



INDIAN INSTITUTE OF TECHNOLOGY MADRAS
Chennai 600 036

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V. Sathyanarayanan
Senior Manager (Project Purchase)

Ref: ICSR/Insurance/008/2019
Date: 01.02.2019

Open Tender No: ICSR/Insurance/008/2019

Due Date: 21.02.2019, 3.00 PM

Technical Bid opening meeting on 21.02.2019, 3.30 PM at IC&SR, IIT Madras.

Dear Sir/Madam,

On behalf of the Indian Institute of Technology Madras, offers are invited for "Group Medical Insurance Coverage and Group Personal Accident Coverage for the Project Staffs working under various Projects at IC&SR, IIT Madras, Chennai-36" confirming to the specifications given in **Annexure – 1**.

Instructions to the Bidder

- 1) **Preparation of Bids:** - The tenders should be submitted under two-bid system (i.e.) Technical bid and Financial bid.
- 2) **Submission of the tender:** - The tender shall be sent to the below-mentioned address either by post or by courier so as to reach our office before the due date and time specified in our Schedule. The offer/bid can also be dropped in the tender box on or before the due date and time specified in the schedule. The tender box is kept in the office of the:
**Senior Manager,
Project Purchase,
IC& SR Building 2nd Floor,
IIT Madras, Chennai - 600 036.**
- 3) The Pre-bid meeting is scheduled for **12.02.2019 at 3.00 PM** in IC& SR Hall, IIT Madras, Chennai-36.
- 4) **Opening of the tender:** - The offer/Bids will be opened by a committee duly constituted for this purpose. The technical bids will be opened first and it will be examined by a technical committee which will decide the suitability of the bid as per our specifications and requirements. The bidders will be invited for opening of Technical bids. In respect of opening of financial bid, those bidders who are technically qualified only will be called for.

- 5) **Premium amount:** - The premium should be quoted per Person for both Group Medical Insurance Coverage and Group Personal Accident Coverage for the period from **01.04.2019 to 31.03.2020**.
- 6) The Offer shall remain valid for **90 days** from the due date for the submission of Tender.
- 7) **Technical Bid Opening:** The technical bid will be opened on **21.02.2019 3.30 PM** at the Conference Hall, IC&SR, IIT Madras and the financial bids those tenders who are technically qualified will be opened at a later date under intimation to them.
- 8) IIT Madras reserves the full right to accept / reject any tender at stage without assigning any reason.

Yours sincerely,



V. Sathyanarayanan

वि. सत्यनारायणन
V. SATHYANARAYANAN
वरिष्ठ प्रबंधक (परियोजना क्रय)
SENIOR MANAGER (PROJECT PURCHASE)
आई.सी एवं एस.आर / IC & SR
आई.आई.टी.मद्रास / I.I.T.MADRAS, चेन्नै / CHENNAI-600 036

SCHEDULE

Important Conditions of the tender

The due date for the submission of the tender is **21.02.2019, 3.00 PM.**

- 1) The offers / bids should be submitted in two bids systems (i.e.) **Technical bid** and **financial bid**. The Technical bid should consist of the details such as List of network hospitals for the all type of diseases, process of claim, details of the TPAs, Inclusion & Exclusion details (diseases covered & not covered) and / specifications only.
- 2) The Financial bid should indicate the premium to be quoted per person for the period from **01.04.2019 to 31.03.2020** for the cited options for both Group Medical Insurance Coverage and Group Personal Accident Coverage & it should contain all Commercial Terms and Conditions including Taxes, payment terms etc.
- 3) The Technical bid and financial bid should be put in separate covers and sealed. Both the sealed covers should be put in a bigger cover. The Open Tender for Group Medical Health Insurance Coverage and Group Personal Accident Coverage should be written on the left side of the Outer bigger cover and sealed.
- 4) **EMD:** - An EMD of **Rs.25,000/- (Rupees Twenty Five Thousand only)** to be submitted along with the Technical Bid in the form of DD in favour of "**The Registrar, Indian Institute of Technology Madras**" and payable at **Chennai**. The tender without EMD would be considered as an UNRESPONSIVE and REJECTED. Photo/FAX copies of the Demand Draft/Banker's pay orders will not be accepted. No interest will be paid for the EMD and the EMD (Bid Security) will be refunded to the un-successful bidders after the finalization of Tenderer.
- 5) **Validity:** Validity of Quotation not less than 90 days from the due date of tender.
- 6) **Late offer:** - The offers received after the due date and time will not be considered. The Institute shall not be responsible for the late receipt of Tender on account of Postal, Courier or any other delay.
- 7) **Acceptance and Rejection:** - I.I.T. Madras has the right to accept the whole or any parts of the Tender or portion of the quantity offered or reject it in full without assigning any reason.
- 8) **Acknowledgement:** - It is hereby acknowledged that the tenderer has gone through all the conditions mentioned above and agrees to abide by them.

