

RENEWAL OF GROUP MEDICAL INSURANCE FOR COLLECTION AGENTS/GOLD APPRAISER/NIGHT WATCHMEN/SECURITY STAFF/CONTRACT EMPLOYEES/DAILY WAGED EMPLOYEES OF KERALA STATE CO-OPERATIVE BANK

SEALED TENDER DOCUMENT

TENDER NO: KSCB/HR/GMC.T/ 2022-23 16/06/2022 DATED: 16TH JUNE 2022

The Kerala State Co-operative Bank Ltd "COBANK TOWERS", VIKAS BHAVAN, Palayam, Thiruvananthapuram

Ph: 0471-2547236, 2547284

GSTIN No. 32AAAAK4255G2ZZ

E-mail: keralabankgad@gmail.com Web site: www. keralacobank.com



KSCB/HR/GMC.T/ 2022-23

P.B. No. 6515, COBANK TOWERS, VIKAS BHAVAN P.O., PALAYAM THIRUVANANTHAPURAM, PIN-695 033

16/06/2022

RENEWAL GROUP MEDICAL INSURANCE FOR COLLECTION AGENTS/GOLD APPRAISER/NIGHT WATCHMEN/SECURITY STAFF/CONTRACT EMPLOYEES/DAILY WAGED EMPLOYEES OF KERALA STATE CO-OPERATIVE BANK

The Kerala State Co-operative Bank LTD invite competitive Quotations for implementing Group Mediclaim policy for Collection Agents/Gold Appraiser/Night Watchmen/Security Staff/Contract Employees/Daily Waged Employees and their Dependence, from Public Sector Insurance Companies Through its Regional Offices or Divisional Offices or from General Insurance Companies promoted by Public Sector Banks or from Insurance Broking Companies approved by IRDA representing the Public Sector Insurance Companies and General Insurance Companies promoted by Public Sector Banks for a period of one year with effect from date of payment of premium as per the terms and conditions attached with this notification. Interested eligible Bidders may obtain further information from the Head Office Kerala Bank Ltd, Thiruvananthapuram.

- The benefits such as Hospitalization cover, critical illness care etc. are to be included in the Group Medical Insurance Policy.
- The details of the benefits under the policy, which we would propose for the ensuing year, are given below for your ready reference.
- Period of Insurance: For a period of one year
 - Approximate No. of insured: 295 employees ie is 295 families (978 LIVES)

| | TERMS A | ND CONDITIONS | | |
|--|--------------------------------|---|--|--|
| Family Floater Sum Insured | | Sum Insured Rs.2 lakh/family | | |
| Family Unit May contain | | Employee , Spouse + 3 dependent children (Upto 25 yrs of age) | | |
| Pre-existing diseases / conditions exclu | ısion | Waived for all, no exclusion of diseases, no exclusions/limit for pre-existing diseases other than specified. | | |
| 30 days Waiting period | | Waived off | | |
| One / Two/Four Year exclusions and / bound exclusions for specified diseases | | Waived off | | |
| Room rent / Boarding Expenses | Room rent limit | Room rent per day restricted to 1.5% of the sum insured. | | |
| (including nursing charges) | ICU rent limit | ICU rent per day restricted to 3 % of the sum insured. | | |
| Maternity Hospitalization expenses for employees and spouse (coverage | Normal Delivery Limit | Rs.40000/- | | |
| for first two delivery) | Caesarean Delivery Limit | Rs.50000/- | | |
| BABY DAY ONE COVER | | New born babies need to be covered from day one with full floater sum assured | | |
| Proportionate payment for higher room | m category | No proportionate deductions on expenses during the course of treatment up to room rent alloted for each SI. Can do proportionate deductions on expenses during the course of treatment above the alloted room rent. | | |
| CORPORATE BUFFER | | Overall limit of Rs.25 lakhs – (Limited to Rs.1lakh) should be released based on the approval of Bank without any ailment restrictions | | |
| Ayurveda /Homeopathy/Allopathy Hospitalization expenses | | ement for in-patient Ayurvedic treatment (other than Sukha t Govt. recognised Ayurvedic hospitals upto Rs. 25,000/ family. | | |
| Pre-Hospitalisation and Post Hospitalisation Pre hospital | | alization 30 days and Post hospitalization 60 days | | |
| Ambulance expenses | | Ambulance charges Rs.2000/- per Employee | | |
| Co-payment | | No Co-pay for Employees and dependence | | |
| CONGENITAL INTERNAL & EXTERNAL D | DISEASE | Waived for all | | |

| Continuity from previous policy | Provided | | | |
|--|--|--|--|--|
| Illness wise Sub Limits or any other sub limits | Cataract (per eye) Rs.35000/- | | | |
| MIDTERM INCLUSION | Provision to include members during the operation of the policy on pro-rata basis. | | | |
| Non cancelation of Policy in Mid term | Yes | | | |
| Guidelines from Standardization of Exclusions as per IRDA circular dated 27th Sep 2019 | As per IRDA list | | | |
| Guidelines from Standardization of Exclusions as | Modern Treatment Methods & Advancement in Technologies In case of an admissible claim under section 4.1, expenses incurred on the following procedures (wherever medically indicated) either as in-patient or as part of day care treatment in a hospital, shall be covered. The claim shall be subject to additional sub-limits indicated against them in the table below: 1)Uterine Artery Embolization & High Intensity Focussed Ultrasound (HIFU)Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period for claims involving Uterine Artery Embolization & HIFU 2)Balloon Sinuplasty - Up to 10% of Sum Insured subject to a maximum of Rs.1 Lac per policy period for claims involving Balloon Sinuplasty 3)Deep Brain Stimulation - Up to 70% of Sum Insured per policy period for claims involving Deep Brain Stimulation 4)Oral Chemotherapy - Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period for claims involving Oral Chemotherapy 5)Immunotherapy-Monoclonal Antibody to be given as injection - Up to 20% of Sum Insured subject to a maximum of Rs. 1 Lac per policy period 6) Intra vitreal Injections - Up to 10% of Sum Insured subject to a maximum of Rs. 1 Lac per policy period 7)Robotic Surgeries (Including Robotic Assisted Surgeries) - Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of aetiology; (ii) Malignancies. Up to 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases 8)Stereotactic Radio Surgeries - Up to 50% of Sum Insured per policy period for claims involving Stereotactic Radio Surgeries 9)Bronchial Thermoplasty - Up to 30% of Sum Insured subject | | | |

| LIMIT ON SURGEON CHARGES, ANESTHETIC CHARGES, STENT CHARGES, ETC. | No Capping |
|---|---|
| Reimbursement Claim Submission Time Line | Reimbursement claim submission time line should be 45 days from the date of discharge. Should give waiver of Intimation for Reimbursement Claims. |
| | to a maximum of Rs.3 Lacs per policy period for claims involving Bronchial Thermoplasty. 10) Vaporisation of the Prostate (Green laser treatment for holmium laser treatment) Up to 30% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period. 11) Intra Operative Neuro Monitoring (IONM) - Up to 15% of Sum Insured per policy period for claims involving Intra Operative Neuro Monitoring subject to a maximum of Rs. 1 Lac per policy period. 12) Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions to be covered only. No additional sub-limit Note: If, for a given admissible claim, limits as listed in the Table above AND limits mentioned in Clause 4.1.2 are applicable simultaneously, then the lower of the two limits shall apply. |

Essential Documents & Eligibility Criteria

- 1. The Insurance Company / Insurance Broker shall attach copies of the renewal of the IRDA license (previous two years) as a proof of its registration.
- 2. The undertaking by the bidder regarding agreement to all the terms and conditions (Annexure 1) of Kerala Bank Ltd as provided in this tender.
- 3. Quote submitted from Insurance Company either directly or through Insurance Broker should be through Regional Office or Divisional Office and should be in Annexure 2 format.
- 4. Insurance Broker Registration Certificate (ROC Certification from Kerala) Copy to be attached
- 5. Broker should have an experience of more than 5 years.
- 6. 3 Years previous experience of Broker in handling Health Insurance of more than 6000 Lives (Copy of Policy to be attached).

The quotation for implementation of Group Health Insurance Policy for Kerala State Co-operative Bank Ltd, Collection Agents/Gold Appraiser/Night Watchmen/Security Staff/Contract Employees/Daily Waged Employees, covering the benefits as indicated above with premium rates in the format attached (Annexure-2) and other terms and conditions should reach this office in sealed cover on or before 3 pm on 27-06-2022 of File Num: KSCB/HR/GMC.T/ 2022-23 16/06/2022 Approved by Head Office. The quotations received before the last date and time shall be opened at 4.p.m on 27.06.2022 in the presence of those who wish to be present at the time of opening. Further discussions on the offers received will be held after going through the offers. For any clarification in this regard, please contact for Kerala State Co-operative Bank Ltd HEAD OFFICE. (Phone-0471 -2547284).

- a) At any time prior to the deadline for submission of bids, Kerala State Co- operative Bank may, for any reason modify the Bidding documents, by issuing a corrigendum.
- **b)** Any time prior to award of contract, without thereby incurring any liability to the affected Bidder or Bidders. Kerala State Co-operative Bank is not bound to accept the lowest or any bid.
- c) Signature in each page of document: All the Annexure formats of the Bid Document must be signed by the competent authority of the Bidder.

Deadline for Submission Bids/Proposals:

d) Bid documents should be submitted not later than 27/06/2022–15.00 HRS. Bid documents received later than the prescribed date and time will not be considered for evaluation.

The Bank reserves the right to accept/reject any tender without assigning any reason whatsoever.

ACCEPTANCE OF TERMS AND CONDITIONS IN LETTERHEAD OF COMPANY

| | by agree to the terms and conditions given a | erms and conditions given abo | te | the | to | ree | / as | hereby | /We | L |
|--|--|-------------------------------|----|-----|----|-----|------|--------|-----|---|
|--|--|-------------------------------|----|-----|----|-----|------|--------|-----|---|

Authorized Signatory: (Name & Designation)

Address of the Insurance Company with Telephone No.:

Place: Date: To

The Chief Executive Officer
Kerala State Co Operative Bank Co Bank Towers Vikas Bhavan P O
Thiruvananthapuram 695033
Phone No:0471- 2547284, 2547236.
Sir,

| As per your Notification | dated, | published | in the | | |
|--|----------------|--------------|--------|---------|--|
| on and the terms | and conditions | published o | n your | website | |
| dated we, | | | | (Name | |
| of Insurance Company with Division or Branch / Name of Broker) quote below our Premium Rates | | | | | |
| of | Insurance Comp | any Ltd. for | renewa | of the | |
| Group Health Insurance Policy for the period from O | One Year | | | | |

Quotation for providing Group Health Insurance Coverage to Collection

Agents/Gold Appraiser/Night Watchmen/Security Staff/Contract

Employees/Daily Waged Employees and their Dependence Agent / Security

<u>Premium rates for covering Collection Agents/Gold Appraiser/Night Watchmen/Security</u>

<u>Staff/Contract Employees/Daily Waged Employees and their Dependence Agent / Security Spouse</u>

<u>and Dependent Children)</u>

| SI Num | Sum Insured | Per Family - Premium with All Tax and Charges | | |
|----------|----------------|---|--|--|
| Option 1 | 2 Lakh Floater | | | |

We agree to the terms and conditions stipulated in your Notification and we attach herewith a duly signed copy of the terms and conditions in token of acceptance of the same.

Authorized Signatory: (Name & Designation)

Address of the Insurance Company with Telephone No.:

Place: Date: