.2. Maternity expenses- Not opted by IMU
- 5.3. The Following Exclusions / Limitations/ contrary conditions of coverage as per standard Policy terms are not applicable to IMU's scheme and waived for Indian Maritime University's Tailor Made Group Medical Insurance:
 - i. Exclusion of Pre-Existing diseases
 - ii. First 30 days waiting period
 - iii. Various Exclusions from coverage given for the first One year, Two years, Three years & Four Years
 - iv. No Pre-Acceptance Health Checkup for initial or subsequent addition of regular employees or their dependents in the proposed Tailor Made Group Medical Insurance Policy of IMU.

5.4. The following additional benefits should be in Insurer's policy conditions' statement:

- a) Coverage of all Admissible Expenses without proportionately restricting such expenses, if the Room rent availed is more than Room Rent entitled including the following:

Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees etc. and claims on Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory / Diagnostic test, X-Ray etc.

- b) Room Rent Coverage of 1.5% of Sum Assured per day and ICU Coverage of 2.5% of Sum Assured per day.
- c) Pre Hospitalization Coverage for 30 days and post Hospitalization coverage for 60 days.
- d) Cashless treatment without intimation.
- e) **Continuation of Policy:** Employees Covered under IMU-EGHIS shall be treated as in continuity of policy even though there might be change in Insurance Agencies after expiry of earlier coverage periods from time to time. Hence the Insurance Agency (Insurance Service Provider) should ensure that Continuity benefits that are general provided to Any Insured Person who are in continuity by Such Insurance Agencies shall also be passed on to the Employees and their dependents who are covered / are going to be covered under IMU-EGHIS regardless of change in the insurance service provider. In other words, the employees are to be treated as continuously covered under the same existing policy.
- f) No upward revision will be permitted during the currency of the Insurance Contract.
- g) **Sum Insured-** separately given.
- h) Claim submission clause should be upto 60 days from the date of discharge. If due to any unforeseen circumstances, the claim is not submitted within the said period of 60 days, 7 days relaxation will be allowed by the Insurance Company.

- 5.5. **Utilization of Floater Sum Insured:** Total sum insured can be availed either by one member individually or collectively by all or some members of the family during the Coverage Period.
- 5.6. The Extract of present policy of IMU which contains the standard terms and conditions and features is enclosed for the reference to the bidders as Annexure –E. Any subject / point specifically dealt with / stipulated in this tender document will supersede any conflicting conditions in the extract of standard terms and conditions enclosed.

6. **Sum Insured**

As per approved scheme of IMU-Employee Group Health Insurance Scheme [IMU-EGHIS], Eligibility for Floater Sum Insured by Employees of IMU for the tailor made group Mediclaim Insurance will be as detailed below:

At the rate of Rs.1,00,000/- per Member subject to a Minimum of Rs.2 Lakh and Maximum of Rs.5 Lakh per family. In other words, the following are the different scenarios:

No. of Members	Floater Sum Insured**
Employee + No Member or Employee + One Member	Rs. 2 Lakh
Employee + 2 Members	Rs. 3 Lakh
Employee + 3 Members	Rs. 4 Lakh
Employee + 4 Members or Employee + More than 4 Members	Rs. 5 Lakh

**Under Floater Sum Insured basis, total sum insured can be availed either by one member individually or collectively by all or some members of the family.

7. **Corporate Buffer:** IMU may opt for a comprehensive Buffer Medical Cover over and above the Total Sum Insured based on Individual Eligibility. The terms for Corporate Buffer are as follows:

- 7.1. IMU can opt for a Comprehensive Buffer Medical Cover for Rs.25,00,000/- or more as Floater amongst all employees and their dependents over and the above Sum Insured as mentioned under clause 6, with enhanced ceiling of Rs.2,00,000/- per family towards treatment of conditions listed in buffer utilization mentioned in para 7.4 and a maximum limit of Rs.10,00,000/- per family towards treatment of conditions listed in buffer utilization as per para 7.5.

- 7.2. It is IMU's prerogative whether to opt for Corporate of Buffer or not, over and above the total Sum Insured. However the option will be exercised at the time of starting or renewal of Policy and not in between Midterm of Policy.
- 7.3. **Claim procedure for buffer (Comprehensive Medical Cover) utilization:** Any Claim for enhanced ceiling towards the treatment of critical illness which are covered for buffer utilization (as listed below) will be recommended by IMU and processed through Administration Section of IMU-HQ with due approval of Vice Chancellor of IMU.
- 7.4. **Conditions/ Illness covered for buffer utilization- A [for enhanced ceiling of Rs.2,00,000/- per family]**
- 7.4.1. Major Surgeries include cardiac surgeries, Neuro Surgeries, Brain tumor, pace maker implantation, cancer and cancer surgeries, hip, knee, joint replacement surgeries, organ transplant.
 - 7.4.2. Any debilitating illness that may lead to cancer (or) a permanent disability.
 - 7.4.3. Diseases of the Head & Neck, limbs, Thorax and abdomen where surgeries are indicated for near normal function of life.
 - 7.4.4. Renal failure.
 - 7.4.5. Stroke.
 - 7.4.6. Multiple Sclerosis.
 - 7.4.7. Major transplants other than those listed in buffer utilization - B
 - 7.4.8. Major accident claims involving RTA / burns / Lab Accidents where expenditure may incur more than the Sum Insured.
 - 7.4.9. Complication arising out of surgery performed during the policy period.
 - 7.4.10. CVA and complications.
 - 7.4.11. Any Life threatening medical conditions necessitating lifesaving critical care interventions.
- 7.5. **Conditions / Illness covered for buffer utilization- B [for enhanced ceiling of Rs.10,00,000/- per family]**
- All Cancers excludes the following:
- i) Carcinoma in situ including of the cervix
 - ii) Ductal Carcinoma in situ of the breast
 - iii) Papillary Carcinoma of the bladder and Stage 1 Prostate Cancer

- iv) All skin cancers except malignant melanoma
- v) Stage I Hodgkin's disease
- vi) Tumors manifesting as complications of Acquired Immune Deficiency Syndrome.
- vii) Stage one malignancy

8. Midterm Inclusion / Deletion of Employees and their dependents :

8.1. Midterm inclusion into the Group Medi-claim Insurance should be permitted on payment of pro-rata premium by IMU in following cases:

- 8.1.1. New Employees with their Dependents
- 8.1.2. Regular Employees with their dependents
- 8.1.3. New Born Baby of already covered Employee (Within 60 days from the date of Birth.)
- 8.1.4. Spouse of already covered Employee on Marriage (Within 60 days from the date of Registration of Marriage)
- 8.1.5. Dependent Parent of already Covered Employee

8.2. With a view to provide immediate Coverage in case of Midterm inclusions for instances as described from 8.1.1 to 8.1.5, the pro rata Premium payable will be calculated for remaining period of coverage based on the formula as mutually agreed by Insurer and IMU and directly credited to the Insurer's Bank Account with a intimation to Insurer by IMU-HQ. The Insurer should include the same from the date of intimation.

8.3. The Formulas for calculation of pro rata premium for inclusion of Employees with dependents or dependents of already covered employees will be as follows:

	Instances	Formula for Pro-Rata Premium
8.3.1	8.1.1 and 8.1.2	Premium for Sum Insured ÷ 365 days X remaining period of Coverage including day of intimation.
8.3.2	8.1.3 to 8.1.5 (in cases where the employee is eligible for increase in floater Sum Insured by Rupees One Lakhs as per IMU-EGHIS)	[Annual Premium after addition for Sum Insured (i.e. with addition of Rs. One Lakh) ÷ 365 days X remaining period of Coverage including day of intimation] minus [Premium before addition for Sum Insured ÷ 365 days X remaining

		period of Coverage including day of intimation].
8.3.3	8.1.3 to 8.1.5 (in cases where there is no change in floater Sum Insured as per IMU-EGHIS)	Annual Loading Charges as per quotation ÷ 365 days X remaining period of Coverage including day of intimation

- 8.4. For 8.3.3, Annual Loading Charges means charges that are payable by IMU for inclusion of dependents in the Sum Insured for such employees family for remaining period of Coverage.
- 8.5. **Midterm Deletion and Refund of proportionate Premium:** IMU-HQ will send request for deletion of names of any Employee or member of employee's family in pre-defined format to Insurer, if any employee ceases to be on the rolls of IMU due to any reason i.e. Resignation/VRS/Death etc. or any member of his family ceases to be his dependent due to marriage/job etc. during the currency of the policy. Upon receipt of such request, Insurer should delete the names from the Policy, and credit the balance Premium to IMU's Account on pro-rata basis and refund the balance amount of premium in the book balance at the end of the contract period. The credit amount in the Book Balance shall be used towards mid-term inclusion as per the formulae mentioned at 8.3 above.
9. **List of Regular Employees and their dependents.**
- 9.1. A list of regular employees and their dependents who are covered under existing Tailor made Group Mediclaim Insurance is enclosed at **Annexure D** for reference of Insurer. The Insurer should submit bid based on the existing list of Employees who are covered. However, it should be noted that there may be minor changes to the List of that are going to be covered, on account of further scrutiny by IMU or due to further requests from employees / campuses for addition / deletions / modifications of the list and data provided in the annexure. The list enclosed also include new additions due to further recruitment, etc. Similarly, some of the members who were covered earlier, have been deleted due to not willing to continue, resignations, etc.
- 9.2. The Final List of Employees and their dependents that are going to be covered under Group Medical Insurance will be provided to Insurer once after awarding of Tender.
10. The Insurance Company should indicate clearly in its bid as to what documents are required to be submitted by IMU along with the bills for smooth settlement of claims.

11. Insurance coverage should be available from day one of operation of the scheme. All the continuity benefits, as if the employees/members were covered in the same insurance scheme / company without break, for all these years, are to be provided.

12. **Claims Analysis Report for 2020-21**

IMU presently covered by Tailor made Group Medclaim Policy of M/s. National Insurance Co. Ltd. The summary of claim details received from the Insurance Company is enclosed as **Annexure-B**.

13. Both cashless facility in Network hospitals and also the reimbursement option are to be offered. It is preferable that the insurance company should have large number of Network Hospitals Pan India and also have many reputed Hospitals in its network. Both E-cards and also physical ID cards are to be provided to all the insured.

PART-II

14. GENERAL INSTRUCTIONS AND OTHER TERMS AND CONDITIONS INCLUDING FINANCIAL PROPOSAL TERMS, OBLIGATION OF PARTIES, TERMINATION ETC.

14.1. Last Date, Address, Format Of The Tender Submission and Late Bids, Cancellation, Amendment, Counter Conditions And Queries Of The Tender:

a) **Address and Last date:**

Interested Government General Insurance companies can send their duly complete tender proposal on or before 23.08.2021 by 11:00 AM through post/courier or by personally in the tender box placed in Purchase Department by the due date and time at the following address:

**The Registrar (i/c),
Indian Maritime University-Headquarters,
East Coast Road, Semmencherry, Sholinganallur (P.O)
Chennai-600 019**

b) **Format:**

The responses should be submitted strictly as per prescribed format along with documents in support of information submitted therein by the responding Insurance Company.

c) **IMU's Rights of Cancellation, Amendment etc.**

IMU reserves the right to modify, expand, restrict, scrap, refloat or cancel the Tender at any stage without assigning any reasons. IMU also reserve the right to extend the last date for submission of bids. IMU reserve the right to issue amendment to this tender document which will be binding on the bidders.

d) **Late Bids:**

Tender received after the stipulated time period and/or not in accordance with the specified format will be summarily rejected.

e) **Counter conditions/ Queries:**

Tender with Counter conditions / qualifications may get rejected, if such conditions / qualifications are not acceptable to IMU. Hence, the bidders are requested to clarify either through mail or in person any queries before submission of bids, **4 days prior** to the last date for submission of tender.

