



भारतीय सूचना प्रौद्योगिकी संस्थान गुवाहाटी

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY GUWAHATI

बंगरा, गुवाहाटी-781015, भारत
Bongora, Guwahati-781015, India

Request for Proposal (RFP) for providing Group Medical Insurance Scheme for IIIT Guwahati

Introduction

Indian Institute of Information Technology Guwahati (IIITG) is an institution of National Importance under an Act of Parliament [THE INDIAN INSTITUTES OF INFORMATION TECHNOLOGY (PUBLIC PRIVATE PARTNERSHIP) ACT, 2017]. It offers B. Tech courses in Electronics and Communication Engineering (ECE) and Computer Science Engineering (CSE), and has PhD programmes in ECE, CSE, Mathematics and Humanities and Social Sciences (HSS). IIITG started operations in August 2013 with B. Tech programmes in CSE and ECE. The first batch of B. Tech students completed their programme in May 2017. PhD programmes were introduced in 2015 & M. Tech programmes were introduced in 2018. IIIT Guwahati stands tall for its excellence in Academics and Research with top class faculty, staffs and students.

This may be stated that wherever the term “Institute” or “IIITG” arise in this RFP document, it will mean IIIT Guwahati, unless it is otherwise stated.

The Institute requests proposals for providing **Group Medical Insurance** for the employees (including pensioners) and their families (including parents/dependents) of IIITG as per details attached herewith.

Please note:

- i) **This RFP document is divided into Six Schedules as below:**

Schedule-1: Instruction to Bidders

Schedule-2: Terms & Conditions

Schedule-3: Basic Technical Details

Schedule-4: Terms of Reference

Schedule-5: Cost Proposal and

Schedule-6: Details of persons to be Insured.

- ii) Duly filled, signed and sealed proposal along with the related documents in support of the Instructions to Bidders, Terms & Conditions, Basic Technical Details and Terms of Reference along with the Cost Proposal and signed copy of the Details of persons to be Insured are to be submitted.



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- iii) **Seal and signature of the authorized official of the Bidder organization must appear on all the papers and envelopes submitted.**
- iv) Any Corrigendum/Addendum in future in regards this RFP, if any, will be displayed in the institute's website and where it deems necessary shall be intimated by email to the concerned Bidder.
- v) All the prospective Bidders are requested to read the full RFP document and see that every Schedule attached there-to and the instructions and terms are fully understood and complied. No correspondence shall be entertained in case a proposal is rejected on ground of not complying with our instructions and/or terms & conditions of any of the Schedule of the RFP document.

Schedule-1
INSTRUCTION TO BIDDERS

I. Important dates, time and place:

- a. **Last date & time of submission:** 22/05/2024 upto 1500 hrs
- b. **Date & time of opening of RFP:** 22/05/2024 at 1530 hrs
- c. **Place of opening proposal:** Conference Room, IIIT Guwahati, Bongora, Guwahati 781 015.
- d. **Late proposal:** Proposals received late may not be accepted/considered.
- e. **Unscheduled Holiday:** In case any unscheduled holiday occurs on the prescribed closing/opening date the next working day and time shall be the prescribed date of closing/opening.

- II. Proposals (Technical & Price Bids) are to be placed in two different covers. One of them must contain the Technical Bid which comprises of Schedule-1 to 4 and the other Price Bid which comprises of Schedule-5 to 6. Both the covers should be sealed and be marked as Technical Bid & Price Bid, as appropriate. These two sealed covers must be placed in a bigger cover, seal it and mark it as "Bid for Group Medical Insurance" and submit it to:**



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**The Dean Admin
IIIT Guwahati
Bongora, Guwahati-781015**

- III. Proposals are to be valid for at least 60 days from the last date of submission.
- IV. To assist in the examination, evaluation, and comparison of proposals, IIITG may ask any Bidder for clarification of the proposal and other information submitted as may be required by the Institute. The request for clarification shall be made by email and the response shall be in writing duly signed by the Bidder. There can be no change in prices during such clarifications.

**Schedule-2
Terms and Conditions**

1. Eligibility to participate in the RFP:

Any Firm, to be called Insurer, registered and approved with the Insurance Regulatory and Development Authority (IRDA), who is authorized to issue medical insurance policies.

2. Scope of the Insurer:

The Insurer shall propose two policies on reimbursements against every hospitalization and domiciliary treatment within India for the following group of the persons as per the Schedules attached herewith **for the employees of IIIT Guwahati (including pensioners) and their dependant families.**

The insurance cover shall be for indoor treatment only. Out-patient treatment is excluded. However, operations (such as laparoscopy, cataract) and other procedures (intravenous medication) in a hospital which do not require booking a hospital room (Day Care) will also be covered as per details given in the Schedules.

3. Compliance/Consideration:

The Insurer should comply with all the terms and conditions given in all the Schedules of



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this RFP document. A copy of this RFP document has to be a part of the Bid, and the authorized representative of the Insurer must sign on all pages of the copy of the RFP document.

4. Alternative proposals:

The Insurer shall submit Bids that strictly comply with the requirements of the Schedules. Any alternatives may be given as options only. The Institute reserves the right to or not to consider the alternative proposal.

5. Acceptance and rejection:

IIT Guwahati reserves the right to shortlist/reject any or all Bids or accept whole or any part of a Bid without assigning any reason. A Bid which does not fulfill any of the conditions as per the Schedules or a bid with incomplete documents in any respect is liable to be rejected.

6. Final selection:

The Bidder who is in compliance with all the terms and conditions of the Schedules and who is substantially responsive to the “Basic Technical Details” and “Terms of Reference” will be considered for opening the Price Bids provided they fulfill the other conditions of the RFP. The Institute reserves the right to decide which Bidder(s) is/are substantially responsive in this respect and the decision of the Institute will be final and binding to all the Bidders.

The Final selection will be made as below;

Amongst the Bidders, whose Price Bids are opened, the Bidder who will quote lowest total premium for basic coverage of ₹2 lakh per family (inclusive of taxes) for one year for the required policy as per the “Cost Proposal” (at schedule 5) for the the number of employees (including pensioners) and their families (including parents/dependents) as mentioned in the “Details of persons to be insured” (at schedule 6) will be chosen as the Lowest Bidder (L1).



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In case of a tie, the Bidder with the lower top up premium will be selected. The average of the sum of the top up premiums per 1 lakh Rupees (as per the schedule 5 of the document) will be considered for calculation. If there is still a tie, the final decision will be made solely at the discretion of the Institute Authority and all the Bidders are bound to accept the same.

7. Agreement:

The selected Bidder will be required to sign an agreement on a Rs. 100/- stamp paper with the Institute within 7 days from the date of issue of the order. The agreement format will be provided by the Institute and the cost of the stamp paper will be borne by the selected Bidder.

8. Period of policies:

The policies shall be issued for a period of 1 (one) year and may be renewed upto another four years based on performance and mutual agreement on the terms and conditions. The employees' policy **shall be effective from 14th June 2024.**

9. Performance Bank Guarantee (PBG):

The successful Bidder shall be required to furnish an unconditional PBG in a standard format, giving guarantee that the Bidder shall carry out all its obligations satisfactorily as per the agreement, valid till 60 days after the expiry of policy period from a scheduled Bank of India for 10% of the total premium within 15 days of issue of the award of contract or renewal thereof, failing which, the contract may be deemed as terminated. If the Bidder fails to carry out its obligations satisfactorily as per the agreement, the PBG shall be forfeited in favour of the Institute.

10. Grievance redressal and termination:

In case of grievances due to noncompliance with any of the provisions of the agreement and the terms and conditions as per the Schedules contained in this policy by the Insurer, IITG may adopt one of the options given below:

- (a) Grievance Machinery: Submit the matter to the Grievance Machinery of the Insurer



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- by lodging the grievance on the portal of IRDA.
- (b) Ombudsman: IIITG may approach the Insurance Ombudsman and get the grievance redressed.
 - (c) Consumer forum: IIITG may approach the Consumers Forum.
 - (d) Premium refund: The Insurer shall be asked to return a proportion of premiums (proportionate to the unexpired period of insurance) of individuals in the group against whom no claims are made.
 - (e) PBG shall be forfeited in favour of the Institute.
 - (f) Any other action as deemed fit by the competent authority of IIITG.

11. Premium payment terms:

The IIITG shall pay the quoted annual premium in advance within 10 days of the start date of the insurance policy for the number of employees (including pensioners) and their families (including parents/dependents).

12. Performance Monitoring:

The insurer shall submit quarterly statement to IIITG with the following details:

- (i) the claims made by the individuals of the group
- (j) the date-wise settlements
- (k) the respective amounts, and
- (l) details of grievances received, disposed and pending under the policy.

