





Request for Proposal (RFP)

For

Supply of Group Mediclaim Insurance Policy of Banks Existing Staff and their Dependent Family Members

(RFP: HO/HRM/01/2024 dated 30.05.2024)

Chairman

Saptagiri Grameena Bank

Head Office, #19-565/11,

3rd Floor, Vishal Mega Mart Upstairs,

Opp. Venkateswara Theatre,

Vellore Road

CHITTOOR - 517 002 (AP)





NOTICE INVITING TENDER (NIT)::NO.HRM 01/Dated:30.05.2024

NAME OF THE WORK: GROUP MEDICLAIM INSURANCE POLICY OF BANKS EXISTING STAFF AND THEIR DEPENDENT FAMILY MEMBERS

Eligibility Criteria: Sealed tenders are invited for the above mentioned work from IRDAI (Insurance Regulatory Development Authority of India) registered Insurance Companies.

OBJECTIVE:

Saptagiri Grameena Bank, a Government owned Scheduled Bank, sponsored by Indian Bank, intends to cover its in-service staff members and their family members under medical insurance scheme. Hence this Request for Proposal (RFP) is floated for IRDAI licensed General Insurance Companies and Standalone Health Insurance companies for Tailor made Group Mediclaim Insurance Policy for employees of Saptagiri Grameena Bank. The Bank has authorized M/s. Anand Rathi Insurance Brokers Ltd to solicit proposals through a two stage bidding process (comprising of technical and financial bids) from IRDAI licenced Insurance companies operating in India.

1	Name of the work	Renewal of Group Mediclaim Insurance Policy of Banks Existing Staff and their Dependent Family Members.
2	Proposed policy commences	From 02.07.2024 to 01.07.2025
3	The Tender may be downloaded from the bank website only	To be downloaded directly from Bank official website – www.saptagirigrameenabank.in
4	Tender Cost	Free of Cost
5	Tender Start Date	30/05/2024
6	Time and last date of Clarifications & Amendments	Up to 5.00 p.m. on 10.06.2024
7	Time and last date of Submission of Tender	Up to 2.00 p.m. on 21.06.2024
8	Place & Address for submission of tender/ contact person	GENERAL MANAGER Saptagiri Grameena Bank (SGB), Head Office, #19-565/11,3 rd Floor, Vishal Mega Mart Upstairs, Opp.Venkateswara Theatre, Vellore Road CHITTOOR – 517 002 (AP)
9	Date, Time and Place of opening of tenders (Tech. Bid& Price Bid)	Technical Bid on 21.06.2024 @ 3.00pm. Opening Price Bid will be 21.06.2024@ 3.30pm
10	In case of any Query Contact Person	Mr. M Sairam Chief Manager(HRM) Saptagiri Grameena Bank, ,

Signature and Seal of the Bank



Signature and Seal of the Bidder

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	Details:	Head Office, #19-565/11,3rd Floor,Vishal Mega Mart Upstairs, Opp.Venkateswara Theatre, Vellore Road CHITTOOR – 517 002 (AP), Email id: hrm@sgbank.in
		Mr. Vineeth Singh
		Vice President Anand Rathi Insurance Brokers Ltd.,
		6-3-346/1, Sujatha Reddy Bldg., 3rd Floor,
		Road No:1, Banjara Hills, Hyderabad - 500 034.
		Tel No: +91 91333 00071, Email id: vineethsingh@rathi.com
11	Validity period of the tender.	30 Days from the date of opening of the Tender.
12	Mode of Payment	Payment will be made through Electronic mode only.
13	Insurance Broker	M/s. Anand Rathi Insurance Brokers Ltd., Banjara Hills, Hyderabad.
14	Third Party Administrator (TPA)	Only external TPA will be considered, the same will be finalised by the Bank and Broker.
15	Details of the Independent External Monitor (IEM) of the Bank (IEM to be refereed only in case of any dispute regarding tender process)	1. Mr. Dilip Vithoba Sonpipare Email :sonpiparedv@gmail.com Mobile : +91 9423118793
		2. Mr Ahmed Javed Email: ajtopcop@gmail.com Mobile: 9821058152

Any clarification issued by the bank will be in the form of an addendum/ corrigendum and will be provided to the Insurance companies by display in the Bank's website. The amendment will be binding on all Bidders. The Bank, at its discretion, may extend the deadline for submission of bids in order to allow prospective bidders a reasonable time to take the amendment into account.

Tender Procedure for Submission:

Sealed Envelope to be placed in a single cover (sealed) and super scribed as "Tender for Group Medical Insurance Policy for SGB Existing Staff and their Dependent Family Members" The sealed envelope should be dropped in the tender box placed in the office before the Tender due date and time. Those who send the tender documents by post, have to ensure that the documents reach the office on or before the prescribed time & date. The Bank will not take any responsibility under any circumstances for courier/ postal delays, if any.

ENVELOPE 'A':

This envelope should contain Technical Bid

Annexure I : Declaration of acceptance from the Bidder

Annexure II : Integrity Pact

• Annexure III : Request for Quotation

Signature and Seal of the Bank





Signature and Seal of the Bidder

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Annexure IV : Medical Scheme for the Officers/ Employees of SGB

Annexure V : List of Diseases to be covered under Domiciliary Treatment
 Annexure VI : List of Diseases to be covered under Day Care Procedures.

And super scribed as "Technical Bid for Group Medical Insurance Policy for SGB Existing Staff and their Dependent Family Members"

ENVELOPE 'B':

This envelope should contain only the Financial Bid

Annexure VII : The Price Bid stating the Premium quoted

And super scribed as "Price Bid for Group Medical Insurance Policy for SGB Existing Staff and their Dependent Family Members".

Qualification requirements:

- Only IRDAI (Insurance Regulatory Development Authority of India) registered Insurance Companies are eligible to participate in the Bid.
- The self attested copy of the IRDAI License should be submitted along with the Technical Bid by the bidder.

Terms and conditions:

- The Bidder has to submit the relevant & readable documents completely duly signed including covering letter as indicated in the tender document (including issued corrigendum if any). In case of any irrelevant or non-readable documents, the bid may be rejected.
- 2. SGB reserves the right to accept or reject any or all the tenders in part or in full or may cancel the tender, without assigning any reason thereof.
- 3. SGB reserves the right to relax/ amend/ withdraw any of the terms and conditions contained in the tender document without assigning any reason thereof.
- 4. SGB reserves the right to modify/ change/ delete/ add any further terms and conditions prior to issue of purchase order.
- 5. The Technical bid will be opened first. The Price bids of the Companies, whose Technical bids are found correct and in order, will only be opened on designated day.
- 6. During the tender opening one authorized representative of the bidder may be present.
- 7. The rate/commercial/technical offer of the bidder should remain valid for 30 days.
- 8. Bids which are late/ vague/ conditional/ incomplete/ not confirming to the laid down procedure in any respect will be rejected.

Signature and Sear of the Bank



Signature and Seal of the Bidder

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- 9. Bids which are late/ vague/ sent by fax/ sent by email/ incomplete/ not confirming to the laid down procedure in any respect will be rejected.
- 10. In case of differences arising in the terms and conditions of the tender documents with the term(s), the decision of the SGB shall prevail.
- 11. Arbitration- All disputes and differences which may arise between the SGB and the Insurance Company shall be referred to Chairman of SGB through Independent External Monitor (IEM) and Chairman's decision shall be binding on all concerned.

If any dispute not settled at Chairman level, parties can opt for appointing arbitrator on mutual consent and arbitration proceedings will be as per the Arbitration and Conciliation Act, 1996, within the territorial jurisdiction of the Chittoor thereto. The decision of the arbitration shall be final and binding on both the parties.

- 12. SGB reserves the right to cancel or postpone the tenders at any stage without assigning any reason.
- 13. SGB may issue corrigendum to tender document before due date of submission of the bid. The bidder is required to read the tender document in conjunction with the corrigendum if any issued by SGB
- 14. Winning Bidder shall ensure that the Policy is issued incorporating all the terms, conditions & coverage's as per the RFQ (Annexure III) and Medical scheme as in Annexures IV, V & VI.
- 15. <u>BID INTEGRITY:</u> Willful misrepresentation of any fact within the Bid will lead to cancellation of the contract without prejudice to other actions that the Bank may take. All the bids with accompanying docume nts will become property of **Saptagiri Grameena Bank.**
- 16. PRE-CONTRACT INTEGRITY BID (To be executed on Rs 100/- stamp paper): Bidders shall submit Pre-Contract Integrity Pact (IP) along with the technical bid as per Annexure-II. Pre-Contract Integrity Pact is an agreement between the prospective bidders and the buyer committing the persons/officials of both the parties not to exercise any corrupt influence on any aspect of the contract.

Any violation of the terms of Pre-Contract Integrity Pact would entail disqualification of the bidders and exclusion from future business dealings.

The Pre-Contract Integrity Pact begins when both parties have legally signed it. Pre-Contract Integrity Pact with the successful bidder(s) will be valid till 12 months after the last payment made under the contract.

Pre-Contract Integrity Pact with the unsuccessful bidders will be valid 6 months after the contract is awarded to the successful bidder.

Adoption of Pre-Contract Integrity Pact

 The Pact essentially envisages an agreement between the prospective bidders and the Bank, committing the persons / officials of both sides, not to resort to any corrupt practices in any aspect / stage of the contract.

Signature and Sear of the Bank

Signature and Seal of the Bidder

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- Only those bidders, who commit themselves to the above pact with the Bank, shall be considered
 eligible to participate in the bidding process.
 - ✓ The Bidders shall submit signed Pre-Contract integrity pact as per the Annexure-II.
 - ✓ Those Bids which are not containing the above are liable for rejection.
- Bidders should disclose the payments to be made by them to agents / brokers or any other intermediary.
- Bidders should disclose any transgressions with any other company that may impinge on the anticorruption principle
- Pre-Contract Integrity Pact in respect to this contract would be operative from the stage of invitation of the Bids till the final completion of the contract.
- Any violation of the same would entail disqualification of the bidders and exclusion from future business dealings.
- The Pre-Contract Integrity Pact Agreement submitted by the bidder during the Bid submission will automatically form the part of the Contract Agreement till the conclusion of the contract i.e. the final payment or the duration of the Warranty /Guarantee/AMC if contracted whichever is later.
- Integrity Pact, in respect of a particular contract would be operative stage of invitation of bids till
 the final completion of the contract. Any violation of the same would entail disqualification of the
 bidders and exclusion from future business dealings.
- Pre-Contract Integrity Pact shall be signed by the person who is authorized to sign the Bid.
- 17. The Name and Contact details of the Independent External Monitor (IEM) nominated by the Bank are as under:

Details of the Independent External Monitor (IEM) of the Bank

(IEM to be refereed only in case of any dispute regarding tender process)

1. Mr. Dilip Vithoba Sonpipare Email :sonpiparedv@gmail.com

Mobile: +91 9423118793

2. Mr Ahmed Javed

Email: ajtopcop@gmail.com

Mobile: 9821058152





Annexure I

To,
The General Manager,
Saptagiri Grameena Bank,
Head Office, #19-565/11,3rd Floor, Vishal Mega Mart Upstairs,
Opp.Venkateswara Theatre, Vellore Road
CHITTOOR – 517 002 (AP)

Dear Sir.

Sub: - Technical Bid Submission for Group Medical Insurance Policy for Saptagiri Grameena Bank-Existing Staff and their dependent family members.

Ref: Notice inviting Tender No. HRM/01 dated 30.05.2024

With reference to the above, I / we hereby submit our Technical Bid for Group Mediclaim Insurance Policy for SGB Existing Employees and their dependents Family Members.

I/We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ i.e Annexure-III and its accompanying wording Annexure-IV and accompanied Annexure-V & VI and agree to all of them in totality including issued corrigendum if any.