14.2. **Submission of Proposals:**

14.3.1. **Financial Proposal:** - Insurer should submit the Financial proposal **(Annexure – C)** duly signed on every page including annexures/appendices shall be submitted in separate sealed envelopes clearly super subscribed as “Financial Proposal” for following:

- i) Financial Proposal for existing employees covered as per the List enclosed in this Document for the Sum Insured. The Insurer should note that there may some changes to the Final List of Employees to be covered as elaborated under clause 9.1 of Tender Document.
- ii) **Additional quote (will not be considered for evaluation):** “%” increase in premium / additional premium amount for inclusion of the under mentioned slab for Corporate Buffer for Comprehensive Medical Cover over and above the Sum Insured mentioned at Para 14.3.1 (i) above:
 - (a) Rs.25 Lakhs
 - (b) Rs. 30 Lakhs
 - (c) Rs. 50 Lakhs.

14.3.2. All the relevant documents along with Sealed envelopes are to be put in an outer envelope bearing the address indicated above and should be properly sealed. The envelopes shall be clearly marked as:

“Submission of Sealed Bid for Limited Tender Enquiry for providing Group Mediclaim Insurance Policy from IRDA approved Public Sector (Government) Insurance Companies.”

14.3.3. The tender should be signed by a duly authorized representative of the Insurance Company. It shall be certified that the person signing the tender is empowered to do so on behalf of the Company.

14.3.4. The proposal shall be filled in by the Insurance Company neatly and accurately. Any corrections or over writing would render the proposal invalid. IMU reserve the right to reject to Conditional offers or offers which are not in conformity to the prescribed document. All the documents submitted with the Tender are to be furnished duly signed on all pages.

14.3. **Date of opening of tender:**

The Bid opening will commence after expiry of 30 minutes from the last date / time given for last date of submission of tender. All the willing bidders may participate during bid opening.

14.4. **Financial Proposal Evaluation/ Award of contract**

14.5.1. **Financial Bid Opening:**

When the bid is opened the Insurance Companies are at liberty to be present personally or through their authorized representative at the time of opening.

14.5.2. **Financial Bid Preparation:**

Detailed calculation, computation and tabulation of Premium Quoted (financial bid) as to how the premium was derived in terms of different age group / different sum assured / class of cities where the members are residing etc. This is required since such rates only to be applied for the computation of Premium Payable for addition / deletion during the currency of the policy.

14.5.3. **Price Bid Evaluation and Award:**

The Insurance Contract will be awarded to the lowest Bidder (L1) as per Table-I of Financial Bid. The Insurance contract will be awarded for a period of one year w.e.f. 00.00 hours on 31.08.2021 to the Government/Public Sector Insurance Company whose financial proposal worked out in the financial bid based on the employees' data given along with this tender. However, Payment of premium to the insurance company will be computed and made based on the list of employees dependents updated as on the date of award of the tender (after factoring any minor Increase / decrease or other corrections / updations, if any, consequent upon further scrutiny of applications / subsequent receipt of requests from employees for addition / deletion / modification) at the rates quoted by the Successful L1 Bidder. Rates quotes should indicate separately any taxes like GST etc. which may be added to the total premium worked out in the financial Bid.

14.5.4. IMU will evaluate the Financial Bids for Total Sum Insured mentioned in para 6 above, to finalise the L-1 Bidder and contract will be awarded to L-1 Bidder.

14.5.5. In case of tie in L-1 rates between two or among more than two bidders, the L1 Bidder will be determined in the following order: (a) who has the highest Rating for claim settlement ratio given by Insurance Brokers Association of India (I.B.A.I.) for PSU Insurance Companies (b) who has the highest average annual turnover from Group Health Insurance Services to Autonomous Bodies during the Last three years starting from Jan 2018. The Copies of Work orders or Bills that are submitted by the bidder along with the Covering Letter as per Annexure - A will be considered for arriving the turnover from similar services.

14.5.6. **No Discrepancy:**

Though it is suggested that there should be no discrepancy between rates and total premium computed, in case of discrepancy the individual rates will be considered for evaluation and similarly in case of discrepancy between Amount in words and figures, the words will prevail over figures. IMU reserves its right to choose to accept or reject bids when there are discrepancies in the price bids and when IMU finds it difficult to resolve the discrepancies. Hence, Bidders are requested to exercise utmost care while filling the bids in general and financial bid in particular.

14.5. **Validity:**

The Offer shall remain valid for a period of 120 days from the last date of submission of tender documents. However the Premium Rates quoted will be valid for one year from the commencement of policy for any pro-rata premium computation for mid-term addition/deletion during the currency of the policy.

14.6. **INDEMNITY:**

Insurance Company shall also be liable to indemnify IMU and its employees for any losses, costs and expenses incurred by IMU due to breach of any of the terms and conditions of this contract and failure to perform any of the obligations under the contract.

14.7. **OTHER TERMS AND CONDITIONS**

14.8.1. **Contract terms:**

All the terms and conditions as stated in the Tender documents, Appendices and Acceptance conveyed by IMU will constitute the contract between the Insurance Company and IMU. The same will form part of Mediclaim Insurance cover taken by IMU and will be

binding on insurance company. Any changes in the terms of the document can only be made in writing and by mutual agreement. This Contract, its meaning and interpretation, and the relation between the Parties shall be governed by the laws of India for the time being in force.

14.8.2. **Serving of Notice:**

Any notice, request, or consent made pursuant to this Contract shall be in writing and shall be deemed to have been made when delivered in person or sent by registered/speed post/courier/email to an authorized representative of the Party.

14.8.3. **Execution of Documents:**

Any action required or permitted to be taken, and any document required or permitted to be executed, under this contract by IMU or the Insurance Company, may be taken or executed by the officials authorized.

Commencement, Completion, Modification, and Termination of Contract Effectiveness of Contract.

14.8.4. **Commencement of Services**

The selected government Insurance Company is expected to commence the Insurance Coverages on 00.00 hours on 31/08/2021 or any other date specified by IMU as per its requirement and on the terms and conditions specified and as per details provided by IMU as per its requirement. If the Insurance Company fails to commence the assignment within the specified schedule, the contract shall be liable to be terminated.

14.8.5. **Contract Period:**

Unless terminated earlier, this Contract shall expire at the end of one year from the commencement of policy. IMU reserves the right to extend one year at a time up to a maximum of 3 years (1+2 years) with the same rate, terms and conditions, subject to providing of satisfactory services on year to year basis at the sole discretion of IMU and mutual agreement. But the extension cannot be claimed as right by insurance company subject to satisfactory services provided by the firm.

14.8.6. **Modification**

After award of the contract, any changes in the modus of implementation can be agreed to mutually in writing.

14.8.7. **Termination By University (IMU)**

IMU may terminate this Contract, by not less than thirty (30) days written notice of termination to the Insurance Company, to be given after the occurrence of any of the events specified below in clause (i) and sixty (60) days in the case of the event referred to in clause(ii):

- (i) If the Insurance Company commits breach of contract or do not remedy/rectify a failure in the performance of their obligations under the Contract.
- (ii) If IMU, in its sole discretion, decides to terminate this Contract.
- (iii) In the event of termination during the currency of contract, the Insurance Service Provider should refund the pro rata amount for the remaining period of coverage through Cheque / DD / Online Transfer within 30 days from the date of such termination.
- (iv) In the event of termination on unsatisfactory service or in violation of any of the terms & conditions of contract, the Insurance Company may be debarred from taking part in the future IMU's Tenders.

14.8.8. **OBLIGATIONS OF THE INSURANCE COMPANY:**

(i) **General**

The Insurance Company shall perform the services and carry out their obligations with all due diligence, efficiency and economy in accordance with generally accepted professional techniques and practices, and shall observe sound management practices. The Insurance Company shall always act, in respect of any matter relating to this Contract or to the Services, as faithful advisers to IMU, and shall at all times support and safeguard IMU's legitimate interests in any dealings with the third parties.

(ii) **No Agency Commission/ Brokerage etc. & No conflict of Roles:**

The Insurance Company or any employee of the Insurance Company not to benefit from Commissions, Brokerage etc. No Brokerage or Agency commission is permitted since the contract is directly between IMU and the Insurance Company. Neither the Insurance Company nor their Personnel shall engage, either directly or indirectly, in any

such activities which conflicts with their role under the assignment.

14.8.9. CONFIDENTIALITY AND NON DISCLOSURE AGREEMENT

Each party shall not without prior written consent of the other party at any time divulge or disclose to any person or use for any purpose unconnected with the implementation of the Policy, any information concerning the policy, the services, proprietary Material except on a need to know basis or as may be required by any law, rule, regulation or any judicial process.

This Clause shall not apply to information:

- i) Already in the public domain, otherwise than by breach of this Agreement.
- ii) Already in the possession of the receiving Party before it was received from the other Party in connection with this Agreement and which was not obtained under any obligation of confidentiality ;or
- iii) Obtained from a third Person who is free to divulge the same and which was not obtained under any obligation of confidentiality.

The Insurance Company shall obtain IMU's prior approval in writing wherever necessary documents and All Data related to IMU's Group Medclaim policy shall have to be shared by the Insurance Company including the complete data relating to claim settlements made/pending claims/ rejections/ deductions made etc. made to or on behalf of IMU employees or their dependents. Such data, if needed will be provided to other insurance companies, if such data is required to be provide to other insurance companies, if such data is required to be provided for the purpose of tendering during the currency or after the expiry of the policy.

14.8.10. OBLIGATIONS OF THE UNIVERSITY(IMU)

- (i) IMU shall provide the Insurance Company such reasonable assistance and information as may be required in order to provide the Group Medclaim Insurance coverage.
- (ii) The Insurance Company will be paid at the accepted rates subject to the terms and conditions. The payment will be inclusive of GST, and all other costs incurred by the Insurance

Company in carrying out the services unless provided for to the contrary in the contract.

14.8.11. PRINCIPAL TO PRINCIPAL BASIS

It is clearly understood and accepted by both parties that providing of Group Medclaim Insurance is between the parties evidenced by it on a Principal to Principal basis and nothing herein contained shall be construed or understood as constituting either party hereto, the agent or representative of the other, under any circumstances.

14.8.12. JURISDICTION

The parties hereby irrevocably consent to the sole jurisdiction of the Courts of Chennai in connection with any actions or proceedings arising out or in relation to this Tender.

Sd/-

Registrar (i/c)

Covering Letter

[To be submitted on letterhead of Insurance Company under signatures of the authorized signatory. All the supporting documents are to be authenticated/ attested by authorized signatory of the Branch of the Government Insurance Company.]

