



INVITATION FOR PROPOSAL

Dear Sirs,

Subject: Insurance Policy for BRLPS Staff (Medi-Claim)

1. You are hereby invited to submit technical and financial proposals for Insurance coverage required for BRLPS staff which could form the basis for future negotiations and ultimately a contract between your firm and Bihar Rural Livelihoods Promotion Society, Patna.
2. The purpose of this assignment is to:
 - 2.1. Enable the agency to express a professional opinion on the effectiveness of the overall Insurance coverage.
 - 2.2. Provide Insurance Policies with timely information on premium and benefit aspects of the policy.
3. The following documents are enclosed to enable you to submit your proposal:
 - 3.1. Terms of reference (TOR) (Annexure A);
 - 3.2. A Sample Form of Contract for Insurance Agency under which the services will be performed (Annexure C).
4. The client has received a credit from the International Development Association (IDA) in various currencies toward the cost of Bihar Transformative Development Project, and intends to apply a portion of this loan to eligible payments under this Contract. Payments by IDA / IBRD will be made only at the request of client and upon approval by IBRD/IDA, and will be subject, in all respects, to the terms and conditions of the Loan/ Credit Agreement. The Loan/ Credit Agreement prohibits a withdrawal from the Loan/ Credit Account for the purpose of any payment to persons or entities, or for any import of goods, if such payment or import, to the knowledge of the Bank, is prohibited by a decision of the United Nations Security Council taken under Chapter VII of the Charter of the United Nations. No party other than the client shall derive any rights from the Loan/ Credit Agreement or have any claim to proceeds.
5. **Eligibility Criteria**
 - 5.1. Insurance Agency should be registered with IRDA. Signed photocopy of registration certificate should be attached.
 - 5.2. Agency should be registered under GST. Signed photocopy of registration/ acknowledgement certificate should be attached.
 - 5.3. Written declaration of Service Delivery conditions and Minimum time prescribed for settlement of Insurance Claims.
 - 5.4. Agency has to submit signed photocopy/photocopies of agreement/s with the client in support of their experience in providing Medi Claim facilities.
6. **Supplementary information for Insurance agency**
 - 6.1. Approach or methodology proposed for carrying out the required work.
 - 6.2. Prescribed time for grant of cashless facility by TPA– 2 Hours, for reimbursement claim 15 days on completion of documentation by the client.
 - 6.3. Name and Designation of person who would be responsible for the service. (At least two).
 - 6.4. The financial proposals should include the Price Schedule in Annex B.
7. **The Submission of Proposals:** The proposals shall be submitted in single envelope including Technical and Financial.
8. The "Technical" and "Financial" proposals must be submitted in single sealed envelope following the formats/schedules given in the supplementary information for insurance agency as in Para 6. The "Technical proposal" should include quality of the policy and benefit proposed and shall be considered as the paramount requirement, the description of the firm/organization, firm's general experience in the field of assignment, the proposed work plan methodology and approach in response to suggested terms

of reference. The “Financial proposal” should contain the detailed premium price offer for each employee with all taxes, if any.

9. Last date of submission of proposals (Technical & Financial)

In a sealed envelope which will be received in the office of the Bihar Rural Livelihoods Promotion Society, Patna upto 16:00 hours on 25th March, 2019.

10. Opening of proposal

The proposals will be opened at BRLPS office at 16:30 hours on 25th March, 2019. The Proposals shall be opened publicly in the presence of the agencies’ representatives who choose to attend. The name of the agency, name of policy, and the proposed charges shall be read aloud and recorded when the Proposals are opened.

11. Pre Proposal Meeting

A pre proposal meeting will be held at BRLPS office at 1st/3rd floor, Annexe-II, Vidut Bhawan, Bailey Road, Patna on 12th March 2019 at 03.00 PM.

12. Evaluation

Technical and Financial evaluation will be done simultaneously. The technical proposals will be evaluated using the following criteria:

- 12.1. agency fulfilling the eligibility criteria;
- 12.2. agency’s relevant experience for the assignment ;
- 12.3. the quality of the policy and benefit proposed ; and
- 12.4. best proposal quoting the lowest aggregate weighted unit rate under both categories, keeping the weights of average no. of employee and sum insured under each categories. Calculation of aggregate unit rate is clarified as below.