We confirm we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

manking you,
Yours faithfully,
(Signature of the Tenderer)
Name:
Stamp:
Mobile No



Annexure-II INTEGRITY PACT

Between

Saptagiri Grameena Bank hereinafter referred to as "The Bank" and

...... Hereinafter referred to as "The Bidder/Contractor"

The Bank intends to award, under laid down organizational procedures, contract/s to avail Bankers Indemnity Insurance Policy for the FY 2024-25. The Bank 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 Bidders(s) and/ or Contractor(s).

In order to achieve these goals, the Bank will appoint an independent External Monitor (IEM), who will monitor the tender process and the execution of the contract for compliance with the principles mentioned above.



Section 1 – Commitments of the Bank

- 1. The Bank commits itself to take all measures necessary to prevent corruption and to observe the following principles:
 - a. No employee of the Bank, personally or through family members, will in connection with the tender for, 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.
 - b. The Bank will, during the tender process treat all Bidder(s) with equity and reason. The Bank will in particular, before and during the tender process, provide to all Bidder(s) the same information and will not provide to any Bidder(s) confidential / additional information through which the Bidder(s) could obtain an advantage in relation to the tender process or the contract execution.
 - c. The Bank will exclude from the process all known prejudiced persons.
 - d. Undertaking by the authority that officials won't demand or accept bribes, kickbacks, gifts, facilitation payments, etc., with appropriate administrative, disciplinary, civil or criminal sanctions in case of violation.
- 2. If the Bank obtains information on the conduct of any of its employees which is a criminal offence under the IPC/PC Act, or if there be a substantive suspicion in this regard, the Bank will inform the Chief Vigilance Officer (CVO) and in addition can initiate disciplinary actions.

Section 2 – Commitment of the Bidder(s)/Contractor(s)

- 1. The Bidder(s) / Contractor(s) commit themselves to take all measures necessary to prevent corruption. He commits himself to observe the following principles during his participation in the tender process and during the contract execution.
 - a. The Bidder(s) / Contractor(s) will not, directly or through any other person or firm, offer, promise or give to any of the Bank'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 of any kind whatsoever during the tender process or during the execution of the contract.
 - b. The Bidder(s) / Contractor(s) will not enter with other Bidders into any undisclosed agreement 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.
 - c. The Bidder(s) / Contractor(s) will not commit any offence under the relevant IPC/PC Act: further, the Bidder(s) / Contractor(s) will not use improperly, for purpose of competition or personal gain, or pass on to others, any information or documents provided by the Bank as part of the business relationship, regarding plans, technical proposals and business



details, including information contained or transmitted electronically.

- d. The Bidder(s) / Contractor(s) of foreign origin shall disclose the name and address of the Agents / Representatives in India, if any. Similarly, the Bidder(s)/Contractor (s) of Indian Nationality shall furnish the name and address of the foreign principals, if any. Further, as mentioned in the "Guidelines on Indian Agents of Foreign Suppliers" shall be disclosed by the Bidder(s) / Contractor(s). Further as mentioned in the Guidelines, all the payments made to the Indian Agent / Representative have to be in Indian Rupees only. Copy of the "Guidelines on Indian Rupees on India
- e. The Bidder (s) / Contractor (s) will, when presenting his bid, disclose any and all payments he has made, is committed to or intends to make to agents, brokers or any other intermediaries in connection with the award of the contract.
- f. Bidders shall not approach the Courts while representing the matters to IEMs and he / she will await the decision in the matter.
- g. Undertaking by each bidder that it has not paid and will not offer or pay any bribes, kickbacks, facilitation payments, gifts, etc., in order to obtain or retain a contract; along with the appropriate contractual, administrative civil or criminal sanctions in case of violation
- h. An undertaking by each bidder that it has not colluded and will not collude with other bidders in order to rig or influence the tender process in any way
- i. An undertaking by each bidder to disclose to the authority and the monitor all payments made, or promised, in connection with contract in question to anybody (including agents and other middlemen). This refers to payments made directly as well as indirectly through family members, etc.
- j. The explicit acceptance by each bidder that the no-bribery commitment and the disclosure obligation as well as the corresponding sanctions, remain in force for the winning bidder until the contract has been fully executed
- k. The explicit acceptance by each bidder that it will have to provide the same IP undertakings from all its subcontractors and joint-venture partners.
- 2. The Bidder (s) / Contractor (s) will not instigate third persons to commit offences outlined above or be an accessory to such offences.
- 3. The Bidder(s) / Seller(s) shall ensure compliance of the provisions of this Integrity Pact by its subsupplier(s) / sub-contractor(s), if any. Further, the Bidder / Seller shall be held responsible for any violation/breach of the provisions by its sub-supplier(s) / sub-contractor(s).

Agents / Agency Commission:

The Seller/Bidder confirms and declares to the buyer that the Seller/Bidder is the original manufacturer or authorized distributor /stockist of original manufacturer or Govt. Sponsored / Page 10 of 38



Designated Export Agencies (applicable in case of countries where domestic laws do not permit direct export by OEMS) of the stores and / or Services referred to in this tender/offer / contract / Purchase order 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 any way 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 consideration to such person, party, 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 RFQ / Tender for new projects /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 or 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.

Section 3 - Disqualification from tender process and exclusion from future contracts

If the Bidder (s) / Contractor (s), before award or during execution has committed a transgression through a violation of Section 2, above or any other form such as to put his reliability or creditability in question, the Bank is entitled to disqualify the Bidder (s) / Contractor (s) from the tender process.

Section 4 – Compensation for Damages

- 1. If the Bank has disqualified the Bidder(s) from the tender process prior to the award according to Section 3, the Bank is entitled to demand and recover the damages equivalent to Bid Security and this bid security will be forfeited.
- 2. If the Bank has terminated the contract according to Section 3, or if the Bank is entitled to terminate the contract according to Section 3, the Bank shall be entitled to demand and recover from the Contractor liquidated damages equivalent to the amount of the contract value.

Section 5 – Previous Transgression

- 1. The Bidders declares that no previous transgressions occurred in the last three years with any other Company in any country conforming to the anti- corruption approach or with any other Public Sector Enterprises in India that could justify his exclusion from the tender process.
- 2. The Bidder agrees that if he makes incorrect statement on this subject, bidder is liable to be disqualified from the tender process or the contract, if already awarded, is liable to be terminated for such reason.



- 3. The imposition and duration of the execution of the bidder will be determined by the bidder based on the severity of transgression.
- 4. The Bidder/Contractor acknowledges and undertakes to respect and uphold the Bank absolute right to resort to and impose such exclusion.
- 5. Apart from the above, the Bank may take action for banning of business dealings/holiday listing of the Bidder/ Contractor as deemed fir by the Bank.
- 6. If the Bidder/Contractor can prove that he has resorted/recouped the damage caused by him and has implemented a suitable corruption prevention system, the Bank may, at its own discretion, as per laid down organizational procedures, revoke the exclusion prematurely.

Section 6 - Equal treatment of all Bidders/Contractors/Sub-Contractors

- 1. The Bidder(s)/Contractor(s) undertake(s) to demand from all sub-contractors a commitment in conformity with this Integrity Pact, and to submit it to the Bank before contract signing. The Bidder(s)/Contractor(s) shall be responsible for any violation(s) of the principles laid down in this agreement/Pact by any of its Sub-contractors/Sub-vendors.
- 2. The Bank will enter into agreement with identical conditions as this one with all Bidders/Contractors.
- 3. The Bank will disqualify from the tender process all bidders who do not sign this Pact or violate its provisions.

Section 7 - Criminal charges against violating Bidder(s) /Contractor(s) /Sub contractor(s)

If the Bank obtains knowledge of conduct of a Bidder, Contractor or Sub-contractor or of an employee or a representative or an associate of a Bidder, Contractor or Subcontractor which constitutes corruption, or of the Bank has substantive suspicion in this regard, the Bank will inform the same to the Chief Vigilance Officer.

Section 8 – Independent External Monitor / Monitors

- 1. The Bank appoints competent and credible Independent External Monitor for this Pact. The task of the Monitor is to review independently and objectively, whether and to what extent the parties comply with the obligations under this agreement.
- 2. The Monitor is not subject to instructions by the representatives of the parties and performs his functions neutrally and independently. It will be obligatory for him to treat the information and documents of the Bidders/Contractors as confidential. He reports to the Authority designated by the Bank.
- 3. The Bidder(s)/Contractor(s) accept that the Monitor has the right to access without restriction to all Project documentations of the Bank including that provided by the Contractor, The Contractor will also grant the Monitor, upon his request and demonstration of a



valid interest, unrestricted and unconditional access to his project documentation. The same is applicable to Subcontractors. The Monitor is under contractual obligation to treat the information and documents of the Bidders)/Contractors(s)/Subcontractors(s) with confidentiality.

- 4. The Bank will provide to the Monitor sufficient information about all meetings among the parties related to the Project provided such meetings could have an impact on the contractual relations between the Bank and the Contractor. The parties offer to the Monitor the option to participate in such meetings.
- 5. As soon as the Monitor notices, or believes to notice, a violation of this agreement, he will so inform the Management of the Bank and request the Management to discontinue or take corrective action, or to take other relevant action. The Monitor can in this regard submit non-binding recommendations. Beyond this, the Monitor has no right to demand from the parties that they act in a specific manner, refrain from action or tolerate action.
- 6. The Monitor will submit a written report to the Authority designated by the Bank, within 8 to 10 weeks from the date of reference or intimation to him by the Bank and, should the occasion arise submit proposals for correcting problematic situations.
- 7. If the Monitor has reported to Authority designated by the Bank, a substantiated suspicion of an offence under relevant IPC/PC Act, and the Authority designated by the Bank has not, within the reasonable time taken visible action to proceed against such offence or reported it to the Chief Vigilance Officer, the Monitor may also transmit this information directly to the Central Vigilance Commissioner.
- 8. The word 'Monitor' would include both singular and plural.

Section 9 – Pact Duration

This pact begins when both parties have legally signed it. It expires for the Contractor 12 months after the last payment under the contract, and for all other Bidders 6 months after the contract has been awarded on whomsoever it may be.

If any claim is made/lodged during this time, the same shall be binding and continue to be valid despite the lapse of this pact as specified above, unless it is discharged/determined by the Bank.

Section 10 - Examination of Books of Accounts

In case of any allegation of, violation of any provisions of this Integrity Pact or payment of commission, the Bank or its agencies shall be entitled to examine the Books of Accounts of the Bidder and the Bidder shall provide necessary information of the relevant financial documents in English and shall extend all possible help for the purpose of such examination.

Section 11 – Other provisions

1. This agreement is subject to Indian Law, Place of performance and jurisdiction is the Head Office of the Bank, i.e., Chittoor.



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- 2. Changes and supplements as well as termination notices need to be made in writing. Side agreements have not been made.
- 3. If the Contractor is a partnership or a Consortium, this agreement must be signed by all partners or Consortium members. In case of a Company, the Pact must be signed by a representative duly authorized by Board resolution.
- 4. Should one or several provisions of this agreement turn out to be invalid, the reminder of this agreement remains valid. In this case, the parties will strive to come to an agreement to their original intentions.
- 5. In the event of any contradiction between the Integrity Pact and its Annexure, the Clause in the Integrity Pact will prevail.
- 6. Any dispute or difference arising between the parties with regard to the terms of this Agreement/Pact, any action taken by the Bank in accordance with this Agreement / Pact or interpretation thereof shall not be subject to arbitration.

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 behaviour) and a compliance program for the implementation of the code of conduct throughout the company.

Sanctions for Violation

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 here in 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 Clause5, 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 / 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.

If the Buyer obtains knowledge of conduct of a Bidder/ Seller or of an employee or a representative or an associate of a Bidder / Seller which constitutes corruption, or if the Buyer has substantive suspicion in this regard, the Buyer will inform to its Chief Vigilance Officer.



Compensation for Damages

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.