To

The Registrar
Indian Maritime University
ECR Road, Chennai-600119

Sub: Submission of Bid for Limited Tender for Tailor made group Medical Insurance Policy for regular employees of IMU-reg.

Ref: Tender No IMU-HQ/R/71/31/3/2021-PUR dated 09.08.2021

1. Name of the Insurance Company:
2. Name of the Authorized Official(s):
(Authorization letter to be enclosed)
3. Address with Telephone No/Fax No/e-Mail id:
4. Insurance company should be registered with IRDA or enabled by a central legislation to undertake insurance related activities. The Insurer should attach a copy of the license as a proof of its registration.
5. Addresses of Healthcare Centers/Network Hospitals with whom Insurance Company have the arrangements. - List to be attached.
6. Name of the third party Administrator and their Addresses:
7. Whether the Insurance Company will be able to provide IMU's Group Mediclaim Insurance scheme as per the various conditions stipulated in Notice Inviting Tender and various parts of the Tender document and relevant annexure on all India basis.
Yes/No
8. Average Annual Turnover from Group Health Insurance Services to Autonomous Bodies during the Last three years starting from Jan 2018. (Kindly attach copies of the Work Order/Contract/etc.
9. PAN No.(Attach documentary evidence):
10. GSTIN details (Attach documentary evidence):
11. Details of the Government Organizations / Universities / Public Sector Enterprises / Public Limited Companies already covered by your Company under Group Medical

Insurance Company. – No. of such entities with No. of Employees / dependents, etc. in the past 3 years starting from Jan 2018.

12. Our Insurance Company has not been debarred by any Govt. department / PSUs for Group Mediclaim Insurance in the last 3 years.
13. I/We, hereby state and understand that if I/we withdraw/modify our bid during the period of validity of the tender, the administration would suspend the Bidder from participation in any future tenders of IMU for a period of 6 months.

Declaration

I / We certify that all the particulars furnished above are true and correct and based on documentary evidence, and that I /we understand that if any of the above particulars is found to be false or misleading, our bid is liable to be summarily rejected at any stage and my /our company is liable to be blacklisted/debarred by IMU for at least 3 years. I / We state that we have carefully read and agreed to the terms & conditions of the above referred tender and subsequent amendments issued to thereof for the time being.

(Signature of Authorized person with seal)

Note: A signed copy of the tender documents and its Annexures as acceptance of all terms and conditions of the tender is to be enclosed along with Covering Letter.

Annexure - B**Policy Coverage Period – 31.08.2020 to 30.08.2021**Claims Settlement Status as on 26.07.2021**Total Sum Insured:** Rs.4,20,00,000/-

(Summary of statement received from Existing Insurance Company)

Claim Status	Cashless		Member		Overall	
	Nos.	Amount	Nos.	Amount	Nos.	Amount
Intimations	18	13,46,365	8	4,11,279	26	17,57,644
Settled	16	11,69,965	5	3,75,294	21	15,45,259
Repudiated	1	40,000	2	23,395	3	63,395
Cheque Pending	-	-	-	-	-	-
Shortfall	0	0	0	0	0	0
File closed	0	0	0	0	0	0
Bills Pending	1	1,36,400	1	12,590	2	1,48,990
Outstanding Claims	1	1,36,400	1	12,590	2	1,48,990
O/S + Settled	17	13,06,365	6	3,87,884	23	16,94,249

Sum Insured	Count of Claims	Count of Accepted Claims	Sum of Claimed Amount	Sum of Approved Amount
200000	9	8	12,89,914.00	5,95,298.00
300000	8	6	6,72,278.00	4,76,392.00
400000	6	6	7,21,918.00	5,87,583.00
500000	3	3	38,239.00	34,976.00
Grand Total	26	23	27,22,349.00	16,94,249.00

Extract Of Standard Policy of Existing Group Medical Insurance Scheme of IMU

1. Salient Features:

1.1 a) The Group Medclaim Policy will be available to any Group/Association/ Institution/ Corporate Body of more than 50 persons/families provided it has a central administration point. Each insured should cover all eligible members (insured Persons) under one group policy only. In other words different categories of eligible members shall not be allowed to be covered under different group policies. It is not permissible to issue any un-named group policies.

b) The group policy will be issued in accordance with IRDA guidelines, in the name of the Group/ Association / Institution / Corporate Body (called insured) with a schedule of names of the members including his/her eligible family members as per the following definition

1.2 The policy reimburses reasonable, customary and necessary expenses of Hospitalisation and / or Domiciliary Hospitalisation expenses as detailed below only for illness / diseases contracted or injury sustained by the Insured Persons during the policy period upto the limit of Sum Insured.

a. Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 1 % of the Sum Insured or Rs. 5000 /- per day whichever is less.

b. I.C. Unit expenses not exceeding 2% of the Sum Insured or Rs. 10,000 /- per day whichever is less. (Room stay including I.C.U. stay should not exceed total number of admission days).

c. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.

d. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory / Diagnostic test, X-Ray etc.

e. Ambulance services - 1% of the sum insured or Rs 2000/- whichever is less.

1.3 **Cash less Facility:** This facility is available in the Network Hospitals through the appointed TPAs of the company. A discount of 5% will be given on the scheduled premium if the proposer opts out of the facility.

2. DEFINITIONS

2.1 "HOSPITAL/NURSING HOME": A hospital/Nursing home 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 inpatient beds, in towns having a population of less than 10,00,000 and 15 inpatient 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 a place for alcoholics, a hotel or a similar place.