SN.	Tentative Number of Employees to be covered across Project	Average Employees across project [to be considered only for evaluation purpose]	Category of Employees	Sum Insured	Gross Premium Unit Rate (Rs per employee per 1,00,000 sum insured) excluding Taxes	Gross Premium Unit Rate (Rs per employee for the sum insured) excluding Taxes	Gross Premium Payable considering Average Employees across the project
[1]	[2]	[3]	[4]	[5]	[6]	[7]=[6]x[5]/1,00,000	[8]=[7]x[3]
1	100-150	125	II	4,50,000	A	A*4,50,000/1,00,000	7x3=Say P
2	2200-2300	2250	III	3,00,000	B	B*3,00,000/1,00,000	7x3=Say Q
Aggregate weighted unit rate.							P+Q

12.5. Financial proposal will be evaluated along with the Technical proposal.

13. Deciding Award of Contract

Quality of the policy and benefit proposal shall be considered as the paramount requirement. The decision of the award of the contract would be as under:

- 13.1. The evaluation committee will determine whether the Proposals are complete. The Client will select the most beneficial among the agencies and will invite them for negotiations.
- 13.2. During negotiations the agency must be prepared to furnish the detailed cost break-up and other clarifications to the proposals submitted by them, as may be required to adjudge the reasonableness of his price proposals. If the negotiation with this agency is successful, the award will be made to him and all other agencies will be notified of award. If negotiation fails with the invited agency and if it is concluded that a contract with reasonable terms cannot be concluded with the invited agency, next agency will be invited for negotiations. This process will be repeated till an agreed contract is concluded.

14. Please note that the Bihar Rural Livelihoods Promotion Society, Patna is not bound to select any of the firms submitting proposals.

15. You are requested to hold your proposal valid for 90 days from the date of submission without any change for your proposed price. The Bihar Rural Livelihoods Promotion Society, Patna will make its best efforts to select insurance agency within this period.
16. Please note that the cost of preparing a proposal and of negotiating a contract including visits to Bihar Rural Livelihoods Promotion Society, Bihar, if any is not reimbursable as a direct cost of the assignment.
17. Joint ventures between the firms are not allowed.
18. Please note that the premium etc. amount which you receive from the contract will be subject to normal tax liability in India. Kindly contact the concerned tax authorities for further information in this regard if required.

Enclosures:

- A. Terms of Reference.
- B. Performa for quoting the rate.
- C. Draft contract under which service will be performed.

Yours faithfully,

Sd/-

(Balamurugan D.)

Chief Executive Officer cum Mission Director
Bihar Rural Livelihoods Promotion Society
Vidyut Bhawan, Annexe-II,
Bailey Road, Patna -800001
Tel No. +91-612-2504980

TERMS OF REFERENCE
Insurance Policy for BRLPS Staff (Medi-Claim)
For Insurance Coverage of Staff

1. Background

Bihar Rural Livelihoods Promotion Society (BRLPS-JEEViKA), an autonomous body under the Department of Rural Development, Govt. of Bihar registered under Society Registration Act, XXI- 1860, has been implementing the Bihar Transformative Development Project (BTDP.) The project is designed to cover about 1.25 Crore poor families spread over 44000 villages of 534 blocks in thirty eight districts of Bihar.

The Bihar Rural Livelihoods Promotion Society has been nominated as nodal agency for implementing and scaling up of similar livelihoods program in all 38 districts of Bihar in a phased manner under National Rural Livelihoods Mission. As per Mission guidelines, BRLPS is acting as State Rural Livelihoods Mission (SRLM), Bihar. It has been envisaged that BRLPS will reach to 1.25 Crore poor and the poorest rural families of Bihar and enable them to come out of poverty in next 10 years. This all will be achieved through mobilizing poor families into self-reliant institutions, promoting sustainable livelihoods for them and strengthening last mile service delivery.

Bihar Rural Livelihoods Promotion Society is led by its General Body, from which a more functional Executive Committee has been formed for taking all policy level decisions and advising the functionaries of the society. Representatives from the Government of Bihar, Banks, Development institutions and civil society form the Executive Committee of the Society.

The structural arrangement for implementing the NRLM would be through its three tier structural unit i.e. State Project Management Unit, District Project Coordination Unit (DPCU) and Block Project Implementation Unit (BPIU).

