



Jharkhand State Beverage Corporation Limited

(A Government of Jharkhand Undertaking)

Corporate ID No. U51228JH2010SGC014519, GST No- 20AACCJ5622N1ZO

Utpad Bhawan, Ground Floor, Near Naveen Police Kendra, Kanke Road, Ranchi-834008

E-mail:- jsbcl.jharkhand@gmail.com



E- Tender No.10

Dated-27.05.2023

**E-Invitation regarding Request for Quotation from Insurance Companies
for Group Mediclaim Policy for Employees & Family members of
JSBCL, Ranchi**

<u>Important dates</u>			
S.N.	Particulars	Date	Time
1	Starting Date of Request for Quotation:	30/05/2023	10:00 A.M.
2	Pre-Bid meeting	07/06/2023	04:00 P.M.
3	Last date/closing date for submission of E-Tender	17/06/2023	04:00 P.M.
4	Last date for submission of document (Hard copy) in the JSBCL office.	17/06/2023	06:00 P.M.
5	Opening of the Technical Bid (tentative):	19/06/2023	04:00 P.M.

NAME & ADDRESS OF Tenderer:

Sd/-

**General Manager (Operation-Cum-Finance),
Jharkhand State Beverages Corporation Limited
Utpad Bhawan, Ground Floor
Near-Naveen Police Kendra
Kanke Road Ranchi-834008**

RFQ Notice for Mediclaim Policy

Request for Proposal – Group

Mediclaim Insurance Policy for Staff &

Family. Background: -

This is First time ever We are taking Group Medi-claim Insurance Policy (tailor made with floater) for the benefit of our Employees & Their Family Members (Including Parents) and We are not having any claim history

The details of the proposed group Medi-claim policy are given below: -

- 1. Insured: - Jharkhand State Beverage Corporation Limited, Ranchi**
- 2. Address: - Utpad Bhawan, Ground Floor, Near Naveen Police Kendra, Kanke Road, Ranchi-834008**
- 3. Nature of Business/Work : - Official/Administrative Jobs**
- 4. Type of Policy: - Floater Group Medi-claim for Staff members and their family consisting of Self, Spouse and up- to two Dependent Children up to the age of 25 years **(Dependent Parents are also to be covered in this policy)** whereas Family definition states Self, Spouse, Only 2 dependent children & Parents**
- 5. Insurable Interest: - Staff & Dependents (Including Parents)**
- 6. Sum Insured: - (a.) For Staff Rs. 5.00 lac per employee's family (Floater type – i.e. maximum risk cover per family is Rs. 5.00 lac individually as well as jointly amongst all family members). Total No of Employees to be covered 49 & their 192 Dependent family members. Total lives: 241**

Note: - The numbers indicated are provisional and may vary. Arrangement for periodical

inclusion and exclusion of insured persons during the policy period will be required to be done for which proportionate premium will be paid / refunded. The insurance company needs to clarify the risk cover date and the procedure to be adopted to cover new employees and their family members and the procedure /arrangement to be made for payment of the premium of such new employees. (If needed the provisional premium as an advance may be deposited by the JSBCL with the insurance company so that the periodical inclusion of new employees / beneficiaries may be done promptly) from the date of intimation to the insurance company.

7. Additional Premium will be paid / refunded on account of changes in actual number of staff / dependent family members arising due to joining of new employees and leaving the employment due to their resignation etc as per list to be submitted by the JSBCL from time to time on pro-rata basis. The manner of premium calculation for new employees or their additional family members along with applicable rate chart is to be clearly mentioned in the quotation / offer document itself. The Insurance Company will be required to cover Employees periodically as and when intimated by the JSBCL.

Other Terms & Conditions:

The Insurance Companies need to confirm in writing acceptance of all the Terms & Conditions laid in this document. The Quotation should be valid for 180 days after submission of proposal. Should the need arise; JSBCL may request Bidders to extend the validity period of their proposals.

1. All diseases including Pre-existing Diseases will be covered from day one without any exclusion. 30 days/9 months/1st year/ 2nd year / 3rd year/ 4th year etc waiting period should be waived off. No Waiting period for any disease. Day 1 coverage for additions as follows: Newly Married Spouse from the Date of Marriage, New Born Baby from Date of Birth, New Employee from date of joining and existing employee from the date of exit from ESI or any other scheme. (The effective date of risk cover can be acceptable from the date of Intimation; however, in the case of New Born Child, the cover will be along with the mother till 90 days in the Mother's Id). Reimbursement of Ambulance charges at INR 3000 / per hospitalization each side.
2. Pre-hospitalization Expenses for 30 days and Post Hospitalization Expenses for 60 days will be covered.
3. Capping on few procedures only as mentioned in the below annexure and NO Capping on any other diseases/procedures or Surgeries. Refer the body of EOI – Special Instructions on capping as under
4. Floater Sum Insured- Floating over all the family members without subject limit like room rent, consultation charges, nursing care charges etc. **Room Rent to be considered as per actual without no limit including ICU/ICCU.** There will not be any Proportionate Deduction nor will any Co Payment be made by the insured beneficiary.
5. **Maternity Benefit subject to a maximum of Rs. 60,000/- Pre & Post Natal Expenses not applicable. Maternity case less than 24 hours of hospitalization shall also be payable.**
6. New Born child to be covered from day one automatically under the family sum insured. Intimation to add new born baby in the policy should be allowed until 90 days. Till that time the baby's claim shall be booked under Mother's ID for both cashless & reimbursement claims. The midterm inclusion of names of family members due to changes in the composition of the family (due to marriage, birth of the child etc.) will be done and the insurance company shall be liable to extend medical cover to such new members.

7. Claim Settlement Procedure: - No Deductible or Co Payment under the policy. The insurance company shall be liable to settle the claim in cashless where ever applicable / Re-imburement within 15 days after submission of documents and in case of delay the reasons must be informed to the JSBCL. If reasons are not found justified, then the Insurance company shall be liable to pay interest as per the latest IRDA notification / guidelines.

8. Claims submission: Claim Intimation Clause waived off. Claim Documents to be submitted within 75 days from the date of discharge. Delayed submission of claims should be condoned based on the valid reason of late submission given by the claimant. The delay in submission of claim should not be the reason for repudiation of claim. Hospitalization recommended by Registered Medical Practitioner is to be treated as final and should not be disputed and claim must be paid accordingly.

9. The tender documents must be sealed and signed. It will be assumed that all the terms & conditions mentioned in this document are acceptable to the bidder insurance company.

10. Please mention the list of documents that will be required to be furnished to settle the Medclaim bill apart from the Discharge summary and original payment receipts / cash memos & bills for medical expenses.

11. Guidelines issued by IRDA from time to time about Insurer's responsibility and liability towards insured, shall be automatically applicable to the insurance Company without any additional premium during the validity of the insurance policy.

12. During the validity of the policy, no revision of premium shall be considered by JSBCL based on actual claim ratio or enhancement in the premium, or changes in the tax rate like GST etc. by the statutory or other authority.

13. Waiver of 24 hrs. hospitalization requirement for any surgeries or any procedure or treatment hereafter referred as Day Care which requires less than 24 hrs. of hospitalization due to advanced medical technology, the Insurance Company has to declare list of all such Day Care treatments for which the insured shall get benefits equivalent to Hospitalization benefits as per the above conditions mentioned in this document. For any Day Care Treatment as declared by the Insurer & IRDA; the Insured shall be entitled to all the terms & conditions of this document.

14. Mediclaim Insurance Policy Cards:

Mediclaim Insurance policy cards for availing cashless facility by all insured members to be provided within 30 days from the date of issue of the policy.

15. AMENDMENT OF BID DOCUMENT

At any time prior to the deadline for submission of proposals, the JSBCL reserve the right to add/modify/delete any portion of this document by the issuance of a Corrigendum, which would be published on the website of the JSBCL and will also be made available to all the Bidder who has been issued the tender document. The Corrigendum shall be binding on all bidders and will form part of the bid documents.

16. Action against the Insurer

Furnishing incorrect information in the offer, failure to act according to tender condition, non-fulfilment of any or whole of the contract may entail blacklisting of Insurer in addition to taking other appropriate action against the Insurer.

17. Pre-Bid Meeting

Pre-Bid meeting will be scheduled where necessary. Date and time of Pre-Bid Meeting will be intimated by the JSBCL through its website notification / tender section.

18. Escalation Matrix For Service, Support and Grievance Redressal: Bidder must provide 3 Level Escalation Matrix of Telephone Numbers, Mobile Nos., Official Email Ids for Service, Support and Grievance Redressal.

19. The successful bidder shall at its own cost comply with the provision of orders and notifications issued by IRDA and Government from time to time.

20. Notwithstanding anything stated above, the JSBCL reserves the right to assess the insurer's capacity and capability to perform the Mediclaim insurance business, should the circumstances warrant such an assessment in the overall interest of JSBCL

21. The JSBCL reserves the right to cancel or restructure the requirements. The JSBCL reserves the right to accept or reject any offer, or part thereof at its sole discretion, without assigning any reason thereof and /Or to negotiate with tenderer(s) in the manner it considers suitable.

22. The JSBCL takes no responsibility for delays, loss or non-receipt of the offers sent by the insurers.

23. The submission of offer shall have no cause of action or claim against the JSBCL for rejection of offer.

24. The insurer whose offer is not accepted shall not be entitled to claim any costs, charges, and expenses incidental to or incurred by them in connection with the submission of their off

25. Disputes

In respect of all bid conditions, and / or any matter connected therewith the decision of JSBCL shall be final and binding. In the event of any dispute arising out of the bid, such dispute would be subject to the jurisdiction of the Ranchi Courts only. In case of dispute of any claim, a committee consisting of the representative of the insurance company and JSBCL will be set-up to resolve the dispute. However, this arrangement does not preclude the members to approach the regulatory authorities.

26. Jurisdiction

All disputes shall be subject to jurisdiction of Ranchi Courts only The Quotation for Mediclaim should be submitted online through jharkhandtenders.gov.in and Hard Copy to the General Manager (Operation), Jharkhand State Beverage Corporation Ltd, Utpad Bhawan, Ground Floor, Near Naveen Police Kendra, Kanke Road, Ranchi-834008 (Jharkhand) superscribing "Quotation for Mediclaim".

Bidder must submit all the Annexure in prescribed format.

(On office letter head)

Annexure-1
DETAILS OF TENDERER

Name of the tenderer/agency:

Business Address for Communication:

PAN & GST No-

Phone No:

Email id:

Name of the Authorized Person on

behalf of the company to deal

related tender matter:

Mobile No. of the Authorized

Person on behalf of the company to

deal related tender matter:

Email id of the Authorized Person on behalf of the company to deal related tender matter:

Seal of the Bidder's Firm

(On office letter head)

Annexure-2

Date:

To,
General Manager (Operation-Cum-Finance),
Jharkhand State Beverage Corporation Ltd,
Utpad Bhawan, Ground Floor, Near Naveen
Police Kendra, Kanke Road, Ranchi-834008.

Subject: Notice Inviting Tender for Group Mediclaim Policy for JSBCL Employees and their dependents with Declaration

Ref: Tender Nodated

Dear Sir,

With reference to the above, I am/ we are enclosing Notice Inviting Tender for Group Mediclaim Policy for JSBCL

I/ We hereby reconfirm and declare that I/ We have carefully read and understood the above referred Tender document including instructions, terms & conditions and all the contents stated therein, and all subsequent corrigendum published on official website of JSBCL, Ranchi

I/we have not tampered/modified the tender forms in any manner. In case, if the same is found to be tampered/modified, I /we understand that my/our tender will be summarily rejected, and I /we are liable to be banned from doing business with JSBCL and/or prosecuted.