**SIGNATURE OF TENDERER
ALONG WITH SEAL OF THE
COMPANY WITH DATE**

Annexure: 1

Sealed Quotations are invited for providing Group Medical Insurance coverage & Group Personal Accident coverage for the Project Staff for self alone, working under various projects at the Centre of ICSR, IITM, Chennai for the period from **01.04.2019 to 31.3.2020**.

The details regarding number of persons to be covered and the amount of coverage are given below:

Sl. No.	Category	No. of persons to be covered (Approx.)	Group Medical Insurance Sum insured for Self (Basic Coverage) (Rs)	Group Personal Accident Sum insured for Self (Basic Coverage) (Rs)
1.	Employees	1500	Rs.1,00,000/-	Rs. 5,00,000/-

The features of Group Medical Insurance and other terms and conditions are given in Annexure – 2&3, which shall form part of the quotations. Deviations if any have to be justified.

The premium will be on actual strength of the employees. For addition / deletion during the insurance period, additional premium amount will be given / withdrawn on pro-rata basis.

Kindly submit the quotations in the prescribed format (both Technical Bid (Annex:4) & Financial Bid (Annex : 5)) in a sealed envelope along with a copy of the IRDA certificate mentioning clearly the validity of the IRDA approval, on or before **21.02.2019 3.00 PM** at the **Senior Manager, Project Purchase Section, 2ndFloor, ICSR Building, IIT Madras, Sardarpatel Road, Chennai-600 036**.

The sealed quotations are to be submitted either in person or by ordinary post only on or before the due date. The tenders received will be opened on the same day at 03.30 pm in the presence of Tenderers. The quotations received after the due time and due date will be summarily rejected.

The Tender No. & Due date are to be superscribed on the top of the envelope and addressed to Senior Manager, Project Purchase Section, 2ndFloor, ICSR Building, IIT Madras, Chennai-600 036. The Address of the Office (with email, Fax & Telephone Nos.) located at Chennai to be given, with contact person Name, e-mail id and Mobile Nos.

Annexure - 2

Conditions for Group Medical Insurance Scheme & Group Personal Accident

Scheme

1) Group Mediclaim Insurance Scheme

Sublimits:-

Maternity coverage:

- I. **Normal Delivery claims:** For Normal Coverage –Rs.30, 000/-
- II. **Caesarean Delivery claims:** For Normal Coverage – Rs.50, 000/-

Cataract claims: For Normal Coverage – Rs.35, 000/- (For basic coverage-SI)

Room Rent: Room, Boarding and Nursing expenses as provided by the Hospital/Nursing Home not exceeding **3%** of overall sum insured (Basic + Additional coverage) per day or the actual expenses whichever is less.

ICU/IMCU: Intensive Care unit expenses not exceeding 4% of overall charges per day or the actual expenses whichever is less.

Note: RMO/DMO service charges are covered additional to the room rent / ICU charges but not exceeding the limit of Rs.500 per day irrespective of sum insured.

Ambulance charges covered up to Rs.3000/- per claim

The Medical Insurance coverage limit for outpatient treatment is Rs.10, 000/- per employee (MRI / CT Scan Charges, Lab Investigation Charges, Pre-Natal Investigation Charges, OP Treatment Charges).

Conditions

- Type of Cover – Self Floater Policy.
- Pre-existing disease covered.
- No upper age limit for claim.
- Waiting period for the first 30 days waived off.
- 9 months capping for extending maternity benefits should not apply
- Pre-post-natal coverage within the maternity limit.
- Day care treatment shall be covered.
- Pre-Post hospitalization coverage of 30/60 days respectively.
- Entitled room category clause waived off/ No proportionate clause applicable.
- All other conditions and terms shall be as per Standard Group Mediclaim policy.
- Domiciliary Hospitalization is not covered.