The State Project Management Unit (SPMU) is headed by the Mission Director cum Chief Executive Officer. This unit proactively works for designing policy, planning interventions and operational strategies for the program under the guidance of its Executive Committee. The State Unit is manned by well qualified and experienced professionals specialized in various themes. The District Project Coordination Unit (DPCU) is operational at District level and coordinating with various stakeholders there. This unit is also responsible to support Block Project Implementation Unit for rolling out of mission activities. The District Unit is headed by District Project Manager and supported by thematic professionals in line with State Team. The Block Project Implementation Unit (BPIU) is key implementation unit for the mission having direct interface with community. The Block Project Manager is the functional head of this unit. BPIU is also having a team of Area Coordinators and Community Coordinators along with certain number of support staff. The BPIU is considered the backbone of the mission whose quality and effectiveness determines the effectiveness of the mission. Primarily this unit works as a mirror functional unit to the Community Organization being promoted under mission. The block unit facilitates a graduation process of community representatives who over the years take over completely the functions of the BPIU duly supported by Community Cadres.

2. Objective of the assignment

The objective of this assignment is Insurance Coverage of all employees of BRLPS under Medi-claim Policy from an authorized Agency which could provide a well-designed and appropriate policy for the employees of BRLPS.

Age Group details	Age	Count
	0-25	2924
	26-35	1696
	36-45	1510
	46-55	852
	56-65	1506
	66-70	583
	71-75	231
	76-80	101
	80+	47
	Grand Total	9450

Category Wise Number of Staffs	Category	Sum Insured		Count of Employee							
	Category II	450000		125 (Approx)							
	Category III	300000		2250 (Approx)							
Relationship Wise Age Bucketing.	Relationship Categorization Age Wise										
	Relationship	0-25	26-35	36-45	46-55	56-65	66-70	71-75	76-80	80+	Total
	Daughter	802	10	1							813
	Father			5	238	670	313	133	71	33	1463
	Husband		227	335	103	20	1				686
	Mother			133	348	802	264	97	30	14	1688
	Self	592	790	756	113	8	3				2262
	Son	915	7	2							924
	Wife	615	662	278	50	6	2	1			1614
	Grand Total	2924	1696	1510	852	1506	583	231	101	47	9450
Claim Ratio of Last three Years	Policy Period										
	Start Date	End Date	Claim Ratio								
	26-Mar-2016	25-Mar-2017	131%								
	28-Mar-2017	27-Mar-2018	100%								
	28-Mar-2018	27-Mar-2018	98% (Running Policy, Claim Ratio as on 31-Jan-2019)								

3. Expectations from Insurance agency

- 3.1. The agency will have to submit a detail Policy Proposal consisting the best Benefits and compensation for the employees of BRLPS. This insurance coverage will be valid till the staff will remain working with BRLPS/policy period whichever is earlier.
- 3.2. Coverage of insurance for all employees of BRLPS and their dependents.
- 3.3. The agency will also declare the incremental benefits and its condition will be applicable as and when applied by IRDA.

4. Category wise Insurance benefit required by BRLPS as hereunder:

S.No	Categories	Mediclaim Coverage (Rs)	Members covered under the Policy	Tentative Number of Employees to be covered across Bihar
1	Category-I	NA	NA	
2	Category-II	Rs. 4,50,000	Employee, Spouse, Two Children and dependent Parents.	100-150
3	Category-III	Rs. 3,00,000	Employee, Spouse, Two Children and dependent Parents.	2200-2300

The agency will submit their proposal with detail description required as hereunder:

5. Facilities required in Medi-claim Insurance Policy for maximum benefit for its employee which must include the following:

- 5.1. Benefit in case of Hospitalization
- 5.2. Benefit in case of continued treatment/Nursing during Post Hospitalization treatment for a maximum period of 60 days.
- 5.3. Benefit in case of following expenses incurred in any type of Medical treatment i.e.
 - Room, Boarding, Nursing Charges,
 - Visiting Doctors, Surgeons, Anesthetist, Physiotherapist, Consultants special fees
 - Anesthesia, Blood, Oxygen, OT charges, Surgical appliances, Medicines, Any Diagnostic checkup charges, diagnostic Material & X-ray, Dialysis, Chemotherapy, Radio Therapy, Physiotherapy, Cost of Pace Maker, Artificial limbs, Cost for organ transplant and its related expenses and Ambulance Charges.
- 5.4. Any other facility provisions like cashless facility, ID card issuing process and others.
- 5.5. Requirement of Documents necessary for Insurance agreement with BRLPS/employees.