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 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.

Price Fall Clause

The Bidder undertakes that it has not supplied/ is not supplying same or similar product/systems or subsystems at a price lower than that offered in the present Bid in respect of any other Ministry / Department of the Government of India or PSU or Coal India Ltd and its subsidiaries during the currency of the contract and if it is found at any stage that same or similar product / Systems or Subsystems was supplied by the Bidder to any other Ministry / Department of the Government of India or a PSU or any Public Sector Bank 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."

The parties hereby sign this Integrity Pact at	on
(For & On behalf of the Bank)	(For & On behalf of bidder/Contractor)
(Office Seal)	(Office Seal)
Place Date	Place Date
Witness 1: (Name & Address)	Witness 1: (Name & Address)
Witness 2: (Name & Address)	Witness 2: (Name & Address)



RFQ (Annexure III)

TAILOR MADE GMC FOR EXISTING STAFFS OF SAPTAGIRI GRAMEENA BANK

S.No	INSURANCE COVERAGES		
1	Family Floater	Yes	
2	Coverage	Existing Staffs and their dependent family members	
3	No of Employees	Officers: 713 Office Assistants: 399 Office Attendants: 5	
4	Total No of Employees & Lives	1117 Employees & 4486 Lives	
5	Family Definition	 The Officer / Staff, his/her spouse, wholly dependent unmarried children (including step children and legally adopted children) wholly dependent physically and mentally challenged brother/sister with 40% or more disability, widowed daughters and dependant divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband / widowed sisters, as also parents wholly dependent on the Staff. Any two, i.e. either dependent parents or parents-in-law will be covered as dependent for the purpose of this policy. 	
6	The Officers/ Staffs in service would be continued beyond their retirement/ superannuation/ resignation, etc. for Existing policy period.	Yes	
7	Sum Insured	Officers: Rs. 4.00 Lakhs Office Assistants & Attendants: Rs. 3.00 Lakhs	
8	Additional Sum Insured for Critical Illness	Rs. 1.00 Lakh (Only for Staff)	
9	Corporate Buffer	Rs. 25.00 Lakhs	
10	Pre-existing Diseases and Waiting periodWaivers i.e. 30 days, 1, 2, & 4 years.	Yes	
11	Room Rent for normal	Not exceeding Rs. 4,000/- Per day	
12	Room Rent for ICU	Not exceeding Rs. 7,500/- Per Day	
13	Room Rent for Covid Treatment	Room rent limit for covid relatedclaims will be actuals	
14	Proportionate Deductions	Waived off	
15	Expenses on Major surgeries/ Illnesses	No capping	

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	Maternity cover	Yes
16	a) for Normal	Rs. 50,000/-
	b) For C section	Rs. 75,000/-
17	Waiver of Nine Months Waiting period	Yes
18	New Born Baby Cover	Yes
19	New Born Baby expenses	Up to the limit of Rs. 20,000/- additionalto the Maternity Benefits
20	Termination of Pregnancy	Yes, if recommended by the Doctor
21	Pre and Post Hospitalization	30 and 90 days
22	Domiciliary treatment, OPD Cover and Domiciliary Hospitalization	Yes, maximum up to the limit of 10% ofSum Insured in the Policy Year as per Annexure-III & IV
23	AYUSH Cover	Yes (Mentioned in Annexure II)
24	Advanced Medical Treatment	Yes (Mentioned in Annexure II)
25	Charges for Hiring a Nurse / attendant in ICU/CCU & Neo Natal Nursing cases	Yes, if the patient is critical and recommended by the Doctor
26	Ambulance & Auto Charges	Rs. 2,500/- & Rs. 750/- per trip
27	Congenital anomalies cover	Both External & Internal diseases/defect anomalies are covered
28	Addition & Deletion (New Born babies to be covered from the birth & Spouse to beadded after the marriage)	Pro rata (Date of Joining & Date of discharge from the Bank is considered)
29	Day care Procedures	Yes (Annexure IV attached)
30	Cataract Surgery	Rs. 50,000/- per eye.
31	Taxes, Surcharges	Yes
32	Genetic, Psychiatric, Neurological, Muscular Degenerative & Age relatedDisorders	Yes
33	Physiotherapy treatment	Yes, for the period specified by the recommended Doctor
34	Organ Donor cover	Yes (excluding organ cost)
35	Rental Charges for External and Durablemedical equipment	Only rental charges are payable. (Mentioned in Annexure II)
36	Ambulatory Devices	Yes (Mentioned in Annexure II)
37	Reimbursement Claims	To be paid irrespective of treatment being availed in Network and Non Network hospitals
38	Submission of claim documents for reimbursement	Within 90 days from the date of dischargein case of hospitalization and within 90 days of purchase of medicines in case of domiciliary treatment
39	Intimation of claim	Within 90 days from the date of occurrence



Annexure IV

Medical Scheme for the Officers/ Staffs of Saptagiri Grameena Bank

The scheme covers expenses of the officers / Staffs and dependents 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.

1.1 (A)The Scheme Covers Staff + Spouse + Dependent Children + Eitherdependent parents or dependent parents-in-law.

- No age limit for dependent children. (including step children and legally adopted children) A child would be considered dependent if the 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 dependant 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 monthlyincome 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 Staff as defined in this scheme.
 (The definition of family shall be undergo a change as decided by IBA)

All New Officers / Staffs 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.

Continuity benefits coverage to officers / Staffs on retirement and also to the Retired Officers / Staffs, who may be inducted in the Scheme.

SUM INSURED: Hospitalization and Domiciliary Treatment coverage as defined in the scheme per annum

Officers: Rs.4,00,000/

Clerical Staff: Rs.3,00,000/-

Sub Staff: Rs.3,00,000/-

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

CORPORATE BUFFER: Rs.25.00 Lakhs

1.1 The Scheme Covers In service Staff of Saptagiri Grameena Bank, their Spouse and their dependents.

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SUM INSURED: Rs. 3.00 Lakhs & Rs. 4.00 Lakhs

CRITICAL ILLNESS: Rs. 1.00 Lakh

- 1.2 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. 4000 per day or the actual amount whichever is less.
 - B. 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-Ocular 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.
- **1.3 PRE AND POST HOSPITALISATION:** 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
 - 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 fullrecovery.
 - B. "Chronic condition" A chronic condition is defined as a disease, illness, orinjury that has one or more of the following characteristics
 - i. 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
 - iii. It requires rehabilitation or for to be specially trained to cope with it



- iv. It continues indefinitely
- V. It comes back or is likely to come back.