13. Canvassing:

Any attempt to canvass for selection of an Insurer, directly or indirectly, will lead to disqualification of such Insurer from the selection process.

14. Modifications:

IIIT Guwahati reserves the right to modify/add any clause to the policy/agreement, before taking up the policy. IIIT Guwahati also reserves the right to modify/add any clause to the policy/agreement after the implementation of the policy with mutual consent.

15. Cancellation of RFP:



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IIT Guwahati reserves the right to cancel the RFP at any time without assigning any reason.

16. Disputes and jurisdiction:

Any legal disputes arising out of any breach of contract pertaining to this RFP during the tendering process or during policy period shall be settled in the court of competent jurisdiction located within the local limits of Guwahati in Kamrup Metro/Rural District, Assam.

17. Inclusion of New Employee

There must be provision of inclusion of new employee in between the policy period on payment of the proportionate premium.

18. Documents in the Proposal

The following documents must be submitted alongwith the proposal:

1. Technical Bid:

- Schedule-1: Instruction to Bidders duly signed with office seal on every pages
- Schedule-2: Terms and Conditions duly signed with office seal on every pages
- Schedule-3: Basic Technical Details duly signed with office seal on every pages
- Schedule-4: Terms of Reference duly signed with office seal on every pages

2. Price Bid:

- Schedule-5: Cost proposal duly signed with office seal on every pages
- Schedule-6: Details of persons to be insured duly signed with office seal on every pages

3. Supporting Documents: All documents in support of the above duly signed with office seal on every pages

19. Acknowledgement:

It is hereby acknowledged that I/we have read and understood all the Six Schedules including the "Introduction" of this RFP document and agree to abide by the them.



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Signature of the Bidder with
Full Name, Seal and Date

Schedule-3

Basic Technical Details

1	Full Name of the Insurer/Bidder:	
	Complete Address:	
	Phone No.:	
	Mobile no.:	
	Email ID.:	
2	Name of Contact Person/ Representative of Insurer and Designation	
	Phone No.:	
	Mobile No.:	
	Email ID.:	



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3	Company Registration Details (Enclose copies of relevant documents):	
	(a) Under Companies' Act/Partnership Act	
	(b) IRDA	
	(c) PAN No.	
	(d) GST Registration No.	
4	Details of TPA: (Enclose the relevant documents. E.g. Agreement, Terms of TPA with the Insurer, etc.)	
5	List of Network Hospitals (Please add separate page, if required, also enclose relevant documents):	
6	Names and Contact Details of two/three Clients, including Mobile no. and Email ID, against whom such a group insurance policies have been issued: (Enclose the relevant contract/policy documents)	
	i)	
	ii)	
	iii)	



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7	Audited Annual Accounts of last two years (copies to be enclosed): (Write below enclosed or not enclosed, as appropriate)
8	Any other information, Bidder wishes to provide in support of its credential:

Note: Please use separate sheets if the space is not sufficient and indicate the column number. Authenticated certificates are to be produced in support of respective items.

I/We do hereby certify that I/We have read and understood all the Six Schedules including the “Introduction” of this RFP document and agree to abide by the them.

**Signature of the Bidder with
Full Name, Seal and Date.**



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Schedule-4
Terms of reference

(Please donot keep the last column blank:Write 'Agreed' or 'Not Agreed')

Sections	Items	Agreed /Not Agreed
1	Terms of Policy Execution	
1.1	Third Party Administrator (TPA)	
1.1.1	Mandatory TPA: An agency licensed by Insurance Regulatory and Development Authority (IRDA) must be engaged by the Insurer as TPA for providing Cashless facility and reimbursement of claims to insured persons under this policy.	
1.1.2	Helpdesk at IIITG: For smooth processing of claims, a staff of TPA must be stationed at IIITG on a regular basis, at least twice in a week on Tuesday and Friday, during office hours. (For this purpose, unless otherwise decided by IIITG, a seating place/room with a table and chair shall be provided by IIITG during the policy period).	
1.2	Cashless Treatment	
1.2.1	Network Hospitals: TPA must provide list of its Network Hospitals in Guwahati city and rest of India	
1.2.2	Insurer must provide Cashless facility through its TPA, which will help the insured to avail hospitalization benefits without any advance payment. Cashless treatment means a facility whereby the TPA agrees, on the insured's request, to settle the admissible claim directly with the network hospital. Any expense in excess of the admissible claim amount will, however, be borne by the insured himself/herself.	
1.2.3	Mode of Cashless Treatment: Claims in respect of Cashless	



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	<p>access services will be through the agreed list of network of hospitals / nursing homes provided by the Insurer/TPA. The TPA shall, upon getting requisition in writing or verbal (by a toll free number 24x7 for cash less), as applicable, from the individual insured under this policy, will issue a pre-authorization letter / guarantee of payment letter to the hospital /nursing home mentioning the sum guaranteed as payable and also the ailment for which the person is seeking to be admitted as a patient.</p>	
1.2.4	<p>In case an insured does not avail the cashless scheme, his/her claim is to be re-imbursed as per rules within a period of maximum 30 days from the date of claim.</p>	
1.3	<p>Non-Network Hospitals or Non- Cashless Treatment: In case of non-cashless treatment, as per the conditions of the policy, reimbursement shall be made by the Insurer/TPA. In such cases, the insured individuals shall intimate to TPA prior to treatment. In case of emergency, the intimation in the form of email/SMS/phone shall be made within 24 hours of hospitalization. Reimbursement against such treatment will be made within 30 (thirty) days from the date of discharge from the Hospital. Documents to be provided will be specified by the TPA.</p>	
1.4	<p>ID Card: Identity Cards shall be issued by the Insurer/TPA to all the persons covered under the policy a week before the date of commencement of policy. In case of employees, a separate ID card must be issued to each member of the family. If there is a delay in the issuance of ID Card by the Insurer/TPA, the ID card issued by IITG to its employees must be honored in all the Network hospitals. In case of family members of IITG employees, any ID Card such as Driving License, Voter ID, PAN Card, Passport, Student ID Card, accompanied by the employee's ID Card should be honored. The Insurer must take necessary action in this respect.</p>	
1.5	<p>Customary & Reasonable Charge: Rate of reimbursement under this policy shall be the rate which is consistent with the prevailing rate in an area or charged in a certain geographical</p>	



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	area for identical or similar services without any upper cap in TPA's Network Hospitals.	
1.6	Sum Assured	
1.6.1	Basic Sum Insured: Basic sum insured for employees' policy is Rs. 200000/- (Rupees two lakh) per family.	
1.6.2	Top-up Sum Insured: This shall be allowed for the employees' policy. An employee may opt for top-up in blocks of Rs. 1 lakh upto 12 lakhs, over and above the basic sum insured.	
1.6.3	Floater Sum Insured: Under the employees' policy, the total sum insurance (basic + top- up) of an individual family shall be utilized on family floater basis. This means the sum insured is available for any one or all members of the employee's family.	
2. Coverage	Subject to the terms/conditions, coverage, exclusions and definitions contained herein or endorsed, the Insurer shall undertake that if during the period of contract or during the continuance of this policy by renewal any Insured Person shall contract any disease or suffer from any illness or sustain any bodily injury through accident, the Insurer will pay for all such expenses as mentioned in the agreement to the hospital / nursing home or the insured person through the TPA.	
2.1	Persons Covered:	
2.1.1	Employee and Family: The policy is based on principle of Floater Sum Insured. Employee under this policy means both the current employees and the pensioners and their respective families as recorded in the personnel file of the employee of IIITG. In Schedule-6, age- wise statistics of employees and their dependents are provided.	
2.1.2	Inclusion of new employee: Subject to payment of pro-rata premium, coverage should be provided to newly appointed employees and their families. The terms and conditions for	



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	these members shall be the same with other members of the policy. The premium for a new employee shall be fixed at the quoted rate.	
2.1.3	Ex-employees: In case an employee leaves the Institution before retirement, the policy shall continue to be in force till the end of the current policy period or utilization of sum insured, whichever is earlier. In case, the policy is renewed for further periods, these members will not be included in the policy.	
2.1.4	Inclusion of New Employee: There is provision of inclusion of new employee in between the policy period on payment of the proportionate premium	
2.2	Expenses Covered	
2.2.1	Treatment system covered: Beside Allopathic treatment other system of treatment such as Homeopathy, Ayurvedic, Siddha and Unani must be covered.	
2.2.2	Upper limit on reimbursements: Unless it is stated otherwise in any of the following clauses, the reimbursements shall be made as per actuals without any upper limit up to the sum insured of the individuals.	
2.2.3	Pre-existing diseases: All pre-existing conditions must be included.	
2.2.4	Doctors' fee: Surgeon, Anesthetist, Medical Practitioner, Consultants' Specialist fees, and any such fee paid to the doctor shall be reimbursed/paid as per actuals.	
2.2.5	Investigation, Treatment, Drugs, etc. charges: Cost of MRI, PET Scan, CT scan, Endoscopy, Ultra sound, Anesthesia, Dialysis, Chemotherapy, Radiotherapy, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials, X-Ray, Prosthetic devices implanted during surgical procedure, relevant Laboratory/ Diagnostic tests and any such medical expenses related to the treatment shall be reimbursed/paid as per actuals.	



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2.2.6	Cost of artificial appliances: Cost of artificial appliances including hearing aid, artificial joints, pace maker, artificial limbs, etc. shall be reimbursed/paid as per actuals.	
2.2.7	Room & Other Charges: (a) Room: Room expenses as provided by the Hospital/nursing home not exceeding 2.0 % of the annual sum insured, per day or actuals, whichever is less, have to be reimbursed/paid. (b) Nursing: 10% of room rent or actual whichever is less. (c) Dressing: 10% of room rent or actual whichever is less. (d) Service Fee: 10% of room rent or actual whichever is less.	
2.2.8	Intensive Care Unit (ICU): Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 4.0 % of the annual sum insured, per day, or actuals, whichever is less shall be reimbursed/paid.	
2.2.9	Pre-hospitalization: Pre-hospitalization medical charges up to 30 days period immediately before the insured's admission to hospital for that illness shall be covered	
2.2.10	Post hospitalization: Post hospitalization medical charges up to 60 days period immediately after the insured's discharge from a hospital shall be covered.	
2.2.11	Day Care Treatment: Surgery (such as laparoscopy, lithotripsy, tonsillectomy, dental surgery, prostate, cataract etc.) and other procedures (intravenous medication, blood transfusion, haemo dialysis, etc.) which do not require booking a hospital room will also be covered.	
2.2.12	Domiciliary hospitalization is included as defined under Section 4.3 below.	
2.2.13	Maternity (a) Maternity Benefit: Reimbursable up to Rs. 70,000/- per case and additional Rs. 10,000/- for every Rs. 1 lakh top-up (irrespective of exhaustion of the base amount) (b) New born babies shall be covered from the day 1.	



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2.2.14	Ambulance service: Ambulance service @ 1% of the annual sum insured or actual, whichever is less, for every shifting of a patient from residence to hospital vice-versa or from one Hospital/Nursing Home to another Hospital/Nursing Home in connection to hospitalization must be allowed.	
2.2.15	Hospitalization of Organ donor: Hospitalization expenses incurred on the donor (not the cost of organ) during the course of organ transplant to the insured person shall be covered.	
2.2.16	Insurer's Liability: The Insurer's liability in respect of all claims admitted during the period of Insurance shall not exceed the sum insured.	
3.0	Exclusions	
3.1	Permanent Exclusions: Any medical expenses incurred for or arising out of:	
3.1.1	War invasion etc.: War invasion, Act of foreign enemy, War like operations, Nuclear weapons, ionizing radiation, contamination by radio activity, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.	
3.1.2	Cosmetic etc.: Cosmetic or aesthetic treatment devices, circumcision without disease or emergency e.g. in pediatric patient, plastic surgery unless required to treat injury, illness or burnt cases	
3.1.3	Cost of braces etc.: Cost of braces, equipment or external prosthetic, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, and durable medical equipment.	
3.1.4	Deliberate exposure to danger etc.: Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide, arising out of non-adherence to medical advice. (This condition, however, shall not be applicable to patient undergoing psychiatric treatment).	



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3.1.5	Injury due to hazardous sports: Treatment of any Bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind excluding normal IITG's sports activities.	
3.1.6	Sexually transmitted diseases: Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or lymphopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.	
3.1.7	Vitamins etc.: Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.	
3.1.8	Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Oxygen Concentrator for Bronchial Asthmatic condition.	
3.1.9	Stem cell implantation	
3.1.10	Outside India: Treatment undertaken outside India.	
3.1.11	Experimental treatment: Unproven treatment (not recognized by Indian Medical Council).	
3.1.12	Convenience items: All non-medical expenses including convenience items for personal comfort such as telephone, television, Ayah, Private Nursing / Barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items, etc.	
3.1.13	Any Other: Please list on a separate page, if any. Any list submitted after submission of the RFP will not be considered.	



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बंगरा, गुवाहाटी-781015, भारत
Bongora, Guwahati-781015, India

4	Definitions	
4.1	Pre-existing Disease/Condition: It means any sickness/illness, which existed prior to the effective date of this insurance, whether or not the insured person had any knowledge of symptoms related to the sickness/illness. Complications arising from a pre-existing condition will also be considered as a part of that pre-existing condition.	
4.2	Hospital/Nursing Home means any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner. For the purpose of this definition the term Hospital/Nursing Home/Day Care Center 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 any other like place.	
4.3	Domiciliary hospitalization means Medical treatment for a period exceeding three days. For such illness/disease/injury which in the normal course would require care and treatment at a hospital nursing home as in-patient but actually taken whilst confined at home in India under any of the following circumstances namely: i. The condition of the patient is such that he/she cannot be moved to the Hospital/Nursing Home OR ii. The patient cannot be moved to Hospital/Nursing home due to lack of accommodation in any hospital in that city / town / village.	
4.4	Network Hospital and Non Network Hospital: Network Hospital shall mean the Hospital, Day Care Center, Nursing Home or such other medical aid provider that has agreed with the TPA to provide cashless access services to policyholders. Non-network Hospital, on the other hand, means any other Hospital, Nursing Home, Day	



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	Care Center or such other medical aid provider, who has not agreed to provide cashless access services but gives treatment.	
4.5	Doctor/Medical Practitioner means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of respective State of India.	
4.6	Surgical Operation means manual and/or operative procedures for correction of deformities/defects, repair of injuries, cure of diseases, relief of suffering and prolongation of life.	
4.7	Hospitalization shall mean admission in any Hospital/Nursing Home in India upon the written advice of a Medical Practitioner for a minimum period of 24 consecutive hours. The time limit of 24 hours will not be applicable for surgeries which require less than 24 hours' hospitalization due to advancement in Medical Technology- minor surgery & Day care surgery.	

**Signature of the Bidder with
Full Name, Seal and Date.**



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Schedule-5
Cost Proposal

Premiums for both the policies shall be quoted by the insurer in the following format. Please indicate the taxes, if any, at the appropriate column of the format. No column should be kept blank.

To quote the premium please refer the details of persons to be insured attached herewith as Schedule-6 for the age-wise statistics of the employees/pensioners and their dependents families. The number of families are estimates, and the actual number may vary by +/- 5%. Total premium will be paid on the actual number being insured at the rates quoted here.

Policy for Employees & their family members.

Premium must be quoted for basic coverage of Rs. 2, 00,000/- (Rupees two lakhs only) per family on family floater basis.

Sl No.	Category	Annual Premium per family of the employee	Total No. of Families	Total annual Premium for annual coverage of Rs. 2 lakhs per family (in Rs)	Tax	Total (including taxes)
		A	B	C = A*B	D	C+D
1	Employees					

B) Additional premium per family for Top-Up Coverage in various blocks. (This is optional on the part of the employees).

Sl. No.	Top-Up Coverage (over and above the basic coverage of Rs. 2 lakh)	Additional Premium per family (in Rs.) (including taxes)
1	Rs. 1 lakhs	
2	Rs. 2 lakhs	
3	Rs. 3 lakhs	



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4	Rs. 4 lakhs	
5	Rs. 5 lakhs	
6	Rs. 6 lakhs	
7	Rs. 7 lakhs	
8	Rs. 8 lakhs	
9	Rs. 9 lakhs	
10	Rs. 10 lakhs	
11	Rs. 11 lakhs	
12	Rs. 12 lakhs	

**Signature of the Bidder with
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Schedule-6

Details of persons to be insured

Age-Wise Statistics of Employees and their Dependents
(expected as on 14.05.2024)

Category (Employees)	Age Bracket													Total
	0-10	>10-20	>20-30	>30-35	>35-40	>40-45	>45-50	>50-55	>55-60	>60-65	>65-70	>70-75	>75	
Faculty			7	16	25	6	1							55
F-Depend.	17	2	16	13	10		1	18	20	20	15	3	1	136
Non-Faculty				16	6	4	1							27
NF-Depend.	15	3	8	4	4	7	8	6	7	8	5	3	2	80
Total Employees/ Dependents														298

Note: Employees include Faculty and non-Faculty both together

Signature of the Bidder with
Full Name, Seal and Date.