I/we, hereby certify that all the information and data furnished by me with regard to this bid requirements are true and complete to the best of my knowledge. I have gone through the requirements, conditions and stipulations in details and agree to comply with the requirements and intent of specification.

I/we, further certify that my company meets all the conditions of qualification criteria laid down to take part in the bid.

I/we also declare that any Government body or any private Company / Agency has not declared us ineligible or blacklisted us on charges of engaging in corrupt, fraudulent, collusive, or coercive practices or any other failure/lapses of serious nature. If this declaration is found to be incorrect, then without prejudice to any other action that may be taken.

I/we undertake, to enter into agreement as per the terms and conditions of the bidding document and bear all expenses including charges for stamps etc and agreement will be binding on us. I/we also accept all the terms and conditions of this bidding document and undertake to abide by them, including the condition that you are not bound to accept the lowest bid or any other bid that you may receive.

I/we certify that, our this bid against tender notification no. _____, dated _____ does not amount to any breach of IRDA guidelines. I/we further confirm that in the event of disclosure at a later stage that the same are not in line with IRDA Guidelines

Thanking you
Yours faithfully,

(Signature of the Authorized Person)
Date:

Seal of the Bidder's Firm

Name _____
Mobile No. _____

(On office letter head)
Format for Technical Bid

Annexure 3

SL No.	Particulars	Complied (Yes /No)	Supporting Documents Enclosed (Yes /No)
1	Name of the Insurance company		
2	Registration details (attach self-attested copies of certificates/ Registrations/License etc. mandatorily)		
	a) IRDA Reg. No.		
	b) PAN No.		
	c) GST Reg. No.		
3	List of Hospital Tie ups in Jharkhand as well as Major cities of India		
4	Tenders document duly signed and stamped on each page		

DECLARATION

I/ We have carefully read and understood all the terms and conditions of the tender and here by accept the same. The information/document furnished along with the above application is true and authentic to the best of my / our knowledge and belief.

(Signature of the Authorized Person)

Date:

Seal of the Bidder's Firm

Name _____

Mobile No. _____

(On office letter head)

Annexure 4

Format for Financial Bid (Sum Assured)

[To be used by the bidder for submission of the bid]

Providing Group Medclaim Policy for the FY'2023-24 as per the details of Insurance Scheme for Sum insured per family Rs.5,00,000/-:

(a)	(b)	(C)	(d)	(e)	(f)
Sr. No.	Particulars	Tentative No. of Lives	Average Premium amount per Live (Rs.)	Total premium Amount (in Figure)	In Words
01	Premium for Employees and their Dependents	241 Nos.			Rupees _____
02	GST as applicable, is extra				Rupees _____
	Total				

DECLARATION

I/ We have carefully read and understood all the terms and conditions of the tender and here by accept the same. The information/document furnished along with the above application is true and authentic to the best of my / our knowledge and belief.

(Signature of the Authorized Person)

Date:

Seal of the Bidder's Firm

Name _____

Mobile No. _____

Note:

Policy will be acquired for actual number of employees and their dependents after award of the contract. The number shown in the table below are tentative.

Tentative Total No. of Lives (Base Policy)

No. of Employees	47 M	02 F	Total Employees	49
No. of Dependents	64 M	128 F	Total Dependents	192
No. of Lives	111 M	130 F	Total No. of Lives	241

Primary Member (Self +Age Band)	No. of Employees	Male	Female
18-30	0	0	0
31-35	11	10	1
36-40	21	20	1
41-45	16	16	0
46-50	1	1	0
51-55	0	0	0
56-60	0	0	0
61-65	0	0	0
Grand Total	49	47	2

Dependents Age Band	No. of Dependents	Male	Female
0-5	33	17	16
6-10	28	10	18
11-15	11	4	7
16-20	1	0	1
21-25	6	0	6
26-30	14	0	14
31-35	14	0	14
36-40	8	0	8
41-45	5	0	5
46-50	1	0	1
51-55	4	0	4
56-60	7	2	5
61-65	21	9	12
66-70	18	6	12
Above 70	21	16	5

Grand Total

192

64

128