Hospitalization Period:

Expenses on hospitalization are admissible only if hospitalization is for a minimum period of 24 hrs. However, this time limit of 24 hours will not apply to following specific treatments taken in the Network Hospital/Nursing Home/Specialty Centers irrespective of the bed strength where the insured is discharged on the same day. Such treatment will be considered to have been taken under Hospitalization Benefit.

Time limit for preferring claim:

Whenever treatment is taken for the employees covered under the scheme in any of the non-network hospital of the TPA, and the employee pays the hospital bills, the Insurance claim should be sent in the prescribed claim form along with all supporting documents, such as Discharge Summary, prescription and Pharmacy bills, Lab / investigation reports in original, ECS form & cancelled cheque (or) First page of Bank Passbook copy within 30 days direct to the TPA.

2) Group Personal Accident:

This Policy shall offers benefits like Accidental Death Cover, Accidental Permanent Total Disability Cover, Accidental Permanent Partial Disability Cover, Accidental Temporary Total Disability Cover and few optional benefits for self. In addition to payment of compensation in case of death due to accidents, the policy also covers disablement, both permanent and temporary. The brief particulars of the covers and the procedure to be followed in this regard are furnished hereunder.

Brief particulars of the covers:

The Policy provides for payment of a certain amount, depending upon the Capital Sum Insured for death or disablement of the insured person due to accident.

Benefits:

S.No	Case	Compensation
a)	Death only	Capital Sum Insured (CSI)
b)	Loss of two limbs, two eyes or one limb and one eye	CSI
c)	Loss of one limb or one eye	≥50% of CSI
	Permanent Total disablement from other than those	CSI
d)	named above (PTD)	
e)	Permanent Partial Disablement (PPD)	% of CSI as mentioned below
S.No	Parts Lost	% of Capital Sum insured (≥ : greater than or equal to)
i.	Loss of toes-all	20
ii.	Great-both phalanges	05
iii.	Great-one phalanx	02
iv.	Other than great, if more than one toe lost each	01

v.	Loss of hearing-both ears	75
vi.	Loss of hearing-one ear	30
vii.	Loss of four fingers and thumb of one hand	40
viii.	Loss of four fingers	35
ix.	Loss of thumb-both phalanges	25
	-One phalanx	10
x.	Loss of Index finger three phalanges or two phalanges or one phalanx	10
xi.	Loss of middle finger three phalanges or two fingers or one phalanx	06
xii.	Loss of ring finger three phalanges or two phalanges or one phalanx	05
xiii.	Loss of little finger three phalanges or two phalanges or one phalanx	04
xiv.	Loss of metacarpals – first or second third, fourth or fifth (additional)	03
xv.	Any other Permanent Partial Disablement	%age as assessed by the panel doctor of the Co.
f)	Temporary Total Disablement (TTD)	at 1% of CSI up to 100 Weeks (maximum weekly benefits not exceeding Rs.3000/-) However limited To Capital Sum Insured.

Additional benefit Amount Benefit

Expenses for carriage of dead body of the insured person (death due to accident only) to the place of residence.	Maximum of 2% of CSI or Rs.2500/- whichever is lower
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Annexure 3

Other Terms & Conditions:

1. There should be atleast 150 cashless facilities in Chennai.
2. In no event cashless treatment in listed hospitals can be withdrawn unilaterally /stopped / delayed / terminated by the Third Party Administrator or hospitals involved. A penalty clause will be included in the Agreement in this regard.
3. Period of validity for your quotation may be indicated. The premium quoted should be valid for not less than 90 days.
4. During the policy period there will be no revision in the premium amount.
5. The selected company should furnish monthly statement of claims to the Project Recruitment Section (icsrrecruitment@iitm.ac.in) on or before 10th of the following month.
6. Coverage should be provided to the newly appointed employees also from the date of their joining the ICSR. The Institute will pay the necessary pro-rata premium to your company, on demand.
7. Identity Cards are to be issued to all the persons covered under the policy as early as possible but not later than 30 days from the date of payment of premium.
8. In case the Institute decides to extend the period of coverage for subsequent years under the same terms and conditions, with provision to modify any of them depending on the development in Healthcare, please indicate the discounts that may be offered on the premium for such periods (2 to 5 years) that may be decided prior to finalizing the contract.
9. The Institute reserves its right to consider your offer either in part or full, or reject the offer without assigning any reasons, whatsoever.
10. List of clients with contact details should be provided for verification.

The selection of the insurance company for administering the Scheme will be at the sole discretion of ICSR, IIT Madras, based on the quote, features of the Scheme and other terms and conditions offered by the insurance company.

For any other clarifications, contact the following:

For further clarifications, if any, please contact Senior Manager- Project Purchase, Phone No.: 044- 2257 9798.

Annexure : 4

Format for Technical Bid

(To be submitted on letter head of Insurance Company or Agency under signatures of the authorized signatory)

S.No	Particulars	Details
1	Name of the Insurance Company	
2	Full Particulars of Head Office	
	(i) Address	
	(ii) Telephone Number	
	(iii) Fax No.	
	(iv) Email address	
3	Registration Details (Self-attested copies of all Certificates / Licenses / Permits / Registrations, etc., should be enclosed failing which the application is liable to be rejected outright)	
	(i) PAN No (copy to be enclosed)	
	(ii) GST No (copy to be enclosed)	
	(iii) Company CIN no (copy to be enclosed)	
	(iv) IRDA Registration No (copy to be enclosed)	
4	Tender documents duly signed on each page	
5	Full Particulars of the Third Party Administrator (TPAs) / Claim Settling Agency	
6	List of network - Approved/ Tie up/ Hospitals in Chennai (attach separate list if necessary) with cashless facility	
7	List of Branch Offices of the Company (attach separate list if necessary)	
8	List of Government/Semi-Government/ Govt. of India Undertaking/Autonomous Body for which such Insurance Schemes have been provided along with the duration of service along with relevant documents.(at least three)	
9	Details of Satisfactory performance reports from the similar organisations Govt./ PSU's (at least three reports on the letter head of the clients under signatures of the authorized signatory with seal & (attach separate list if necessary)	
10	List of awards / recognition received (if any) (attach separate list if necessary)	
11	Copies of Audited Annual Financial statements for the last 2 financial Years	
12	Inclusion & Exclusion list for Group Medical Health Insurance (attach separate list if necessary)	
13	Inclusion & Exclusion list for Group Accident Insurance (attach separate list if necessary)	
14	List of diseases with capping value – if any	
15	Capping details for Maternity benefit	Normal Delivery
		C-Section
16	List of the waivers (Group Medical Health Insurance & Group Personal Accident Insurance)	
17	Consolidated Claim Analysis Report (submitted, settled, rejected)for the last two Financial Years for both Group Medical Health Insurance & Group Personal Accident	

18	A model copy of Group Health Insurance policy & Group Personal Accident Insurance with detailed terms and conditions of the policy coverage	
19	Model of Handbook for the employee, if any	
20	FAQs list for the employer & employee. If any	
21	Format of ID card under Group Medical Health Insurance,	

Note: All of the above details sought required to be compulsorily attached with the Tender Form, which are necessary to get qualified.

DECLARATION - Technical Bid

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- 1) I _____ Son/Daughter of
Shri _____, Proprietor/Partner/Director/Manager/ _____ /Authorized Signatory of _____ am competent to sign this declaration and execute this tender document.
 - 2) I have carefully read and understood all the terms and conditions of the tender and hereby convey my acceptance of the same.
 - 3) The information/document furnished along with the above application are true and authentic to the best of my knowledge and belief. I/We, am/are well aware of the fact that furnishing of any false information/fabricated document would lead to rejection of my tender at any stage besides liabilities towards prosecution under appropriate law.

Signature of authorized person.

Date:

Place:

Company's seal

Note:

A signed copy of the tender documents as acceptance of all terms and conditions of the tender is to be enclosed along with technical proposal.

Annexure: 5

Format of Financial Bid

Please quote the premium per annum for Basic coverage separately in prescribed format as indicated below:

A. Premium for Group Medical Health Insurance Coverage :

S.No	Option	Premium details – Group Medical Health Insurance
		Sum Insured : Rs.1,00,000
1	Self	

B. Premium for Group Personal Accident Coverage :

S.No	Option	Premium details – Group Personal Accident Insurance
		Sum Insured: Rs. 5,00,000/-
1	Premium amount for each employee (self-alone)	

**Signature & Name of Authorized
Signatory / Representative
(Affix the office seal)**