Note: In case of Ayurvedic / Homeopathic / Unani treatment, Hospitalization expenses are admissible only when the treatment is taken as in-patient, in a Government Hospital / Medical College Hospital.\

2.2 HOSPITALISATION PERIOD: Expenses on Hospitalisation are admissible only if hospitalisation is for a minimum period of 24 hours, except in cases of specialized treatment as detailed here below

- i. Haemo Dialysis,
- ii. Parental Chemotherapy,
- iii. Radiotherapy,
- iv. Eye Surgery,
- v. Lithotripsy (kidney stone removal),
- vi. Tonsillectomy,
- vii. D&C,
- viii. Dental surgery following an accident
- ix. Hysterectomy
- x. Coronary Angioplasty
- xi. Coronary Angiography
- xii. Surgery of Gall bladder, Pancreas and bile duct
- xiii. Surgery of Hernia

- xiv. Surgery of Hydrocele.
- xv. Surgery of Prostrate.
- xvi. Gastrointestinal Surgery.
- xvii. Genital Surgery.
- xviii. Surgery of Nose.
- xix. Surgery of throat.
- xx. Surgery of Appendix.
- xxi. Surgery of Urinary System.
- xxii. Treatment of fractures / dislocation excluding hair line fracture, Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalisation.
- xxiii. Arthroscopic Knee surgery.
- xxiv. Laproscopic therapeutic surgeries.
- xxv. Any surgery under General Anaesthesia.
- xxvi. Or any such disease / procedure agreed by TPA/Company before treatment.

NOTE: PROCEDURES / TREATMENTS USUALLY DONE IN OUT PATIENT DEPARTMENT ARE NOT PAYABLE UNDER THE POLICY EVEN IF CONVERTED TO DAY CARE SURGERY / PROCEDURE OR AS IN PATIENT IN THE HOSPITAL FOR MORE THAN 24 HOURS.

2.3 DOMICILIARY HOSPITALISATION BENEFIT: Domiciliary hospitalization means medical treatment for a period exceeding three days for such an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

-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.

Subject however to the condition that Domiciliary Hospitalization benefit shall not cover

- a) Expenses incurred for pre and post hospital treatment and
- b) Expenses incurred for treatment for any of the following diseases:
 - i. Asthma

- ii. Bronchitis,
- iii. Chronic Nephritis and Nephritic Syndrome,
- iv. Diarrhoea and all types of Dysenteries including Gastro-enteritis,
- v. Diabetes Mellitus and Insipidus,
- vi. Epilepsy,
- vii. Hypertension,
- viii. Influenza, Cough and Cold,
- ix. All Psychiatric or Psychosomatic Disorders,
- x. Pyrexia of unknown origin for less than 10 days,
- xi. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis,
- xii. Arthritis, Gout and Rheumatism.

Note: Liability of the Company under this clause is restricted as stated in the schedule attached hereto.

- 2.4 **INSURED PERSON**: Means Person(s) named on the schedule of the policy.
- 2.5 **ENTIRE CONTRACT**: This policy / proposal and declaration given by the insured constitute the complete contract of this policy. Only Insurer may alter the terms and conditions of this policy. Any alteration that may be made by the insurer shall only be evidenced by a duly signed and sealed endorsement on the policy.
- 2.6 **NETWORK PROVIDER**: means hospitals or healthcare providers enlisted by an insurer, or by a TPA and insurer together, to provide medical services to an insured on payment, by a cashless facility.
- 2.7 **PRE-HOSPITALISATION EXPENSES**: Medical Expenses incurred during the period up to 30 days prior to the date of admission, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 2.8 **POST-HOSPITALISATION: EXPENSES**: Medical Expenses incurred for a period up to 60 days from the date of discharge from the hospital, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

- 2.9 **MEDICAL PRACTITIONER**: A 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 for 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 license.
- 2.10 **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.
- 2.11 **PRE EXISTING DISEASE**: 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 within 48 months to prior to the first policy issued by the insurer. Further any complications arising from pre-existing ailment / disease / injuries will be considered as a part of that preexisting health condition.
- 2.12 **IN-PATIENT**: An Insured person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving the treatment for suffered ailment / illness / disease / injury / accident during the currency of the policy.
- 2.13 **REASONABLE AND CUSTOMARY 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.
- 2.14 **CASHLESS FACILITY**: It means a facility extended by the insurer to the insured where the payments of the costs of the treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent of pre- authorization approved.
- 2.15 **I .D. CARD**: means the card issued to the Insured Person by the TPA to avail Cashless facility in the Network Hospital.
- 2.16 **LIMIT OF INDEMNITY**: means the amount stated in the schedule against the name of each insured person which represents maximum liability for any and all claims made during the policy period in respect of that insured person for hospitalization taking place during the currency of the policy.
- 2.17 **ANY ONE ILLNESS**: Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation OR 105

days from the date of discharge, whichever is earlier, from the Hospital/Nursing Home where treatment may have been taken.

2.18 PERIOD OF POLICY: This insurance policy is issued for a period of one year as shown in the schedule.

3. **MATERNITY EXPENSES AND NEWBORN CHILD COVER BENEFIT EXTENSION:**

- 3.1. This is an optional cover, which can be obtained on payment of 10% of the total basic premium for all the insured persons under the policy. Total basic premium means the total premium computed before applying group discount and /or High Claims Ratio Loading, Low Claim Discount.
- 3.2. Option for Maternity Expenses and Newborn Child Cover Benefit Extension has to be exercised at the time of inception of the policy period and no refund is allowable in case of cancellation of this option during the currency of the policy.
- 3.3. Those insured persons who are already having two or more living children will not be eligible for this benefit
- 3.4. Claim in respect of only first two children and/or operations associated therewith will be considered in respect of any one insured person covered under the policy or any valid and effective renewal thereof The maximum benefit allowable under this clause will be Rs. 50,000/-and would fall under different heads mentioned under item 1.2. The sum insured under above benefit shall be a part of basic sum insured.
- 3.5. **Special conditions applicable to Maternity Expenses & Newborn Child Cover Benefit Extension**
- 3.6. These benefits are admissible only if the expenses are incurred in hospital/nursing home as in-patient in India.
- 3.7. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine Pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.
- 3.8. Expenses incurred in connection with voluntary medical termination of pregnancy during the first twelve weeks from the date of conception are not covered.
- 3.9. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/nursing home and treatment is taken there.
- 3.10. Pre Hospitalisation and post Hospitalisation benefits are not available under this section. New born child shall be covered from day one upto the age of 3 months and expenses incurred for treatment taken in hospital as in patient shall only be payable within the specified sum insured of Rs 50,000/-