2.2 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)

2.3 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.

2.4 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 Staff 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.

2.5 CONGENITAL ANOMALY:

Congenital Anomaly refers to a condition(s) which is present since birth, and whichis abnormal with reference to form, structure or position.

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

2.6 CONDITION PRECEDENT:

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

2.7 CONTRIBUTION:

The Officers / Staffs will not share the cost of an indemnity claim on a ratable proportion from their personal Insurance Policies.

2.8 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

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- 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 insurancecompanies authorized personnel.

2.9 DAY CARE TREATMENT:

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

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

Treatment normally taken on an out patient basis is not included in the scope of thisdefinition.

2.10 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:

- a) The condition of the patient is such that he/she is not in a condition to beremoved to a hospital or
- b) The patient takes treatment at home on account of non-availability of room ina hospital.

2.11 DOMICILIARY TREATMENT

Treatment taken for specified diseases which may or may not require hospitalizationas mentioned in the Scheme under clause Number 3.1

2.12 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 10lacs 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 thein surance 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 suchhospitals.

2.13 HOSPITALIZATION:

Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24

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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

2.14 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.

2.15 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.

2.16 INJURY:

Injury means accidental physical bodily harm excluding illness or disease which isverified and certified by a medical practitioner.

However all types of Hospitalization is covered under the Scheme.

2.17 IN PATIENT CARE:

In Patient Care means treatment for which the insured person has to stay in ahospital for more than a day for a covered event.

2.18 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 ordinaryand other wards.

2.19 MATERNITY EXPENSES:

Maternity expenses/treatment shall include:

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

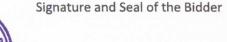
2.20 MEDICAL ADVICE:

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

2.21 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.

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2.22 MEDICALLY NECESSARY:

Medically necessary treatment is defined as any treatment, test, medication or stay inhospital or part of a stay in a hospital which

- is required for the medical management of the illness or injury suffered by theinsured;
- must not exceed the level of care necessary to provide safe, adequate andappropriate 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.

2.23 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.)

2.24 NETWORK PROVIDER:

Network Provider means hospitals or health care providers enlisted 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.

2.25 NEW BORN BABY:

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

2.26 NON NETWORK:

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

2.27 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.

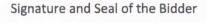
2.28 OPD TREATMENT:

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 a medical practitioner. The insured is not admitted as a day care or in-patient.

2.29 PRE-EXISTING DISEASE:

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which he/ she had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, prior to the first policy issued by the insurer.

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2.30 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;

- i. such medical expenses are incurred for the same condition for which the insuredperson's hospitalization was required and
- ii. the inpatient hospitalization claim for such hospitalization is admissible by thein surance company.

2.31 POST HOSPITALISATION MEDICAL EXPENSES:

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

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

2.32 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.

2.33 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.

2.34 ROOM RENT:

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

2.35 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.

2.36 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.

2.37 THIRD PARTY ADMINISTRATIOR:

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 Insurance Company for the provision of health services as specified in the agreement between the Company and Third Party Administrator.

2.38 UNPROVEN/EXPERIMENTAL TREATMENT:

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

3. COVERAGES:

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3.1 DOMICILIARY HOSPITALISATION/ 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% of Sum Insured.

Cancer , Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , 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 Staff only subject to a sum insured of Rs. 1,00,000/-. Cover starts on inception of the policy. In case an Staff 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 Staff 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 below & Annexure V

1	Adenoidectomy	20	Haemo dialysis
2	Appendectomy	21	Fissurectomy / Fistulectomy
3	Ascitic / Plueral tapping	22	Mastoidectomy
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 surgeries
14	Lithotripsy	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 operationson 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 / daycare Centre in less than a day because of technological advancement and
- b. 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.

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Special conditions applicable to Maternity expenses Benefit Extension:

- i. 9 months waiting period under maternity benefit will be waived from the policy.
- ii. Pre-natal & post natal charges in respect of maternity benefit are covered underthe policy up to 30 days and 60 days only, unless the same requires hospitalization.
- iii. Missed Abortions, Miscarriage or abortions induced by accidents are coveredunder the limit of Maternity
- iv. Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered up to the Sum Insured + Corporate Buffer
- V. Expenses incurred for Medical Termination of Pregnancy

3.6 BABY DAY ONE COVER:

New born baby is covered from day one. All expenses incurred on the new born babyduring 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. Taxi 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 ANOMOLIES:

Expenses for Treatment of Congenital Internal / External diseases, defects/ anomalies are covered under the policy

3.10 PSYCHIATRIC DISEAES:

Expenses for treatment of psychiatric and psychosomatic diseases be payable withor without hospitalization.

3.11 ADVANCED MEDICAL TREATMENT:

All new kinds of approved advanced medical procedures for e.g. laser surgery, stemcell therapy for treatment of a disease is payable on hospitalization /day care surgery.

3.12 OPD TREATMENT:

Treatment taken for Accidents can be payable even on OPD basis in Hospital up toSum 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 thetreatment

Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of

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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 GENETIC DISORDERS:

Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.

3.15 DEGENRATIVE DISORDRS:

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:

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:

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 TREATMENT:

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 ornot).
- 4.2
 - a. Circumcision unless necessary for treatment of a disease not excluded hereunder oras may be necessitated due to an accident.
 - b. Vaccination or inoculation.
 - c. 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 lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndromeor 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, diet 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 bythe Insured Person in so far as they relate to anything to be done or complied with bythe Insured Person shall be a condition precedent to any liability 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

Signature and Seal of the Bank



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.
 - (a) 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/ Insurance Company may require in dealing with the claim.
 - (b) 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 hisbehalf.