5.6. Coverage of preexisting diseases.

6. Scope of Services

6.1. That subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, the Company undertakes that if during the period stated in the schedule or during the continuance of this policy for the first initial year or by renewal, any Insured Person shall contract any disease or suffer from any illness (herein after called disease) or sustain any bodily injury through accident (hereinafter called injury) and if such disease or injury shall require any such insured person upon the advice of a duly qualified Physician/Medical Specialist/Medical Practitioner (hereinafter called Medical Practitioner) or of a duly qualified surgeon (hereinafter called Surgeon) to incur Hospitalization Expenses for Medical/Surgical treatment at any Nursing Home/Hospital in India as herein defined (hereinafter called Hospital) as an inpatient the Company will pay to the Insured person the amount of such expenses as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate for the person in any period of Insurance as mentioned in the Schedule hereto.

In the event of any claim/s becoming admissible under this scheme, the Company will pay to the Insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate mentioned in the Schedule hereto.

A. Room, Boarding, Nursing expenses as provided by the Hospital/Nursing Home

B. Upper Limit:

(a)	1% of Sum Insured per day subject to a maximum of Rs.5,000/- If admitted in IC unit- 2% of Sum Insured per day subject to maximum of Rs.10,000/- Overall limit under this head: 25% of Sum Insured per illness.
(b)	Surgeon, Anesthetist Medical Practitioner, Consultants Specials fees. Maximum limit per illness - 25% of Sum Insured.
(c)	Anesthesia, Blood, Oxygen, OT charges, Surgical appliances, Medicines, drugs, Diagnostic Material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of pacemaker, artificial limbs and cost of stent and implant. Maximum limit per illness- 50% of Sum Insured.
(d)	Expenses of Hospitalization for minimum period of 24 hours are admissible. However this time limit is not applied to specific treatments i.e. Dialysis, Parenteral Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney Stone removal), D & C, Tonsillectomy, Dental Surgery due to accident, Hysterectomy, Coronary Angioplasty, Coronary Angiography, Surgery of Gall Bladder, Pancreas & Bile duct, Surgery of Hernia, Surgery of Hydrocele, Surgery of Prostate, Gastrointestinal surgery, Genital Surgery, Surgery of Nose, Surgery of Throat, Surgery of Appendix, Surgery of Urinary System, Arthroscopic Knee Surgery, Laparoscopic Therapeutic Surgeries, Any surgery under Anesthesia, Treatment of Fractures/Dislocation including hairline fracture, Contracture releases & minor reconstructive procedures of limbs which otherwise require hospitalization taken in the Hospital/Nursing Home under the network of TPA and the Insured is discharged on the same day. The treatment will be considered under Hospitalization Benefit.
(e)	Surgery Expenses of the diseases like Cataract Hernia, Kidney Stone, Fistula & Fissure sinusit/Bilateral Hydrocele/Appendicitis/Gall Bladder & Prostate will have a cap of Rs-35,000/- Pre and Post expenses will be settled separately and will not be the part of above capping.
(f)	Relaxation to 24 hours minimum duration for hospitalization is also applicable: 1) If they are carried out in day care center networked by TPAs where requirement of minimum number of beds are overlooked but it must have (a) Fully equipped Operation Theatre (b) Fully qualified Day care staff (c) Fully qualified Surgeons/Post-Operative attending Doctors. 2) If it necessitates hospitalization & involves specialized infrastructural facilities

	<p>available only in hospital but due to technological advancement hospitalization is required for less than 24 hours and/or the surgical procedure involved has to be done under General anesthesia.</p> <p>3) Procedures/treatments usually done in Out Patient Department (OPD) are not payable under the policy even if converted to Day Care Surgery Procedure or as inpatient in hospital for more than 24 hours.</p> <p>4) Pre Hospitalization: Relevant Medical Expenses incurred during period up to 30 days prior to hospitalization/domiciliary hospitalization on disease/illness/injury sustained will be considered as part of claim.</p> <p>5) Post Hospitalization: Relevant Medical Expenses incurred up to 60 days after hospitalization/ domiciliary hospitalization on disease/illness/injury sustained will be considered as part of claim.</p>
(g)	<p>Maternity Expenses Benefits:</p> <p>1) The maximum benefit allowable under this clause will be up to Rs.10, 000/- for Normal and Rs-20,000/-for Caesarean.</p> <p>2) These benefits are applicable only if the expenses are incurred in hospital/nursing home as inpatient in India.</p> <p>3) A waiting period of nine months will not be applicable. Claims relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy will be covered from day1.</p> <p>4) Claims in respect of deliveries for only first two children and/or operations associated therewith will be considered in respect of any one Insured person covered under the policy or any renewal thereof. Those insured persons who are already having two or more living children will not be eligible for this benefit.</p> <p>5) Expenses incurred in connection with voluntary medical termination of pregnancy during the first twelve (12) weeks from the date of conception are not covered.</p> <p>6) Pre-natal and post-natal expenses are not covered unless admitted in hospital/nursing home and treatment is taken there.</p> <p>7) Expenses incurred on new born baby will be covered from Day 1 with a cap of Rs-10,000/-.</p>

- Note
- Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the sub limits under "C" above applicable to the insured person.
 - Ambulance charges up to 1% of Sum Insured subject to a maximum limit of Rs.1000/- in a policy year will be reimbursed. 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 subject to the sub limits under "C" above.
 - Company's liability in respect of all claims admitted during the period of Insurance shall not exceed the Sum Insured for the person as mentioned in the Schedule

6.2. Definition

- Insured Person: Means Person(s) named in the schedule of the policy
- Entire Contract: This Policy, Prospectus, Proposal and declaration given by the insured constitute the complete contract of this policy. Any alteration with the mutual consent of the insured and the insurer shall only be evidenced by a duly signed and sealed endorsement on the policy.
- Period of Policy: This insurance policy is issued for a period of one year as shown in the schedule.
- Hospital/Nursing Home, means any institution in India established for indoor care and treatment of sickness and injuries and which;

Either

- d-1) has been registered as a hospital or Nursing Home with the local authorities and is under the supervision of the registered and qualified medical practitioner

Or

d-2) should comply with minimum criteria as hereunder:

- (i) It should have at least 15 inpatient beds. In Class "C" towns ,number of beds may be reduced to 10
 - (ii) Fully equipped Operation Theatre of its own wherever surgical operations are carried out.
 - (iii) Fully qualified nursing staff under its employment round the clock
 - (iv) Fully qualified Doctor(s) should be in charge round the clock
- e) The term, `Hospital/Nursing Home', shall not include an establishment which is a place of rest, a place for the aged, a place for drug addiction or place of alcoholics, a hotel or a similar place.
 - f) Surgical Operation means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.
 - g) Medical Practitioner means a person who holds a degree/diploma from a recognized institution and is registered by Medical Council or respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.
 - h) Qualified Nurse means a person who holds a certificate of a recognized Nursing Council and who is employed on the recommendations of the attending Medical Practitioner.
 - i) Preexisting Diseases means any ailment/disease/injury that the person is suffering from (known/not known, treated/untreated, declared or not declared in the proposal) whilst taking the policy. Any complications arising from pre-existing ailment/disease/injury will be considered as Preexisting Diseases.
 - j) Third Party Administrators (TPA) means a Third Party Administrator, who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the Company, for the provision of health services.
 - k) ID card means the card issued to the insured person by the TPA to avail cashless facility in the Network Hospitals. It will not have the photograph printed on it. The patient at the time of hospitalization will have to submit the photo-ID proof along with the copy of the card. In case photo-ID proof of the dependent is not available the ID card copy along with the primary card holder's photo ID proof will be accepted.
 - l) Network Hospital means hospital that has agreed with the TPA to participate for providing cashless health services to the insured persons. The list is maintained by and available with the TPA and the same is subject to amendment from time to time.
 - m) Cashless Facility means the TPA may authorize upon the insureds' request for direct settlement of admissible claim as per agreed charges between Network Hospitals & the TPA. In such cases the TPA will directly settle all eligible amounts with the Network Hospitals and the insured person may not have to pay any bills after the end of the treatment at hospital to the extent the claim is covered under the policy.
 - n) In- Patient: An insured person who is admitted to hospital and stays for atleast 24 hours for the sole purpose of receiving the treatment for suffered ailment/ illness/ disease/ injury/ accident during the currency of the policy.
 - o) Hospitalization Period: The period for which an insured person is admitted in the hospital as inpatient and stays there for the sole purpose of receiving the necessary and reasonable treatment for the disease/ailment contracted/injuries sustained during the period of policy. The minimum period of stay shall be 24 hours other than cases mentioned above in 6 (i) (B)-(d).
 - p) Reasonable and Customary Expenses: means reasonable and customary surgical/medical treatment expenses within the scope of cover of this policy to treat the condition for which the insured person was hospitalised.
 - q) Limit of Indemnity: means the amount stated in the schedule against the name of each insured person which represents maximum liability for any and all claims made during the policy period in respect of that insured person with regard to hospitalisation taking place during currency of the policy.

7. Exclusions

The Insurance company shall not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any person in connection with or in respect of:

- 7.1. Injury or disease directly or indirectly caused by or arising from or attributable to War Invasion Act of Foreign Enemy Warlike operations (whether war be declared or not) and Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
- 7.2. Circumcision unless necessary for treatment or a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to as accident or as part of any illness.
- 7.3. Surgery for correction of eye sight, cost of spectacles, contact lenses, hearing aids etc.
- 7.4. Dental treatment or surgery-corrective, cosmetic or aesthetic procedure, filling of cavity, root canal, wear & tear unless arising due to an accident and requiring hospitalization.
- 7.5. Convalescence general debility 'Run Down' condition or rest cure, congenital external disease or defects or anomalies, sterility, infertility/sub fertility or assisted conception procedures, venereal disease, intentional self-injury, suicide, all psychiatric & psychosomatic disorders/diseases, accidents due to misuse or abuse of drugs/alcohol or use of intoxicating substances.
- 7.6. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphographic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition or a similar kind commonly referred to as AIDS, complications of AIDs and other sexually transmitted diseases (STD).
- 7.7. Expenses incurred primarily for evaluation/diagnostic purposes not followed by active treatment during hospitalization.
- 7.8. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- 7.9. Naturopathy, unproven procedure/treatment, experimental or alternative medicine/treatment including acupuncture, acupressure, magneto-therapy etc.
- 7.10. Expenses on irrelevant investigations/treatment; private nursing charges, referral fee to family physician, outstation Doctor/Surgeon/ consultants' fees etc.
- 7.11. Genetic disorders/stem cell implantation/surgery
- 7.12. External/ durable medical/Non-medical equipment of any kind used for diagnosis/treatment including CPAP, CAPD, infusion Pump etc., ambulatory devices like walker/ crutches/ belts/ collars/caps/ splints/ slings/ braces/ stockings/ diabetic foot-wear/ glucometer/ thermometer & similar related items & any medical equipment which could be used at home subsequently.
- 7.13. Non-medical expenses including personal comfort/ convenience items/ services such as telephone/ television/ aya/ barber/ beauty services/ diet charges/ baby food/ cosmetics/napkins/ toiletries/ guest services etc.
- 7.14. Change of treatment from one pathy to another unless being agreed/allowed & recommended by the consultant under whom treatment is taken.
- 7.15. Treatment for obesity or condition arising there from (including morbid obesity) and any other weight control program/services/supplies.
- 7.16. Arising from any hazardous activity including scuba diving, motor racing, parachuting, hand gliding, rock or mountain climbing etc. unless agreed by insurer.
- 7.17. Treatment received in convalescent home/hospital, health hydro/nature care clinic & similar establishments.
- 7.18. Stay in hospital for domestic reason where no active regular treatment is given by specialist.
- 7.19. Out-patient diagnostic/medical/surgical procedures/treatments, non-prescribed drugs/medical supplies/hormone replacement therapy, sex change or any treatment related to this.
- 7.20. Massages/Steambath/Surodhara & alike Ayurveda treatment.
- 7.21. Any kind of service charges/surcharges, admission fees/registration charges etc. levied by the hospital.

- 7.22. Doctor's home visit charges/attendant, nursing charges during pre & post hospitalization period.
- 7.23. Treatment which the insured was on before hospitalization and required to be on after discharge for the ailment/disease/injury different from the one for which hospitalization was necessary.

8. Other Conditions:

- 8.1. Every notice of communication to be given or made under this policy shall be delivered in writing or through official e-mail id at the address as shown in the Schedule.
- 8.2. The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by the duly authorized official of the Company. The due payment of premium and the observance and fulfillment of the terms provisions conditions and endorsement of this policy by the Insured person in so far as they relate to anything to be done or complied with by the Insured Person shall be condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms provisions conditions and endorsement on this policy shall be valid unless made in writing and signed by an authorized official of the Company.
- 8.3. Upon the happening of any event, which may give rise to a claim under this policy notice with full particulars shall be sent to the Company within 15 days from the date of Injury / Hospitalization/Domiciliary Hospitalization.
- 8.4. The Insured person shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the Claim.
- 8.5. Any Medical Practitioner authorized by the Company shall be allowed to examine the Insured person in case of any alleged injury or disease requiring hospitalization when and often as the same may reasonably be required on behalf of the Company.
- 8.6. The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured person or by any other person acting on his/her behalf.
- 8.7. If at the time when any claim arises under this policy there is in existence any other insurance (other than Cancer Insurance policy in collaboration with Indian Cancer Society) whether it be effected by or on behalf of any insured person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses the Company shall not be liable to pay or contribute more than its ratable proportion of any loss, liability, compensation, costs or expenses. The benefits under this policy shall be in excess of the benefits available under the Cancer Insurance Policy.
- 8.8. The Policy may be renewed by mutual consent. The Company shall not however be bound to give notice that it is due for renewal and the Company may at any time cancel this policy by sending the Insured 30 (thirty) days' notice by Registered Letter at Insured's last known address and in such event the Company shall refund to the Insured a prorata premium for unexpired period of Insurance The Company shall however, remain liable for any claim which arises prior to the date of cancellation The Insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's Short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

Period of risk	Rate of premium to be charged
Up to 1 month	1/4 of the annual rate
Up to 3 months	1/2 of the annual rate
Up to 6 months	3/4 of the annual rate
Exceeding 6 months	Full annual rate

- 8.9. That some of the employee may leave or join the organization in between the year/validity period.
- 8.10. Agency will issue Insurance Policy mentioning therein category wise total number of employees covered The name of employee can be changed or replaced in case of new employee join in place of old employee who left the organization.
- 8.11. Any additions or deletions are to be intimated to the Insurance Agency in a pre-defined format. Such addition or deletion will be incorporated in the policy subject to pro rata premium

adjustment. The member exiting the scheme shall be required to surrender the ID card issued by TPA of the Insurance Agency. Pro rata premium adjustment shall be allowed even for deletion of person if he/she has recovered a claim in the policy.

- 8.12. If any dispute or difference shall arise as to the quantum to be paid under the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to for the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.
- 8.13. If the Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he/she does not accept such disclaimer and intends to recover his/her claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- 8.14. All medical surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.

9. Procedure for availing Cashless Access Services in Network Hospital/Nursing Home.

- 9.1. Claims in respect of Cashless Access Services will be through the list of the network of Hospitals/Nursing Homes and are subject to pre admission authorization. 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, also the ailment for which the person is seeking to be admitted as a patient.
 - 9.2. The TPA will make it clear to the insured person that denial of Cashless Access is in no way construed to be denial of treatment. The insured person may obtain the treatment as per his/her treating doctors' advice and later on submit the full claim papers to the TPA for reimbursement subject to admissibility of the claim as per terms and conditions of the policy.
 - 9.3. 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.
 - 9.4. Insurance Company will ensure that sufficient numbers of network hospitals are under the TPA in all 38 districts of Bihar for smooth treatment of BRLPS employees.
10. **Documents for Reimbursement:** Final claim along with hospital receipted original Bills/Cash memos/reports, claim form and list of documents as listed below should be submitted to the Company/TPA within 30 days from date of discharge from the Hospital and where post-hospitalization treatment is not completed, it shall be within 30days from the date of completion of Post-hospitalization treatment.
- 10.1 Original bills, receipts and discharge certificate with summary / card from the hospital.
 - 10.2 Medical history of the patient recorded by the Hospital.
 - 10.3 Original Cash-memo from the hospital (s) / chemist (s) supported by proper prescription.
 - 10.4 Original receipt, pathological and other test reports from a pathologist / radiologist including film etc supported by the note from attending medical practitioner / surgeon demanding such tests.
 - 10.5 Any other information required by TPA / Insurance Company.
 - 10.6 Photo ID proof of patient as well as employee of BRLPS.

Note:- Waiver of this condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances which the Insured was placed, it was not possible for him or any other person to give such notice or file claim within the prescribed time limit

11. Review Committee to Monitor the Agency's services

A Review Committee may be constituted by BRLPS to monitor the service of the agency providing insurance policy in the interest of the project and their people. The CEO will be the chairperson of the committee. The committee may also seek comments and inputs on the agency's work from the Contract Manager of BRLPS. if required, for delay in service delivery or other discrepancies arising out of agreement, BRLPS may initiate legal action for relief.

BRLPS may continue with the agreement once its services found to be satisfactory or may also terminate the agreement either in case of noncompliance of the service declaration or on the fulfillment of the project objectives.

PRICE SCHEDULE**(To be filled in Excel Sheet provided separately)**

SN.	Tentative Number of Employees to be covered across Project	Average Employees across project [to be considered only for evaluation purpose]	Category of Employees	Sum Insured	Gross Premium Unit Rate (Rs per employee per 100000 sum insured) excluding Taxes	Gross Premium Unit Rate (Rs per employee for the sum insured) excluding Taxes	Gross Premium Payable considering Average Employees across the project
1	2	3	4	5	6	7 = (6 x 5)/100000	8 = 7 x 3
1	100-150	125	II	450,000.00		-	-
2	2200-2300	2250	III	300,000.00		-	-
Aggregate weighted unit rate.						-	-

- NOTE:**
1. Actual number of employees for insurance may vary between the above tentative numbers.
 2. In case of discrepancy between unit price and total price, the unit price shall prevail.

We agree to provide policy in accordance with the specifications/requirement mentioned in the Invitation for Proposal.

Signature of Proposer:

Place:

Name:

Date:

Business Address with office seal

.....

Insurance Agency
Draft Letter of Contract

Subject :

(Name of Agency):

1. Set out below are the terms and conditions under which (Name of Agency) has agreed to carry out for (Name of Client) the above-mentioned assignment specified in the attached Terms of Reference.
2. For administrative purposes (Name of responsible staff of Client) has been assigned to administer the assignment and to provide [Name of Consultant] with all relevant information needed to carry out the assignment. The services will be required in (Name of Project) for about _____ days/months, during the period from _____ to _____.
3. The (Name of Client) may find it necessary to postpone or cancel the assignment and/or shorten or extend its duration. In such case, every effort will be made to give you, as early as possible, notice of any changes. In the event of termination, the (Name of Agency) shall be paid for the services provided to the date of termination, and the [Name of Agency] will provide the (Name of Client) with any reports or parts thereof, or any other information and documentation gathered under this Contract prior to the date of termination.
4. The services to be performed, the estimated time to be spent will be in accordance with the attached Description of Services.
5. This Contract, its meaning and interpretation and the relation between the parties shall be governed by the laws of Union of India
6. This Contract will become effective upon confirmation of this letter on behalf of (Name of Agency) and will terminate on _____, or such other date as mutually agreed between the (Name of Client) and the (Name of Agency).
7. Payments for the services will not exceed a total amount of Rs. _____.
8. The above charges include all the costs related to carrying out the services, including overhead and any taxes imposed on [Name of Agency.]
9. The [Name of Agency] shall indemnify and hold harmless the (Name of Client) against any and all claims, demands, and/or judgments of any nature brought against the (Name of Borrower) arising out of the services by the [Name of Agency] under this Contract. The obligation under this paragraph shall survive the termination of this Contract.
10. The Agency agrees that, during the term of this Contract and after its termination, the Agency and any entity affiliated with the Agency, shall be disqualified from providing goods, works or services (other than the Services and any continuation thereof) for any project resulting from or closely related to the Services.
11. The Agency undertake to carry out the assignment in accordance with the highest standard of professional and ethical competence and integrity, having due regard to the nature and purpose of the assignment, and to ensure that the staff assigned to perform the services under this Contract, will conduct themselves in a manner consistent herewith.
12. The Agency will not assign this Contract or sub-contract or any portion of it without the Client's prior written consent.
13. The [Name of Agency] shall pay the taxes, duties fee, levies and other impositions levied under the Applicable law and the Client shall perform such duties, in regard to the deduction of such tax, as may be lawfully imposed.
14. The [Name of Agency] also agree that all knowledge and information not within the public domain which may be acquired during the carrying out of this Contract, shall be, for all time and for all purpose, regarded as strictly confidential and held in confidence, and shall not be directly or indirectly disclosed to any person whatsoever, except with the (Name of Client) written permission.
15. Any dispute arising out of the Contract, which cannot be amicably settled between the parties, shall be referred to adjudication/arbitration in accordance with Arbitration & Conciliation Act 1996.

Place:

(Signature of Authorized Representative on behalf of Agency)

Date:

(Signature & Name of the Client's Representative)