under Maternity benefit extension. Congenital diseases of new born child shall be excluded.

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. **Pre-existing health condition or disease or ailment / injuries** : Any ailment / disease / injuries / health condition which are pre-existing (treated / untreated, declared / not declared in the proposal form), when the cover incepts for the first time are excluded upto 4 years of this policy being in force continuously.

This exclusion will also apply to any complications arising from preexisting ailments / diseases / injuries.

Any disease other than those stated in clause 4.3, contracted by the Insured person during the first 30 days from the commencement date of the policy except treatment for accidental external injuries.

During the period of insurance cover, the expenses on treatment of following ailment / diseases surgeries for specified periods are not payable if contracted and / or manifested during the currency of the policy.

i	Benign ENT disorders and surgeries i.e. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty etc.	1 year
ii	Polycystic ovarian diseases.	1 year
iii	Surgery of hernia.	2 years
iv	Surgery of hydrocele.	2 years
v	Non infective Arthritis.	2 years
vi	Undescendent Testes.	2 Years
vii	Cataract.	2 Years
viii	Surgery of benign prostatic hypertrophy.	2 Years
ix	Hysterectomy for menorrhagia or fibromyoma or myomectomy or prolapse of uterus.	2 Years
x	Fissure / Fistula in anus.	2 Years
xi	Piles.	2 Years
xii	Sinusitis and related disorders.	2 Years

xiii	Surgery of gallbladder and bile duct excluding malignancy.	2 Years
xiv	Surgery of genito urinary system excluding malignancy.	2 Years
xv	Pilonidal Sinus.	2 Years
xvi	Gout and Rheumatism.	2 Years
xvii	Hypertension.	2 Years
xviii	Diabetes.	2 Years
xix	Calculus diseases.	2 Years
xx	Surgery for prolapsed inter vertebral disk unless arising from accident.	2 Years
xxi	Surgery of varicose veins and varicose ulcers.	2 Years
xxii	Congenital internal diseases.	2 Years
xxiii	Joint Replacement due to Degenerative condition.	4 Years
xxiv	Age related osteoarthritis and Osteoporosis.	4 Years

If the continuity of the renewal is not maintained, then subsequent cover will be treated as fresh policy and clauses 4.1, 4.2, 4.3 will apply unless agreed by the Company and suitable endorsement passed on the policy.

4.4 Injury or 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) or by nuclear weapons / materials.

4.5 Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

4.6 Cosmetic surgery for correction of eye sight, cost of spectacles, contact lenses, hearing aids etc.

4.7 Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from disease or injury and which requires hospitalization for treatment.

4.8 Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric

and psychosomatic disorders and diseases/accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.

4.9 All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.

4.10 Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period.

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

4.12 Any Treatment arising from or traceable to pregnancy, childbirth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy.

4.13 Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupuncture, acupressure, magnetic and such other therapies etc.

4.14 Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons fees etc.

4.15 Genetical disorders and stem cell implantation / surgery.

4.16 External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker, Crutches, Belts, Collars, Caps, splints, slings, braces, Stockings etc of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items etc and also any medical equipment which is subsequently used at home etc.

4.17 All non-medical expenses including Personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or services etc.

4.18 Change of treatment from one pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.

4.19 Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc.

4.20 Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang

gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.

4.21 Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.

4.22 Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.

4.23 Outpatient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

4.24 Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.

4.25 Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.

4.26 Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.

4.27 Treatment which is continued before hospitalization and continued during and after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.

5.1 CANCELLATION CLAUSE: Company may at any time, cancel this Policy by sending the Insured 30 (Thirty) days notice by registered letter at the Insured's last known address and in such an event the Company shall refund to the Insured a pro-rata premium for un-expired Period of Insurance. (Such cancellation by the Company shall be only on grounds of moral hazards such as intentional misrepresentation / malicious suppression of facts intended to mislead the Company about the acceptability of the proposal, lodging a fraudulent claim and such other intentional acts of the insured / beneficiaries under the policy). The Company shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given here below) provided no claim has occurred during the policy period up to date of cancellation.

Period on Risk	Rate of Premium to be charged
Upto 1 Month	¼ of the annual rate
Upto 3 Months	½ of the annual rate
Upto 6 Months	¾ of the annual rate
Exceeding 6 months	Full annual rate

5.2 **BONUS- LOW CLAIM RATIO DISCOUNT / MALUS - HIGH CLAIM RATIO**

LOADING:

BONUS- LOW CLAIM RATIO DISCOUNT: Low claim ratio discount at the following scale will be allowed on the total premium at renewal only, depending upon the incurred claims ratio for the entire group insured under the group Medclaim insurance policy for the preceding three completed years excluding the year immediately preceding the date of renewal. Where the group medclaim insurance policy has not been in force for three completed years, such shorter period of completed years excluding the year immediately preceding the date of renewal will be taken into account.

Incurred Claims Ratio under Group Policy	Discount
Not exceeding 60%	5%
Not exceeding 50%	15%
Not exceeding 40%	25%
Not exceeding 30%	35%
Not exceeding 25%	40%

5.3 MALUS - HIGH CLAIM RATIO LOADING: The total premium payable at renewal of the group policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the group Medclaim insurance policy for the preceding three completed years excluding the year immediately preceding the date of renewal. Where the group Medclaim policy has not been in force for three completed years, such shorter period of completed years, excluding the year immediately preceding the date of renewal will be taken into account.

Incurred Claims Ratio under Group Policy	Loading
Between 70% and 100%	25%
Between 101% and 125%	55%
Between 126% and 150%	90%
Between 151% and 175%	120%
Between 176% and 200%	150%
Above 200%	cover to be reviewed

Note: Low claim ratio discount (Bonus) or High Claim ratio loading (Malus) will be applicable to the premium at renewal of the policy depending on the incurred claim ratio for the entire group insured.

Incurred claims would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.

6 PRE - ACCEPTANCE HEALTH CHECKUP: Any person beyond 45 years of age desiring to take insurance cover has to submit following medical reports from listed Network Diagnostic Centre or any other medical reports required by the company in case of fresh proposal and renewal where there is a break in policy period.

7:

Age	45-55	Above 55 Years
MEDICAL TEST	PHYSICAL EXAMINATION	PHYSICAL EXAMINATION
	URINE(MICROALBUMIN UREA)	URINE(MICROALBUMIN UREA)
	GLYCOCYLATED, HAEMOGLOBIN	GLYCOCYLATED HAEMOGLOBIN
	ULTRASONOGRAPHY (WHOLE ABDOMEN AND PELVIS)	ULTRASONOGRAPHY (WHOLE ABDOMEN AND PELVIS)
	ELECTRO CARDIO GRAM	X RAY BOTH KNEES (ANTEPOSTERIOR)
	COMPLETE EYE TEST INCLUDING FUNDUS ETC	COMPLETE EYE TEST INCLUDING FUNDUS ETC
		STRESS TEST (TMT)

9 PREMIUM REVISION CLAUSE: The above rates are valid for a period of 1 year only. The company may revise the premium rates and / or the terms & conditions of the policy upon renewal thereof as per IRDA guidelines prevailing at that time.

10 PORTABILITY

THIS POLICY IS PORTABLE TO THE EXTENT THAT THE INSURED MEMBER MAY OPT OUT OF THE GROUP AND SWITCH FROM GROUP INSURANCE PLAN TO INDIVIDUAL/FAMILY INSURANCE COVER WITH THE SAME INSURER (THE

GROUP INSURER). PORTABILITY MAINTAINS THE CREDIT GAINED BY THE INSURED FOR PRE-EXISTING CONDITIONS AND TIME BOUND EXCLUSIONS.

IF THE INSURED DESIRES TO PORT HIS POLICY, REQUEST FOR THE SAME HAS TO BE MADE ATLEAST 45 DAYS PRIOR TO RENEWAL DATE.

12. AUTHORITY TO OBTAIN RECORDS.

- a) The insured person hereby agrees to and authorizes the disclosure to the insurer or the TPA or any other person nominated by the insurer of any and all Medical records and information held by any Institution / Hospital or Person from which the insured person has obtained any medical or other treatment to the extent reasonably required by either the insurer or the TPA in connection with any claim made under this policy or the insurer's liability thereunder.
- b) The insurer and the TPA agree that they will preserve the confidentiality of any documentation and information that comes into their possession pursuant to (a) above and will only use it in connection with any claim made under this policy or the insurer's liability thereunder.

13. QUALITY OF TREATMENT : The insured hereby acknowledges and agrees that payment of any claim by or on behalf of the insurer shall not constitute on part of the insurance company a guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the insured person, it being agreed and recognized by the policy holder that insurer is not in any way responsible or liable for the availability or quality of any services (Medical or otherwise) rendered by any institution (including a network hospital) whether pre-authorized or not.

14. IRDA REGULATION NO. 5. This policy is subject to regulation 5 of IRDA (Protection of Policy Holder interest) regulation.

15. NOTICE OF CLAIM: Immediate notice of claim with particulars relating to Policy Number, ID Card No., Name of insured person in respect of whom claim is made, Nature of disease / illness / injury and Name and Address of the attending medical practitioner / Hospital/Nursing Home etc. should be given to the Company / TPA while taking treatment in the Hospital / Nursing Home by Fax, Email. Such notice should be given within 48 hours of admission or before discharge from Hospital / Nursing Home.

16. PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICES IN NETWORK HOSPITAL/NURSING HOME:

- a. Claim in respect of Cashless Access Services will be through the Company / TPA provided admission is in a listed hospital in the agreed list of the networked Hospitals / Nursing Homes and is subject to pre admission authorization. The Company /TPA shall, upon getting the related medical details / relevant information from the insured person / network Hospital / Nursing Home, verify

that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorization letter / guarantee of payment letter to the Hospital / Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to be admitted as in-patient.

- b. The Company /TPA reserves the right to deny pre-authorization in case the hospital / insured person is unable to provide the relevant information / medical details as required by the Company /TPA. In such circumstances denial of Cashless Access should in no way be construed as denial of claim. The insured person may obtain the treatment as per his/her treating doctor's advice and later on submit the full claim papers to the Company /TPA for reimbursement within 7 days of the discharge from Hospital / Nursing Home.
- c. Should any information be available to the Company /TPA which makes the claim inadmissible or doubtful requiring investigations, the authorisation of cashless facility may be withdrawn. However this shall be done by the TPA before **the patient is discharged from the Hospital.**