5.7 DISCLOSURE TO INFORMATION NORM

The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.

- 5.8 Claims will be managed through the same Office of the Bank from where it ismanaged 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 Insurance Company. 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 / Staffs and their family and also to the Retired Officers / Staffs and their family.



Annexure:: V

	Domiciliary Hospitalization / Domiciliary Treatment
Sr. No.	Treatments
1	Cancer
2	Leukemia
3	Thalassemia
4	Tuberculosis
5	Paralysis
6	Cardiac Ailments
7	Pleurisy
8	Leprosy
9	Kidney Ailment
10	All Seizure disorders
11	Parkinson's diseases
12	Psychiatric disorder including schizophrenia and psychotherapy
13	Diabetes and its complications
	Hypertension
14	
15	Asthma
16	Hepatitis –B
17	Hepatitis – C
18	Hemophilia
19	Myasthenia gravis
20	Wilson's disease
21	Ulcerative Colitis
22	Epidermolysis bullosa
23	Venous Thrombosis(not caused by smoking) Aplastic Anaemia
24	Psoriasis
25	Third Degree burns
26	Arthritis
27	Hypothyroidism
28	Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in thetreatment of cancer and leukemia
29	Glaucoma
30	Tumor
31	Diptheria
32	Malaria
33	Non-Alcoholic Cirrhosis of Liver
34	Purpura





35	Typhoid
36	Accidents of Serious Nature
37	Cerebral Palsy
38	Polio
39	All Strokes Leading to Paralysis
40	Haemorrhages caused by accidents
41	All animal/reptile/insect bite or sting
42	Chronic pancreatitis
43	Immuno suppressants
44	Multiple sclerosis / motorneuron disease
45	Status asthamaticus
46	Sequalea of meningitis
47	Osteoporosis
48	Muscular dystrophies
49	Sleep apnea syndrome(not related to obesity)
50	Any organ related (chronic) condition
51	Sickle cell disease
52	Oral Chemotherapy
53	Systemic lupus erythematous (SLE)
54	Any connective tissue disorder
55	Varicose veins
56	Thrombo embolism venous thrombosis/venous thrombo embolism (VTE)]
57	Growth disorders
58	Graves' disease
59	Chronic Pulmonary Disease
60	Chronic Bronchitis
61	Physiotherapy and swine flu shall be considered for reimbursement underdomiciliary treatment.
62	Chickungunya
63	Dengue Fever



Annexure:: VI

	Day care procedures
ENT:	Operation of the ear
1	Stapedotomy or Stapedectomy
2	Myringoplasty (Type -I Tympanoplasty)
3	Tympanoplasty (closure of an eardrum perforation)
4	Reconstruction and other Procedures of the auditory ossicles
5	Myringotomy
6	Removal of a tympanic drain
7	Mastoidectomy
8	Reconstruction of the middle ear
9	Fenestration of the inner ear
10	Incision (opening) and destruction (elimination) of the inner ear
ENT:	Procedures on the nose & the nasal sinuses
11	Excision and destruction of diseased tissue of the nose
12	Procedures on the turbinates (nasal concha)
13	Nasal sinus aspiration
ENT:	Procedures on the tonsils & adenoids
14	Transoral incision and drainage of a pharyngeal abscess
15	Tonsillectomy and / or adenoidectomy
16	Excision and destruction of a lingual tonsil
17	Quinsy drainage
OPTI	HALMOLOGY: Procedures on the eyes
18	Incision of tear glands
19	Excision and destruction of diseased tissue of the eyelid
20	Procedures on the canthus and epicanthus
21	Corrective surgery for entropion and ectropion
22	Corrective surgery for blepharoptosis
23	Removal of a foreign body from the conjunctiva
24	Removal of a foreign body from the cornea
25	Incision of the cornea
26	Procedures for pterygium
27	Removal of a foreign body from the lens of the eye
28	Removal of a foreign body from the posterior chamber of the eye
29	Removal of a foreign body from the orbit and eyeball
30	Operation of cataract
31	Chalazion removal
32	Glaucoma Surgery
33	Surgery of Retinal Detachment
Proce	edures on the skin & subcutaneous tissues
34	Incision of a pilonidal sinus



35	Other incisions of the skin and subcutaneous tissues				
36	Surgical wound toilet (wound debridement)				
37	Local excision or destruction of diseased tissue of the skin and subcutanous tissues				
38	Simple restoration of surface continuity of the skin and subcutanous tissues				
39	Free skin transplantation, donor site				
40	Free skin transplantation, recipient site				
41	Revision of skin plasty				
42	Restoration and reconstruction of the skin and subcutaneous tissues				
43	Chemosurgery to the skin				
44	Excision of Granuloma 17				
45	Incision and drainage of abscess				
Proce	edures on the tongue				
46	Incision, excision and destruction of diseased tissue of the tongue				
47	Partial glossectomy				
48	Glossectomy				
49	Reconstruction of the tongue				
Proce	edures on the salivary glands & salivary ducts				
50	Incision and lancing of a salivary gland and a salivary duct				
51	Excision of diseased tissue of a salivary gland and a salivary duct				
52	Resection of a salivary gland				
53	Reconstruction of a salivary gland and a salivary duct				
Proce	edures on the mouth & face				
54	External incision and drainage in the region of the mouth, jaw and face				
55	Incision of the hard and soft palate				
56	Excision and destruction of diseased hard and soft palate				
57	Incision, excision and destruction in the mouth				
58	Plastic surgery to the floor of the mouth				
59	Palatoplasty				
Trau	ma surgery and orthopaedics				
60	Incision on bone, septic and aseptic				
61	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis				
62	Suture and other Procedures on tendons and tendon sheath				
63	Reduction of dislocation under GA				
64	Arthroscopic knee aspiration				
65	Aspiration of hematoma				
66	Excision of dupuytren's contracture				
67	Carpal tunnel decompression				
68	Surgery for ligament tear				
69	Surgery for meniscus tear				
70	Surgery for hemoarthrosis /pyoarthrosis				
71	Removal of fracture pins/nails				
72	Removal of metal wire				



73	Joint Aspiration - Daignostic / therapeutic			
Procedures on the breast				
74	Incision of the breast			
75	Procedures on the nipple			
76	Excision of breast lump /Fibro adenoma			
Proce	dures on the digestive tract			
77	Incision and excision of tissue in the perianal region			
78	Surgical treatment of anal fistulas			
79	Surgical treatment of haemorrhoids			
80	Division of the anal sphincter (sphincterotomy)			
81	Ultrasound guided aspirations			
82	Sclerotherapy			
83	Therapeutic Ascitic Tapping			
84	Endoscopic ligation /banding			
85	Dilatation of digestive tract strictures			
86	Endoscopic ultrasonography and biopsy			
87	Replacement of Gastrostomy tube			
88	Endoscopic decompression of colon			
89	Therapeutic ERCP 18			
90	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease			
91	Endoscopic Gastrostomy			
92	Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.			
93	Endoscopic Drainage of Pseudopancreatic cyst			
94	Hernia Repair (Herniotomy / herniography / hernioplasty)			
Proce	dures on the female sexual organs			
95	Incision of the ovary			
96	Insufflation of the Fallopian tubes			
97	Dilatation of the cervical canal			
98	Conisation of the uterine cervix			
99	Incision of the uterus (hysterotomy)			
100	Therapeutic curettage			
101	Culdotomy			
102	Local excision and destruction of diseased tissue of vagina and Pouch of Douglas			
103	Procedures on Bartholin's glands (cyst)			
104	Endoscopic polypectomy			
105	Myomectomy, hysterscopic or laparascopic biopsy or removal			
Proce	dures on the prostate & seminal vesicles			
106	Incision of the prostate			
107	Transurethral excision and destruction of prostate tissue			
108	Open surgical excision and destruction of prostate tissue			
109	Radical prostatovesiculectomy			



Procedures on the scrotum & tunica vaginalis testis						
111	Incision of the scrotum and tunica vaginalis testis					
112	Operation on a testicular hydrocele					
113	Excision and destruction of diseased scrotal tissue					
114	Plastic reconstruction of the scrotum and tunica vaginalis testis					
Proce	dures on the testes					
115	Incision of the testes					
116	Excision and destruction of diseased tissue of the testes					
117	Orchidectomy- Unilateral / Bilateral					
118	Orchidopexy					
119	Abdominal exploration in cryptorchidism					
120	Surgical repositioning of an abdominal testis					
121	Reconstruction of the testis					
122	Implantation, exchange and removal of a testicular prosthesis					
Proce	dures on the spermatic cord, epididymis and DuctusDeferans					
123	Surgical treatment of a varicocele and hydrocele of spermatic cord					
124	Excision in the area of the epididymis					
125	Epididymectomy					
126	Reconstruction of the spermatic cord					
127	Reconstruction of the ductus deferens and epididymis					
Proce	dures on the penis					
128	Procedures on the foreskin					
129	Local excision and destruction of diseased tissue of the penis					
130	Amputation of the penis					
131	Plastic reconstruction of the penis					
Proce	edures on the urinary system					
132	Cystoscopical removal of stones					
133	Lithotripsy 19					
134	Haemodialysis					
135	PCNS (Percutaneous nephrostomy)					
136	PCNL (PercutanousNephro-Lithotomy)					
137	Tran urethral resection of bladder tumor					
138	Suprapubiccytostomy					
Procedures of Respiratory System						
139	Brochoscopic treatment of bleeding lesion					
140	Brochoscopic treatment of fistula /stenting					
141	Bronchoalveolar lavage & biopsy					
142	Direct Laryngoscopy with biopsy					
143	Therapeutic Pleural Tapping					
Procedures of Heart and Blood vessels						
144	Coronary angiography (CAG)					
145	Coronary Angioplasty (PTCA)					



146	Insertion of filter in inferior vena cava					
147	TIPS procedure for portal hypertension					
148	Blood transfusion for recipient					
149	Therapeutic Phlebotomy					
150	Pericardiocentesis					
151	Insertion of gel foam in artery or vein					
152	Carotid angioplasty					
153	Renal angioplasty					
154	Varicose vein stripping or ligation					
OTHER Procedures						
155	Radiotherapy for Cancer					
156	Cancer Chemotherapy					
157	True cut Biopsy					
158	Endoscopic Foreign Body Removal					
159	Vaccination / Inoculation - Post Dog bite or Snake bite					
160	Endoscopic placement/removal of stents					
161	Tumorembolisation					
162	Aspiration of an internal abscess under ultrasound guidance					



Annexure:: VII SAPTAGIRI GRAMEENA BANK

(Sponsored by Indian Bank) Head Office, #19-565/11,3rd Floor, Vishal Mega Mart Upstairs, Opp. Venkateswara Theatre, Vellore Road CHITTOOR - 517 002 (AP)

Date

PRICE BID

For Group Mediclaim Insurance for Existing Staff and their Dependent Family Members

We hereby de	eclare and submit th	ne Final Quote for your	GMC Insurance Policy as p	er your tender dated 30.05.202
and its accor		Annexure-IV and accor	efully read and understood al mpanied Annexure-V & VI	
We confirm v the bidding p		ssary approvals from th	ne competent authorities of ou	ar Company to participate in
S.No	Sum Insured	Net Premium	No of Employees	Total Premium
1	Rs.3.00 Lakhs			
2	Rs.4.00 Lakhs		,	
	To	otal Premium without G	ST	
		GST		

We hereby agree that the premium quoted here in has been at taking into considerations all terms and conditions of the RFP and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put under any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our partor any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

- 1) In case there is any discrepancy between figures and words, that bid will be rejected.
- 2) The L-1, L-2 and L-3 offer will be evaluated on the basis of the above quoted value

Total Premium including GST

3) Conditional Bids are liable to be rejected.



Ref No.: