

The Maharashtra State Co-Op. Bank Ltd.  
(Incorporating The vidarbha Co-operative Bank Ltd.)  
9, Maharashtra Chamber of Commerce Lane, Fort, Mumbai - 400001.

**GENERAL TERMS AND CONDITIONS OF TENDER**

Bank inviting tenders for Group Medici claim policy for sum insured of Rs.2.00 lacs for its employees and dependent spouse (husband/wife) (approx.1840 no. of person) on floater basis.

Each tender bid shall comprise of two part.

1. **Technical bid:** Technical bid of the tenderer will be evaluated on the following grounds: -

- a. Company Profile
- b. IRDA Registration Certificate
- c. The registration should be of Life & General
- d. GST Registration Certificate
- e. PAN Card
- f. Claims Settlement Experience for last 3 years
- g. At least 2 clients from cooperative Sector
- h. Net Worth of 75 Lacs and above
- i. It is mandatory to submit technical bid in prescribed format as per Annexure II.

2. **Commercial bid:**

- a. The quote should be as per expiring policy conditions.
- b. The Premium quote should be on Insurance company's letter head if quoted by broker/agent/consultant.
- c. Quote should mention number employees, Number of dependents & net premium & GST thereon separately.
- d. Except the expiring insurer other insurer should mentioned that "the quote is based on the details mentioned in tender and in no way will be cancelled during the policy period if accepted"
- e. Letter of Authorization in the name of Broker/Agent if submitted other than insurer.
- f. Commercial bid should be submitted as prescribed in Annexure III

3. Technical bid will be opened on 17.05.2019 at 11:00 am. If Bid is found to be in order, it will be accepted by the bank otherwise it will be rejected.
4. Commercial Bid will be opened on 17.05.2019 at 3:00 pm for all technically qualified Companies only, at our Head Office, Mumbai in presence of Company Representatives.
5. Technical and Commercial Bid should be submitted separately as per prescribed format.
6. Bank reserves all rights to stop or cancel partial or total process of tendering without any reason.

7. **General Terms and Conditions.**

i	Start date	10.05.2019
ii	Last date of Submission	16.05.2019 up to 5:00 p.m.
ii	Address for Communication	The Maharashtra State Co-Op. Bank Ltd. 9, Maharashtra Chamber of Commerce Lane, Fort, Mumbai - 400001.
iv	Contact Telephone No.	Joint Manager, HRDM 22800675/691
v	E-mail I.D.	sanjaypol@rocketmail.com
vi	Details of policy is mention in	Annexure I
vii	Claim summary is mention in	Annexure IV

MUMBAI.  
Date: 10/05/2019

**(Dr.Ajit R. Deshmukh)**  
MANAGING DIRECTOR

## Annexure: I

Name of the expiring Insurer	ICICI Lombard General Insurance Company Ltd
Expiring Period of Insurance	25/05/2018 to 24/05/2019 midnight
Renewal Period	25 /05/2019 to 24/05/2020 midnight
Sum Insured	2 Lac Family Floater
Plan	Tailor Made Group Mediclaim (Family Floater)
Family Definition	Employee + Spouse
In-patient benefits –	In-patient benefits – The insurance Scheme shall pay expenses (subject to policy limitations) incurred in course of medical treatment availed of by the beneficiaries in a registered hospitals/nursing Homes within the country, arising out of either illness/disease/injury and/or sickness. The treatment must require at least 24- hour hospitalization. A list of insurance company empaneled hospitals/nursing homes are available where cashless treatment (subject to policy limitations) can be availed.

### **Details of Expiring Group Mediclaim Insurance Policy is as under**

Day Care Treatments	<p>Day Care procedures– Given the advances made in the treatment techniques, many medical treatments, formerly requiring hospitalization, can now be treated on a day care basis. The scheme would also provide for day care facilities (which require less than 24 hours' hospitalization) for such identified procedures. However, OPD services shall not be part of Day Care facilities. Day care facilities would be available for the following medical treatment:</p> <ol style="list-style-type: none"><li>1. Eye Surgery</li><li>2. Lithotripsy (kidney stone removal)</li><li>3. Tonsillectomy</li><li>4. D&amp;C</li><li>5. Dental surgery following an accident</li><li>6. Surgery of Hydrocele</li><li>7. Surgery of Prostrate</li><li>8. Few Gastrointestinal Surgery</li><li>9. Genital Surgery</li><li>10. Surgery of Nose/Throat/Ear</li><li>11. Surgery of Urinary System</li><li>12. Dialysis</li><li>13. Chemotherapy</li><li>14. Radiotherapy</li><li>15. Treatment related to dog bite/snake bite etc.</li><li>16. Treatment of fractures/dislocation, Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization.</li><li>17. Laparoscopic therapeutic surgeries that can be done in day care</li><li>18. Identified surgeries under General Anesthesia or any procedure mutually agreed upon between insurer and health care provider.</li></ol>
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	<p>NOTE: The exhaustive list of Day Care Procedures is available with TPA. For OPD treatment or any other treatments which do not require any hospitalization, the existing reimbursement system using should be used.</p> <p>There is a list of non-admissible items (for example, gloves, diaper, bed sheet etc.) costs of which are not covered by any medical insurance policy. Therefore, even a cashless treatment may require payment for these non-admissible items at the hospital when the patient will be released from the hospital.</p>
Expenses Payable	<p>1.Room Rent Limit: No Limit. But employee should go for a reasonable one but best of the treatments</p> <p>2.Surgeon, Anesthetist, Medical Practitioner, Consultants Special fees, Maximum Limit per illness.</p> <p>3.Anesthesia, Blood, Oxygen, OT charge, Surgical appliances, Medicines, Drugs, Diagnostic Material &amp; X-Ray, Dialysis, Chemotherapy, Radiopathy, Cost of Pacemaker, Artificial Limbs and cost of stent and implant. Maximum limit per illness –</p> <p>4.Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the limitation (iii) above as applicable to the insured person.</p>
Room Rent Entitlement	for Normal of the Sum insured <b>NO CAPPING</b>
	for ICU of the Sum insured <b>NO CAPPING</b>
1st /2nd/ 4th Year Exclusion	1st /2nd/ 4th Year Exclusion waived off for all
Pre-Existing Diseases Exclusion	Pre-Existing diseases Exclusion waived off for all
	<b>Definition: Coverage of Pre-existing diseases</b> – Pre-existing diseases, if any, shall be covered from day one under this insurance scheme. For example, a person suffering from any disease or already having implants and/or any internal congenital disease prior to the inception of the policy shall also be covered in this scheme.
Pre-and Post-Hospitalization	30 & 60 days respectively
	<b>Pre-hospitalization benefit</b> – All expenses (subject to policy limitations) before planned hospitalization period of up to 30 days required for to the treatment of the sickness for which hospitalization is to be done would be covered in this scheme. <b>Post hospitalization benefit</b> – All expenses (subject to policy limitations) during the post-hospitalization period of up to 60 days required due to the treatment of the sickness for which hospitalization was done would be covered in this scheme.
Maternity benefit	<b>NO MATERNITY BENEFIT TAKEN FOR THIS SCHEME</b>
New Born baby cover	<b>NO COVER TAKEN FOR THIS SCHEME</b>
Emergency Road Ambulance	INR 2,000/- per Incidence
	Reimbursement of Ambulance charges: Maximum Rs. 2000/- in a policy year will be reimbursed provided registered ambulance is used. This benefit is available only for shifting patient from residence to hospital if admitted to ICU or Emergency Ward or from one hospital to another.
<b>Additional Coverage</b>	External Congenital diseases is covered if life threatening
	Eye Sight Correction if beyond +/- 8 is covered
	Medical Expenses for all items medically required for the treatment billed by the Hospital prescribed by the Doctor / Physician will be covered overriding any other circular or guidelines in force
	Cover for Oral Chemotherapy, Bariatric Surgery if Life Saving, Lunatics eye treatment
Cash less	<p>(A) Claims in respect of Cashless Access Services will be through the list of the network/empaneled Hospitals/Nursing Homes.</p> <p>(B) Cashless services for all planned medical treatment are subject to pre-admission authorization.</p> <p>(C) In case of emergency, the TPA should be contacted immediately after admission preferably through the hospital/ nursing home.</p>

	<p>(D) Both for items (2) and (3) above, the TPA shall, upon getting the related medical information from the insured persons/network provider, 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 for the ailment for which the person is seeking to be admitted as a patient. In case of emergency, this authorization procedure is to be processed by TPA within 4 hours on receipt of (fax) documents.</p> <p>(E) Pre-authorization for Cashless Access Services in Network Hospital/Nursing Home is within the authority of TPA and will be given after verification of required documents pertaining treatment of the insured to the satisfaction of TPA. Any inconvenience regarding the items above should be brought to the notice of appropriate MOL authority at the earliest.</p> <p>(F) Pre-authorization for cashless treatment may still require deposition of an initial sum in the network/empanelled hospital/ nursing home. This deposit usually caters for the cost of non-admissible items/charges with respect to reimbursement by the insurance company.</p> <p>(G) List of the Hospitals/Nursing Homes selected by TPA is available where admission will be processed without any deposit (cashless in absolute term). However, the employee has to pay for charges related to non-admissible items as mentioned earlier.</p> <p><b>List of Cashless Hospitals WILL BE GIVEN AS WE DECIDE INSURER</b></p>
Reimbursement	<p>Claims for hospitalization in non-network or non-empanelled hospital will be reimbursed by the Insurance Company after submitting the claim documents to the TPA.</p> <p><b>Documents Required*</b></p> <p>Please take care to submit all the below documents while submitting your reimbursement claim:</p> <ul style="list-style-type: none"> <li>Duly filled Claim form (signed by the Insured and the Treating Doctor)</li> <li>Discharge summary (with details of complaints and the treatment availed)</li> <li>Final Hospital Bill (detailed break-up) along with interim bills</li> <li>Payment Receipts</li> <li>Doctor's consultation papers</li> <li>All investigation reports (E.g. Original Blood report, X-ray, Sonography, CT Scan, MRI, etc.)</li> <li>All pharmacy bills supported by doctor prescriptions</li> <li>Implant sticker / invoice, if used (E.g. lens details in cataract case, stent details in angioplasty)</li> <li>Medico Legal Certificate (MLC) and / or FIR for all accident cases</li> <li>For miscellaneous charges - detailed bills with supporting prescription of the Treating Doctor</li> <li>Photocopy of Health card</li> <li>Any other related documents</li> </ul> <p>Please note all documents should be in Original.</p>
Intimation	<p>On being hospitalized, intimation of the same must be sent by email to the union office &amp; ICARE within 15 days of discharge from the hospital.</p> <p>However, in case of non-availability of email services, will be intimate through SMS / Phone followed by a written intimation. Please note written record of intimation of hospitalization from the employee / family member is mandatory without which the intimation stands invalid.</p> <p>Point of Contact:</p> <p>Email:</p> <p>Phone:</p>

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

1	Name & Full Address of the firm:	
2	Registered Office with Address (Copy of registration certificate of firm may be enclosed)	
3	Income Tax PAN no.	
4	GST NO.	
5	Whether Proprietorship / Limited Company or Pvt. Ltd. or Partnership	
6	If Private limited or Public Co. ,then name & Address of directors.	
7	Whether you have any establishment in Maharashtra State If so detailed, addresses.	
8	Name & Address of the Authorised Person who will represent the firm while dealing with the MSC BANK. (Mobile No. & email id)	
9	Company's Net Worth as on 31.03.2018 (Provision 31.03.2019) C.A. Certified if not audited.	
10	List of other clients to whom such policy has been issued by the Company.	
11	Claim settled during last three years	(Rs.in Cr.)
	Year	No. of Claim
	Settled Amount	Settled No. of Claim
	2016-17	
	2017-18	
	2018-19	

**SIGNATURE OF THE TENDERER  
WITH SEAL**

Place :

Date :

## Acceptance & Declaration

We accept and declare that Group Mediclaim Policy issued to The Maharashtra State Co-operative Bank Ltd., Mumbai will be inclusive of all above mentioned terms & conditions and no additional clause will be added in policy to restrict the claim , Bank will reserve the right to terminate the policy at any time.

Place :

Date :

**Signature of the Tenderer**

**With Seal**

Annexure III

**Commercial Bid Submission Format.**

We hereby accept all the terms and conditions of the tender dtd. -----  
and No. ----- quoted rate per family (1+1) per annum separately for Rs 2.00  
lacs sum insured as under which is inclusive of all applicable taxes and duties.

Premium amount per family Rs. ----- (in  
words Rs. -----)

(1+1) (All inclusive)

Supported by Quote from Insurer if Broker/Agent or Consultant

**SIGNATURE OF THE TENDRER  
WITH SEAL**

## Annexure: IV

### Claims summary as per ICICI Lombard till 07/05/2019

<b>Report as On</b>	05/05/2019		<b>Insurance Company</b>	ICICI Lombard General Insurance Company Ltd	
<b>Policy No</b>	4016/149722194/00/000		<b>Policy Period</b>	<b>Policy From</b>	May 25, 2018
<b>Days Left For Renewal</b>	15 Days			<b>Policy Upto</b>	May 24, 2019
<b>Premium Earned</b>			<b>Total Premium</b>	Rs.46,86,158/-	
<b>Lives</b>	Employees	1022	<b>Per Life Premium</b>	Rs.2020/- +18% GST.	
	Dependents	944	<b>Incidence Rate</b>		
<b>Settlement Ratio (in %)</b>			<b>Cashless (in %)</b>		
<b>% ICR on Earned Premium</b>			<b>Overall %ICR</b>		

#### Claim Summary

Claim Type	Intimated		Paid		Pending		Claim Closed	
	No. Of Claim	Amount	No. Of Claim	Amount	No. Of Claim	Amount	No. Of Claim	Amount
Cashless								
Reimbursement								
<b>Total</b>								