Madhya Pradesh Gramin Bank

Head Office, Marketing Department

Head Office, 204, Second Floor, C-21, Business Park,
C 21 Square, Opp. Hotel Radisson Blue, MR-10,
Indore (M.P.) - 452010

Notice inviting Request for Proposal

For Group Mediclaim Insurance Policy for Bank Officers / Employees

&

Retired Officers / Employees

Madhya Pradesh Gramin Bank invites tenders from established Insurers for Group Mediclaim Insurance Policy for employees of the bank. Insurance Companies registered with IRDA having at least **05** year's experience in the field of General Insurance/ Health Insurance in India may submit at MPGB, Head Office, Indore addressing to the General Manager, Marketing Department, Madhya Pradesh Gramin Bank, Head Office, 204, Second Floor, C-21, Business Park, C 21 Square, Opp. Hotel Radisson Blue, MR-10, Indore (M.P.) - 452010 as per the schedule. All the interested insurance companies are advised to go through the detailed tender guidelines before submitting their proposals. The Bank reserves its right to accept or reject any or all the tenders without citing any reasons whatsoever, at any stage.

- The complete bidding process will be executed through Bank website only.
- Addendum/Corrigendum, if any, to this tender will be published on Bank's website only.
- Physical Document will be required to submit to the Bank.

Last date and Time of submission of bids: 20/08/2025 till 11:00 AM

Disclaimer

This Request for Proposal (RFP) is not an offer by the MPGB, but an invitation to receive response from eligible interested bidders for Group Mediclaim Policy for employees/Retirees of our Bank. No contractual obligation whatsoever shall arise from the RFP process until and unless a formal contract is signed and executed with the bidders. This document should be read in its entirety.

मध्य प्रदेश ग्रामीण बैंक विपणन विभाग प्रधान कार्यालय, इन्दौर

BID DOCUMENT

Policy: Group Mediclaim Insurance Policy for MADHYA PRADESH GRAMIN BANK's IN-Serving Employees (Bank Officers & Employees) with their dependent and Retirees (Officers & Employees) with dependent Spouse or Widow Spouse as Family Pensioner or mentally/physically challenged dependent family member.

1. KEY INFORMATION :

Tenders are invited through Bank website for the above mentioned work from reputed Insurance companies

1	Name of the work and category	Group Mediclaim Insurance Policy of in-Serving Employees with their dependent and Retirees with dependent Spouse or Widow Spouse as Family Pensioner or mentally/Physically challenged dependent family member.
2	Cost of application/ tender Document.	Free of Cost.
3	Tender Details:	For details of RFP, terms and conditions and other Information , please visit Bank Website www.mpgb.co.in
4	Tender Floated on	**05.08.2025**
5	Place & Address for submission of tender	**The General Manager** **Madhya Pradesh Gramin Bank** **204, C-21 Business Park,** **Opposite Hotel Radisson Blu, MR-10,** **Indore (M.P.) 452010** **(Part I - Technical Bid and Part II – Financial Bid)**
6	Contact person (In case of any Queries)	**Mrs. Kirti Bhardwaj** Senior Manager (Marketing) MPGB, Head Office, Indore - 452010 (M.P.) **Landline : 0731-2445333**
7	Pre-bid meeting	**07th August 2025 at 3 P.M.**
8	Last Date and Time for Submission of any Query	**On or before 08th August 2025, 5.00 P.M.**
9	Last date of reply of Query	**11th August 2025**
10	Presentation of TPA	**14th August 2025 at 4 P.M.**
11	Last Date and Time for Submission of Tender	**Up to 20.08.2025 at 11:00 AM**
12	Date and time of opening of Technical & Price Bid	**20.08.2025 at 1:00 PM (Technical Bid)** **Shall be intimated by the Bank separately (Financial Bid)**
13	Date of Reverse Auction	Shall be intimated by the Bank separately to Qualifier
14	Terms of payment of Bills, if any. Specify the minimum value of work for payment of running account bills.	**One Single payment**
15	Validity period of the tender.	**180 Days**
16	Taxes	**Premium Rates quoted should include GST.**
17	Mode of Payment	**Payment will be made through Electronic mode only.**
18	Third Party Administration	**Decision will be taken by Bank**
19	Coverage Period	**1 year**

Note: All the rights are reserved by the bank for postponement or cancellation of entire tender process, rejection of bids/ individual bid etc., also to modify/add/remove any or all Terms & Conditions without assigning any reason.

2. Definitions:

- **Bank :** "Madhya Pradesh Gramin Bank " (Referred to as MPGB)
- **Bidder**: Refers to Health/General Insurance Company responding to this RFP
- **IRDAI:** Refers to Insurance Regulatory and Development Authority of India
- **Bid/proposal** Refers to the response submitted by the bidder to this RFP

3. About Madhya Pradesh Gramin Bank

Madhya Pradesh Gramin Bank came into existence from 01.05.2025 following the amalgamation of the erstwhile Madhya Pradesh Gramin Bank and erstwhile Madhyanchal Gramin Bank, vide the Government of India Gazette Notification dated 07.04.2025. It is a leading Regional Rural Bank with 1320 branches/offices spread across Madhya Pradesh. The bank's head office is situated at 204, C-21 Business Park, C-21 Square, Opposite Hotel Radisson Blu, MR-10, Indore, and it operates through 21 regional offices and 1 Transit Office. The bank serves the banking needs of 55 districts in Madhya Pradesh, with a total business mix of Rs. 53,891.39 Crore as of 01.05.2025

The detail of administrative offices and branches as under:

Madhya Pradesh Gramin Bank (As on 01.05.2025)	
Head office	1
No. of Transit Offices	1
No. of Regional Offices	21
No. of Branch Offices	1320
Domestic Branches	**as on 01st May, 2025**
	Number of Branches*
Metro	36
Urban	112
Semi Urban	318
Rural	854
Total	1320

*Including 01 Service Branch.

While firmly adhering to a policy of prudence and caution, the Bank has been in the forefront of introducing various innovative services and systems. Business has been conducted with the successful blend of traditional values & ethics and with the modern infrastructure.

For further details, please visit Bank's website www.mpgb.co.in

Highlights of the Bank's Performance:

(Amount in crore)

Performance Parameters	As on 31st March 2023	As on 31st March 2024	As on 31st March 2025	As on 01st May 2025
Total Deposits	**27940.17**	**30262.78**	**32207.12**	**32322.04**
Total Advances	**17836.84**	**20181.88**	**21921.01**	**21569.35**
Operating Profit	**472.89**	**693.64**	**115.94**	**27.24**
Net Profit After Tax	**236.53**	**500.41**	**-14.75**	**8.09**
Capital Adequacy Ratio (%)	-	-	**12.68**	**12.75**
Net NPA (%)	**2.80**	**1.80**	**4.05**	**4.38**

For further details, please visit Bank's website www.mpgb.co.in

4. About RFP

मध्य प्रदेश ग्रामीण बैंक विपणन विभाग प्रधान कार्यालय, इन्दौर

1. INTRODUCTION & INSTRUCTIONS FOR RFP

This is a procurement event of Marketing Department of Madhya Pradesh Gramin Bank (Hereinafter referred to as MPGB), Indore. You are requested to read and understand the RFP and subsequent Corrigendum, if any, before submitting technical bid.

1a. INTRODUCTION

MPGB solicits proposals through a three stage bidding process (Technical Bid, Commercial Bids and Reverse Bids) from IRDA Licensed General Insurance companies and Standalone Health Insurance companies operating in India for Group Medical Insurance program offered to the our employees and retired employees of Banks. Bidders are invited to submit their proposal in accordance with the enclosed Request for Proposal (RFP) terms which are also available at MPGB's website www.mpgb.co.in

Complete confidentiality should be maintained. Information provided here should be used for its intended scope and purpose. Retention of this RFP signifies your agreement to treat the information as confidential. You must agree to bear all costs related to the preparation of your proposal.

Bid submission, queries and all other terms and conditions are detailed in the following sections of this document. All communication with regard to this proposal may be directed to ho.mkt@mpgb-rrb.com only.

i. All notices and correspondence to the bidder(s) shall be sent by email only, till finalization of tender takes place by Marketing Department, MPGB. Hence, the bidders are required to ensure that email address provided by them is valid and updated. Bidders are also requested to ensure validity of their DSC (Digital Signature Certificate).

ii. (a) At any time prior to the deadline for submission of technical bid, MPGB may for any reason, modify the RFP. Please note that there is no provision to take out list of parties downloading the RFP/ tender document from the web site mentioned. As such bidders are requested to see the website once again before the due date of opening to ensure that they have not missed any corrigendum uploaded against the said RFP after downloading the RFP document. The responsibility of downloading the related corrigenda, if any, will be of the bidder only.

(b) No separate intimation in respect of corrigendum to this RFP (if any) will be sent to tenderer(s) who have downloaded the documents from the website www.mpgb.co.in Please see website. MPGB reserves the right to accept or reject any or all the proposals in whole or part without assigning any reasons.

1b. Selection Process:

The selection of insurer/insurers would happen through a three-step process:-

i. RFP, Queries from insurers and pre bid meeting

All general and health insurers who have any queries on the RFP can send them to ho.mkt@mpgb-rrb.com on or before 08th August 2025, 5.00 p.m.

A pre-bid meeting would be held on 07th August 2025, 3.00 p.m., questions raised by insurers before

the pre-bid meeting may be considered by the MPGB at its discretion.

TPA presentation would be held on 14th August 2025, 4.00 p.m., details of Process of claims in Cashless/Reimbursement/Domiciliary etc. by TPA before the committee of the MPGB.

In case of any changes in the RFP, MPGB would publish the corrigendum on its website and all insurers are advised to check the MPGB website before submitting their final technical bids.

ii. Technical Bid

All technical bids would be evaluated for eligibility as per the eligibility criteria mentioned under Section I. Bids not meeting the eligibility criteria would be disqualified.

All the eligible technical bids would be evaluated by a committee of MPGB. Bidders who score atleast 60% (60/100) or more in the technical evaluation would qualify for the commercial bid. Those bidders who score less than 60% would not qualify for the commercial bid. The technical bid parameters are given under Annexure A. (*However, MPGB at its discretion may relax this criteria to ensure that enough bidders participate in the commercial bid)

The bidders must also agree to abide by the requirements under Annexure B - Service Level Requirements and Annexure C -MIS Formats.

By bidding for this RFP the bidder agrees to abide by the service levels and communication & MIS formats under Annexure B and Annexure C of the RFP. The same would also be incorporated in the form of an agreement with the selected bidder.

The documents/information submitted by the bidder(s) will be scrutinized. In case any of the information furnished by the bidder is found to be false during scrutiny process punitive action can be taken against defaulting Insurers.

iii. Commercial Bid

Bidders qualifying in the technical bid would be asked to participate in the commercial bidding process.

For deciding the L1 bidder the following process will be followed:

a. Bids are invited in the format as provided in Annexure D based on the latest available actual number of "in-service staff" and number of retirees who have subscribed for the current policy. The actual number of retirees subscribing to the policy during 2025-2026 may vary significantly.

b. The quote for "non-domiciliary" for "retiree and spouse" and "in service employee and family" as one group, for sum assured of Rs. 4 lakhs for workmen, Rs. 5.25 lakhs for officers upto Scale V is invited.

c. Premium loads on account of
   1) Domiciliary benefit for employees and their dependents,
   2) Ex gratia of Rs. 1 lakh in case of Critical Illness of employees and for
   3) Corporate buffer of Rs. 1 crores for employees and their families are to be quoted by the bidders.

   The aggregate of these 3 provisions which are available only to serving employees are to be quoted separately by the bidders.

d. The premium quotes excluding GST, submitted by bidders, as mentioned in "b" and "c" will be added to arrive at L1 quote.

e. The bidders have to commit for offering options of Top Ups of Rs. 1 lakh, Rs. 2 lakhs Rs. 3 lakhs, Rs.4 lakhs, Rs.6 lakhs, Rs.8 lakhs and Rs.10 lakhs, direct to employees (for illnesses including Infertility Treatments) - As coverage of infertility treatment is available only in Serving employee's Top-up policy, the employees opting for top-up policy will have the coverage up to 50% of sum insured of top-up policy towards the infertility treatment of the serving employee or/and spouse. As per practice, the top-up policy follows the base policy upon exhaustion of base policy's sum insured. This parameter is waived off for infertility coverage wherein, infertility treatment cost can be directly covered from top-up policy, without triggering the Base policy.) and similar such 7 top-up options to retirees. (Format provided in Annexure E) The quotes for these Top Ups will not be considered for arriving at L 1.

f. In case of retiree policy – Mentally / Physically challenged dependent family member shall be included by way of an Add-on. The premium payable on this shall be given separately in the commercial bid. The quotes for this Add-on will not be considered for arriving at L 1

g. **Retired workmen shall have an option to choose a sum insured of Rs.3.00 lakhs or Rs.4.00 lakhs. However, the insurance company for the purpose of submission of commercial bid shall consider premium quote for Rs.5.25 lakh for Officers and Rs.4.00 lakhs for workmen and the same shall be considered for arriving at L 1 quote.**

MPGB does not guarantee the participation of Retired employees which is totally voluntary. The actual number who subscribe to policy in case of employees as well as retirees may vary from the number indicated by us which is based on our records and understanding.

The detailed modalities and date for commercial bid would be communicated to the bidders who qualify in the technical bid process.

1c. Anytime during the process the MPGB may, at its discretion, ask respondents for clarifications on their proposal. The respondents are required to respond within the time frame prescribed by the MPGB.

1d. The technical bid along, accompanied by the information/documents indicated in the Annexure A, and acceptance of Annexure B and Annexure C are to be signed by the authorized signatory with Seal of the Company. All pages are required to be signed by the authorized signatory with the bidder's seal.

1e. The bidder shall appoint one duly authorized official as the SPOC for the entire process of the bidding. There should be a board resolution or delegation as per board resolution to establish that the SPOC is an authorized signatory.

2. Proposal Requirements

The following sections include the information necessary for your organization to respond to this RFP. Your proposal must:

i. Consider 1st September, 2025 as the effective date for Policy placement and administration for Serving employees and retiree policies
ii. Answer all the questions in following sections clearly and concisely
iii. Technical bids are to be submitted on or before 11.00 a.m on 20th August 2025 and
iv. Technical bids will be opened on 20th August 2025 at 01.00 p.m.

Failure to submit the proposal within the stipulated time will result in disqualification of the proposal.

3. General Information

The objective is to ensure that this Group Medical Insurance plan is managed at a high service level and in the most cost-effective manner as possible. The insurer must have the flexibility necessary to respond to MPGB's current and changing needs.

MPGB's primary objective in conducting this RFP is to contract with an insurer / insurers who: Matches the desired plan design and contract provisions; and

Demonstrates the ability to deliver high quality services across the country at a competitive price. MPGB shall provide following information to enable insurers who qualify technical bid to prepare and submit commercial bids for consideration by MPGB:

The information shall be sent separately via email to the bidders qualifying in the technical bid.

1. Employee and Dependent demography data

2. Claims data as on – For the policies
   a. Upto 03rd August 2025 for Policy Period 2024-25
   b. Policy Period 2023-24
   c. Policy Period 2022-23

4. Date Sheet

Task	Completion Date
Request for Proposal released	05th August, 2025
Written Questions regarding RFP should be sent before	08th August, 2025; 5.00 p.m.
Pre-Bid Meeting	07th August, 2025, 3.00 p.m.
Last Date & Time of Submission of Technical Bids	20th August, 2025, 11.00 a.m.
Date of Opening of Technical Bids	20th August, 2025, 01.00 p.m.
Date of Submission of Commercial Bids	To be announced
Plan Effective Date	01st Sept 2025 for Employees and Retirees Policy

Should you so desire, your authorized representative (letter of Authorization with official ID proof will be send on email ho.mkt@mpgb-rrb.com before 20th August 2025 at 11:00 a.m. who attend the technical bid) may remain at the time of opening of technical bids at the below mentioned address.

5. Address for communication:

The General Manager
Madhya Pradesh Gramin Bank,
204, Second Floor, C-21, Business Park,
C 21 Square, Opp. Hotel Radisson Blue,
MR-10, Indore (M.P.) - 452010

मध्य प्रदेश ग्रामीण बैंक विपणन विभाग प्रधान कार्यालय, इन्दौर

Venue for Pre-Bid Meeting & Opening of Technical Bids: -

Committee Room
Madhya Pradesh Gramin Bank,
204, Second Floor, C-21, Business Park,
C 21 Square, Opp. Hotel Radisson Blue,
MR-10, Indore (M.P.) - 452010

In case of any difficulty, in bid submission you may contact us by email to ho.mkt@mpgb-rrb.com

Questions concerning the RFP or its attachments can be directed to General Manager- Marketing.

No answer to the questions concerning the RFP will be provided over the phone. Please submit all questions in writing by email to ho.mkt@mpgb-rrb.com latest by 5.00 p.m. on 08th August, 2025

6. Deviations from RFP Specifications.

Any deviation will make you liable to be disqualified. Your company will be bound to comply with the provisions set forth in this RFP.

7. Proposal Instructions

(A) Proposal Requirements :

You may note that for the purpose of appointment of Group Medical Insurance, a three- stage bidding process viz.,

1) Pre-bid Meeting followed by RFP related Queries and Submission of Technical Bid

2) Submission of Commercial Bid and

3) Submission of Reverse Bid by such of those insurers who are qualified in the Technical Bid (except H1 Bidder in commercial Bid).

The response to the present tender will be submitted in two- parts, i.e. the Technical Bid and the Financial Bid.

The 'The Technical Bid' will contain the exhaustive and comprehensive Technical details indicated in Annexure- A,

The Technical Bid shall not contain any pricing or commercial information at all. If the Technical Bid contains any price related information, then that Technical Bid would be disqualified and would NOT be processed further.

Your response should be organized into following sections:-

Section 1	Executive Summary/Introduction to your organization and documents for eligibility given under Section I of this RFP
Section II	Proposal Compliance letter. A letter signed by an authorized officer of your organization signifying your proposal's complete compliance with the RFP specifications except as specifically noted in the appropriate sections

Section III	Response to Technical Bid (as per Annexure - A) to this RFP with supporting documents
Section IV	Acceptance of Annexure B – Service Level Agreement and Annexure C – MIS formats

All technical bid responses will be opened in front of a committee constituted for this purpose in MPGB in the presence of representatives of insurance companies if they choose to remain present.

(B) Process to be Adopted for Evaluation of the Technical Bids

In the first stage, only the 'Technical Bids' will be opened in respect of those bidders who fulfill the details indicated in Section I eligibility criteria. The Technical Bids will be evaluated on the basis of Technical details and the points to be awarded as per following table:-

(C) Evaluation criteria for Technical Bids

Sr.	Criterion	Points	Total	Supporting Documents
1	Number of Years since License given by IRDA as on 31.03.2025		5	Certified copy
	i. 5 Years,<=7 years	2		
	ii. >7 Years,<=10 years	3		
	iii. >10 Years	5		
2	Solvency Margin as of 31.03.2025		5	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	i. 1.50 <=1.60	2		
	ii. >1.60 <=1.75	4		
	iii. >1.75	5		
	"(All the PSU Companies will get 5 marks)"			
3	Health Premium underwritten within India (In. Rs. Crores) for FY 2024-25		10	Certified copy/Self-Declaration on company letterhead by authorized personnel
	i. Upto Rs. 1500 Crores	4		
	ii. > Rs. 1500 Crores <=Rs. 2000 Crores	6		
	iii. > Rs.2000 Crores <= Rs. 4000 Crores	8		
	iv. > Rs. 4000 Crores	10		
4	Number of Group Mediclaim lives covered during FY 2024-25		10	Certified copy/Self-Declaration on company letterhead by authorized personnel
	i. Upto 50,000	4		
	ii. > 50,000 and <= 1,00,000	6		
	iii. >1,00,000 and <=1,50,000	8		
	iv. >1,50,000	10		
5	Net Worth as of March 31st, 2025		5	CA certified copy
	i. > Rs. 500 Crores <=Rs. 1000 Crores	2		
	ii. > Rs. 1000 Crores <=Rs. 2000 Crores	3		
	iii. >Rs. 2000 Crores	5		

6	Claim Settlement Ratio on Health Insurance for FY 2024-25		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	i. <= 85%	4		
	ii. > 85% < = 90%	6		
	iii. > 90% , < 95 %	8		
	iv. > 95%	10		
7	Aging of Claims (% of Claims settled within three months on HI) as of 31.03.2025		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	i. <=75%	4		
	ii. >75% <=85%	6		
	iii. >85% <=95%	8		
	iv. >95%	10		
8	Grievance Ratio (Number of Grievances per 10000 policies on HI) for FY 2024-25		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	i. => 3 per 10,000	4		
	ii. => 2 per 10,000 < 3	6		
	iii. => 1.5 per 10,000, < 2	8		
	iv. < 1.5 per 10,000	10		
9	Grievance Redressal Ratio (Percentage of Grievances Accepted) for FY 2024-25		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	i. <= 30%	4		
	ii. > 30% <= 45%	6		
	iii. > 45% <= 60%	8		
	iv. > 60%	10		
10	Number of Hospitals where Tie-ups has been made by the company in Madhya Pradesh as of 31.03.2025		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel with attached list of all hospital
	i. 100	4		
	ii. > 100 <= 150	6		
	iii. > 150 <= 200	8		
	iv. > 200	10		
11	Number of Hospitals where Tie-ups has been made in India by the company as of 31.03.2025		5	CA certified copy/Self-Declaration on company letterhead by authorized personnel with attached list of all hospital
	i. Upto 1000	2		
	ii. > 1000 <= 2000	3		
	iii. > 2000 <= 4000	4		
	iv. > 4000	5		
12	Number of dedicated Manpower given for servicing Insurance Policy		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	i. 4 per 3750 number of families covered under the policy	4		
	ii. 6 per 3750 number of families covered under the policy	6		
	iii. 8 per 3750 number of families covered under the policy	8		
	iv. 10 per 3750 number of families covered under the policy	10		

	MAXIMUM MARKS	100		
	MINIMUM MARKS	60		

- Policies wherein your company is a Co-Insurer will not be considered.

- **Micro Insurance/State Policies will not be considered.** Only Corporate Group Medical Insurance policies will be considered for the Technical Bid. Company that does not have any policy of the required size will not get any points

(D) Bidders scoring equal to or more than 60% marks, as per above evaluation in Technical Bid, will qualify for further process of bidding. In the second stage, only those bidders, who have qualified through the above process on the basis of evaluation of their Technical Bids, will be allowed to participate in bidding process for financial bids. *(*However, MPGB at its discretion may relax this criteria to ensure enough bidder's participation in the commercial bid)*

MPGB reserves the right to:

i. Reject any or all responses received in response to the RFP without assigning any reason whatsoever.
ii. Cancel the RFP / Tender at any stage, without assigning any reason whatsoever.
iii. Waive or Change any formalities, irregularities, or inconsistencies in this proposal (format and delivery). Such a change / waiver would be duly and publicly notified in the MPGB`s website before the closure of the bid date.
iv. Extend the time for submission of all proposals and such an extension would be duly communicated by MPGB
v. Select the next most responsive bidder if the bidder evaluated for selection fails to result in an agreement within a specified time frame.
vi. Select the bidder even if a single bid is received as response.
vii. Share the information / clarifications provided in response to RFP by any bidder, with all other bidder(s) / others, in the same form as clarified to the bidder raising the query.

(E) Bid Submission

1. The bid should be **signed by the bidder or any person duly authorized** to bind the bidder to the contract. The signatory should give a declaration and through authenticated documentary evidence establish that he/she is empowered to sign the tender documents and bind the bidder. **All pages of the tender documents** except brochures, if any, are to be signed by the authorized signatory.

2. The bid should contain no interlineations, erasures or over-writings except as necessary to correct errors made by the bidder. In such cases, the person/s signing the bid should initial such corrections.

3. The bidder is expected to examine all instructions, forms, terms and conditions and technical specifications in the Bidding Documents. Failure to furnish all information required by the Bidding Documents or submission of a bid not substantially responsive to the Bidding Documents in every respect will be at the Bidder's risk and may result in rejection of the bid.

4. No columns of the tender should be left blank. Offers with insufficient information and Offers which do not strictly comply with the stipulations given above, are liable for rejection.

5. The bids will be opened in the presence of authorized representatives of the bidders. However, the representative of the bidder has to produce an authorization letter from the bidder to represent them at the time of opening of Technical bid. Only two representatives will be allowed to represent any bidder. In case the bidder's representative is not present at the time of opening of bids, the quotations / bids will still be opened at the scheduled time.

6. The bidders have to submit bids **two (one for technical and one for Financial Bid) separate sealed** envelope **under one Common sealed and signed envelope** within prescribed timeline. The complete bid documents need to be submitted by the bidder duly signed and stamped in the documents.

7. Separate sealed Envelopes 1) Technical Bid & 2) Financial Bid to be placed in a single cover (sealed) and **super** scribed as **"Tender for Group Medical Insurance Policy for MPGB Employees/Retirees and their Dependent Family Members".** The sealed envelope should be dropped in the tender box placed in our Head office before the Tender due date and time. Those who send the tender documents by post, have to ensure that the documents reach the office on or before the prescribed time & date. The Bank will not take any responsibility under any circumstances for courier/ postal delays.

(F) Plan Design and Related Documents

i. Plan Design

The Policy shall be in the Name of Madhya Pradesh Gramin Bank and hence one consolidated policies for Employees, Retired Employees, should be issued.

Policies having single life coverage
In case of retirees, the bidders will have to quote for single person policy in addition to policy for ex-employee and spouse. There shall be a Corporate BUFFER of 1 Crores for the Policy (Policy for Employees) which shall be utilized by the MPGB at its discretion. Buffer is utilized in both matter either in Cashless or reimbursement. Buffer allotment is decided by MPGB only. There is no capping (No capping on individual Sum Insured) applicable in Buffer Utilization. MPGB may decide to give Buffer. Buffer eligibility for all types of claims i.e. Cashless/Reimbursement/Domiciliary/Others.

ii. RFP Terms and Conditions:

Following additional terms and conditions shall apply to the evaluation process:

(a) Bidder warranties - By submitting a Response, the Bidder represents and warrants to MPGB that, as at the date of submission:

i. the Bidder has to fully disclose to MPGB in its Responses all information which could reasonably be regarded as affecting in any way MPGB's evaluation of the Response;

ii. all information contained in the Bidder's Response is true, accurate and complete;

iii. and not misleading in any way;

iv. no litigation, arbitration or administrative proceeding is presently taking place, pending or to the knowledge of the Bidder threatened against or otherwise involving the Bidder

which could have an adverse effect on its business, assets or financial condition or upon MPGB's reputation if the Response is successful;

v. the Bidder will immediately notify MPGB of the occurrence of any event, fact or circumstance which may cause a material adverse effect on the Bidder's business, assets or financial condition, or MPGB's reputation or render the Bidder unable to perform its obligations under the MPGB agreement, if any or have a material adverse effect on the evaluation of the responses by MPGB; and

vi. the Bidder has not and will not seek to influence any decisions of MPGB during the evaluation process or engage in any uncompetitive behavior or other practice which may deny legitimate business opportunities to other Bidders.

vii. If selected, Bidder will not seek Medical examination of any employee or retired staff or family members for inclusion in the Policy. (*Definition of Family is In partial modification of clause 18 of BPS dated 25-5-2015 and Clause 21 (ii) of the settlement dated 11th November, 2020 and Clause 16 (v) of Joint Note dated 11th November 2020 for the purpose of medical facilities, the expression 'family' of an Officer/employee shall mean:

a) The employee's spouse,
b) Wholly dependent unmarried children (including step children and legally adopted children)
c) Wholly dependent physically and mentally challenged brothers / sisters with 40% or more disability,
d) Widowed daughters and dependent divorced / separated daughters,
e) Sisters including unmarried/ divorced/ abandoned or separated from husband/ widowed sisters,
f) Parents wholly dependent on the employee.

Provided that in the case of physically and mentally challenged children irrespective of age, they shall be construed as dependents even after their marriage subject to however fulfilling the income criteria for dependent.

g) The term wholly dependent family member shall mean such member of the family having a monthly income not exceeding Rs.18,000/-
If the monthly income of the parents exceeds Rs.18,000/- or the aggregate of monthly income of both the parents exceeds Rs.18,000/-, both the parents shall not be considered as wholly dependent on the employee.

(b) Confidentiality - Bidder must keep confidential any information received from or about MPGB as a **result** of or in connection with the submission of the Response. All information contained in the Response, or in subsequent communications shall be deemed confidential and may be used only in connection with the preparation of Bidder's Response. Unless expressly agreed in writing, prior to submissions, Responses are not confidential and may be used by MPGB in whole or part. MPGB however, will not disclose the information provided by a Bidder in a Response other than to its affiliates or to its professional advisors, unless required otherwise by any provisions of law. Additionally, and at any point of the evaluation and selection process, MPGB may require the Bidder to execute a Non-Disclosure Agreement (NDA) if the Bidder has not executed an NDA with MPGB previously.

(c) Disclaimer - Whilst all reasonable care has been taken in compiling this Response document, the figures, documents and details are presented in good faith; and no warranty or guarantee (express

or implied) is given by MPGB as to the completeness or accuracy of the Response or any information provided in or in connection with it. To the maximum extent permitted by law:

i. MPGB, its officers, employees and agents will not be liable in any way whatsoever for any loss, damage, cost or expense (including without limitation any liability arising from any fault or negligence on their part) arising from the evaluation process; and

ii. Each Bidder releases and indemnifies MPGB from all claims, suits, demands, proceedings, actions, liabilities, damages and costs which may arise under statute, law, equity or otherwise arising from, whether directly or indirectly, or in connection with the evaluation and selection process.

(d) This RFP is not an offer to contract, nor should it be construed as such; it is a definition of specific MPGB requirements and an invitation to recipients to submit a responsive proposal addressing such requirements. MPGB reserves the right to make no selection and enter into no agreement as a result of this RFP. Only the execution of a written agreement between MPGB and an insurance company will obligate MPGB in accordance with the terms and conditions contained in such agreement.

(e) It should be understood that your response to this RFP constitutes an offer to do business on the terms stated in your response and that, should a contract be awarded to you, MPGB may, at its option, incorporate all or any part of your response to this RFP in the contract. MPGB reserves the right to accept your offer without further discussions and without any additional opportunity for you to amend, supplement or revise your submitted offer.

(f) **MPGB's right to** verify - MPGB reserves the right to conduct a site survey or obtain other evidence of facilities, resources, and managerial, financial and Bidder performance abilities prior to announcing the successful Bidder or awarding an agreement under this evaluation process.

(g) **Financial** documents - MPGB may request additional financial/ business information from the Bidder at its discretion.

(h) **Selection criteria** - The selection criteria, inquiries, questions or information put forth in the Response are meant to be provided on the aforesaid and established through the details submitted by the bidder in the Technical Bid. MPGB would invite commercial bids through a e-tender process of those bidders who meet the evaluation standard of 60% marks. Bidders who score less than 60% in the Technical bid would not qualify to participate in the commercial bidding process. *(*However, MPGB at its discretion may relax this criteria to ensure enough bidders participate in the Commercial bid)*

(i) **Termination/or suspension of evaluation process** - MPGB reserves the right to suspend or terminate the Bidder evaluation process (in whole or in part) at any time in its absolute discretion and without liability to the Bidder or any third party. Bidders will be notified if any suspension or termination occurs but MPGB is not obliged to provide any reasons.

(j) **Other Rights** - Without limiting its rights under any other clause of this evaluation process or at law, and without liability to the Bidder or any third party, MPGB may at any stage of the evaluation process:

i. Require additional information from a Bidder;
ii. Change the structure and timing of the evaluation process;
iii. Terminate further participation in the evaluation process by a Bidder;
iv. Negotiate with more than one Bidder;
v. Terminate negotiations being conducted with a Bidder;
vi. Vary or extend the timetable and evaluation process;

vii. Accept any non-complying Response; or

viii. Vary the terms and conditions of the evaluation process, the RFP or specifications or requirements at any time.

(k) Responsibility for Costs - Bidder is responsible for all costs, expenses or liabilities incurred by them or on their behalf in relation to the evaluation process (including in relation to providing MPGB with the response, the revised response or any additional information).

(l) Non-Reliance by Bidder - Bidder, by submitting a Response, acknowledges that:-

i. It does not rely on any information, representation or warranty, whether oral or in writing or arising from any other conduct, other than that specified in this RFP or otherwise provided by MPGB in writing;

ii. It has made its own inquiries as to the risks, contingencies and other circumstances that may have an effect on the Bidder's Response as well as the accuracy, currency or completeness of such information; and

iii. Information provided in its Responses are based on historical trends and does not constitute a representation that such trends will continue into the future or occur again and nothing contained in its Response can be relied upon as a commitment, guarantee or representation regarding future events or performance.

(m) MPGB's right to vary RFP without liability to Bidder. Where MPGB varies any aspect of this evaluation process or the agreement, MPGB shall notify the Bidder of that variation.

(n) Incorporation of Responses into agreement - The successful Bidder, as concluded by MPGB, shall sign an agreement with MPGB. MPGB may, at its sole discretion, incorporate any portion of any successful Response of a successful Bidder into the final agreement.

(o) Precedence of Documents - If there is any inconsistency between the terms of this RFP and any of its appendices, schedules or attachments then, unless the contrary is explicitly stated in this RFP, the terms of the RFP will prevail to the extent of any inconsistency.

(p) Governing Laws & Dispute Resolution - The RFP and selection process shall be governed by and construed in accordance with the laws of India. Any dispute arising out of the RFP process shall be referred to arbitration under the Arbitration & Conciliation Act, 1996. The arbitral tribunal shall consist of three arbitrators - one each to be appointed by MPGB and Bidder and the two appointed arbitrators then appointing an umpire. The venue of arbitration shall be Indore.

(q) The evaluation process as communicated earlier shall continue without any changes.

(r) Grounds for Rejecting the Bid :-

i. Fraud and Corruption:-

a. Each Bidder and its officers, employees, agents and advisers shall observe the highest standard of ethics during the Bidding Process.

b. Any Bidder who has been found ineligible for participating in any tender or bid process because of indulging into any corrupt/ fraudulent/coercive / undesirable/ restrictive practices during any bidding process, directly or indirectly or through an agent, conducted by the State Government or any of the other ministries, departments, State owned enterprises or undertakings of the RFP State Health Agency (SHA) for a period of three years.

For the purpose of this **Clause (r) i.**, the following terms will have the meanings given to them below:

a. **corrupt practice** means:

(i) Offering, giving, receiving or soliciting, directly of value to influence the actions of any person connected with the Bidding Process. For the avoidance of doubt, offering of employment to, or employing, or engaging in any manner whatsoever, directly or indirectly, any official of MPGB or banks who is or has been associated in any manner, directly or indirectly, with the Bidding Processor has dealt with matters concerning the Scheme or arising from it at any time prior to the expiry of one year from the date such official resigns or retires from or otherwise ceases to be in the service of MPGB or bank, will be deemed to constitute influencing the actions of a Person connected with the Bidding Process; or

(ii) engaging in any manner whatsoever, whether during the Bidding Process before or after the execution of the Insurance Contract, as the case may be, any Person in respect of any matter relating to the Scheme, the Bidding Process or the Insurance Contract, who at anytime has been or is a legal, financial or technical advisor of the MPGB or Banks on any matter concerning the Scheme.

b. **Fraudulent practice** means any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a person to obtain a financial or any other benefit or to avoid an obligation.

c. **Coercive** practice means impairing or harming, or threatening to impair or harm, directly or indirectly, any person or the property of the person to influence improperly the actions of a person.

d. **undesirable practice means:**

(i) establishing contact with any person connected with or employed or engaged by the MPGB or its advisors with the objective of canvassing, lobbying or in any manner influencing or attempting to influence the Bidding Process; or

(ii) Having a Conflict of Interest (as defined in Clause below).
"restrictive practice means forming a cartel or arriving at any understanding or arrangement amongst Bidders with the objective of restricting or manipulating full and fair competition in the Bidding Process."

e. **Conflict of Interest**

A Bidder shall not have any conflict of interest (a Conflict of Interest) that affects the Bidding Process.

8. Objectives of the BID DOCUMENT

Bank intends to renew the Group Mediclaim Insurance Policy of Madhya Pradesh Gramin Bank for sum insured values along with list of coverage as stated in this document for the policy period of one year with effect from **1st September 2025 to 31st August 2026**.

Madhya Pradesh Gramin Bank intends to issue this bid document, hereinafter called BID DOCUMENT, to eligible Insurance Companies in India, hereafter called as "Bidders", to participate in the competitive bidding through Bank Website.

All offers of the bidders shall be unconditional and once accepted whether with or without modifications by the Bank shall be binding between the Bank and such Bidder.

Bank will not accept any deviations from the terms and conditions specified in this BID DOCUMENT. Deviations could result in disqualification of the offer made by the bidder at thediscretion of the Bank.

In case of any additional clarification, feel free to connect the following persons

From Madhya Pradesh Gramin Bank		
Mrs. Kirti Bhardwaj	ho.mkt@mpgb-rrb.com	0731-2445333
Mr. Sanjeev Gadgil	ho.mkt@mpgb-rrb.com	0731-2445333

MPGB assumes no liability or liability for any cost the bidder may incur in responding to this BID DOCUMENT including travel costs, attending meeting etc.

Note: Any bid received after the last date of the receipt of bids prescribed in Bank Website,will not be accepted by the Bank. No bid will be modified after submission of bids. No bidder shall be allowed to withdraw the bid.

9. Proposal Process Management:

1. Madhya Pradesh Gramin Bank reserves the right to accept or reject any or all proposals, to revise the BID DOCUMENT, to request one or more re- submissions from all bidders or clarifications from one or more bidders, or to cancel the process in part or whole. All claims for functional/technical delivery made by the bidders in their responses to the BIDDOCUMENT shall be assumed as deliverable within the quoted financials.

2. The Bidder shall bear all costs associated with the preparation and submission of its bid, and the Bank will, in no case be responsible or liable for any costs for submission of bids.

10. Language of Bid

The language of the bid response and any communication with the Bank must be in **English** only. Supporting documents provided with the BID DOCUMENT can be in another languageso long as it is accompanied by an attested translation in English, in which case, for purpose ofevaluation of the bids, the English translation will govern.

11. Other Terms & Conditions:

a. The proposal must clearly mention that it is non-cancellable for any reason other than non-payment of premium.
b. Hard copy of Service-level Agreement (duly signed & stamped) on Rs.500/- e-stamp paper (M.P.) to be provided by the L1 bidder at the time of awarding the policy.
c. In the event that you elect not to respond to this BID DOCUMENT, then the restrictions shall continue to apply to the use or disclosure of this information. Additionally, bidders must immediately return this document and certify in writing to MPGB/, that all copies have been returned to MPGB or destroyed.
d. The bid/terms offered would not have any "premium/claims Review "clause.
e. The proposal must clearly mention that it is non-cancellable for any reason other than non-payment of premium.
f. The Bidder has to submit the relevant & readable files completely duly signed including covering letter as indicated in the tender document (including issued corrigendum if any. In case of any irrelevant or non-readable files, the bid may be rejected.
g. Madhya Pradesh Gramin Bank (MPGB) reserves the right to accept or reject any or all the tender

in part or in full or may cancel the tender, without assigning any reason thereof.

h. MPGB reserves the right to relax/ amend/ withdraw any of the terms and conditions contained in the tender document at any stage of the Tender process without assigning any reason thereof.

i. MPGB reserves the right to modify/ change/ delete/ add any further terms and conditions prior to issue of purchase order.

j. The Technical bid will be opened 20th August 2025, 01:00 PM and technically qualified bidders will be informed regarding opening of financial bid at a later date. Bank will declare L-1, L-2 & L-3 on basis of Financial bid.

k. During the tender opening one authorized representative of the bidder must be present.

l. The Rate / Commercial / Technical Offer of the bidder should remain valid for 180 days. The bidder should have ensured that all necessary approvals from their Regional Offices/Head Offices/Competent Authority should be in place before bidding. MPGB is well within their right to seek those approvals in case a bidder is selected as L1. In case the bidder is unable to provide the same, MPGB reserves the right to reject the L1 bidder.

m. Bids which are late/ vague/ conditional/ incomplete/sent by fax/ sent by email/not confirming to the laid down procedure in any respect will be rejected.

n. In case of any difference(s) arising in the terms and conditions of the tender documents with the term(s), the decision of the MPGB shall prevail.

o. Arbitration- All disputes and differences which may arise between the MPGB and the Insurance Company shall be referred to Chairman of MPGB whose decision shall be binding on all concerned.

p. MPGB reserves the right to cancel or postpone the tenders at any stage without assigning any reason. MPGB reserves the right to negotiate with L1, L2 & L3 bidders in case the premiums are on the higher side and the bidder by bidding thus confirms to negotiate in such an eventuality.

q. MPGB may issue corrigendum on Website to tender document before due date of submission of the bid. The bidder is required to read the tender document in conjunction with the corrigendum if any issued by MPGB.

r. MPGB may request additional financial/business information from the Bidder at its discretion.

s. **The selection criteria, inquiries, questions or information put forth in the response are meant to be provided on the aforesaid and established through the details submitted by the bidder in the Technical Bid. Financial Bid of those companies which do not meet the evaluation standard of at least 60 % MARKS, WILL NOT BE OPENED AND PROCESSED FURTHER.**

t. Termination or suspension of the evaluation process – MPGB reserves the right to suspend or terminate the Bidder evaluation process(in whole or in part) at any time in its absolute discretion and without liability to the Bidder or any third party. In case of cancellation of the evaluation process, such notice shall be intimated through Website.

u. Clarification shall be sought only through e-mail. No other mode of communication shall be entertained.

v. The premium quoted shall be firm and final, held valid during the entire course of the policy period. No provisional rate of premium should be offered. Conditional offers, if any, can be rejected by us. Offers with deviations in terms and conditions as mentioned in our tender documents can be rejected.

w. Premium should be quoted in both words and figures. It should be Inclusive of all taxes. Any correction / overwriting / scoring / cancellation shall be counter signed. If there is any difference in words and figures, the words will supersede figures. In case of illegibility, the interpretation of MPGB shall be final. All entries shall be in English language only.

x. Incomplete offers are liable to be rejected.

y. Notwithstanding anything stated above, MPGB reserves the right to assess the Insurer's capacity and capability to perform the Insurance business, should the circumstances warrant. Such an assessment will be in the overall interest of MPGB.

z. Submitting the offer does not guarantee MPGB accepting your offer. MPGB reserve the right to accept or reject any offer or offers or part thereof at its sole discretion, without assigning any reason.

aa. MPGB takes no responsibility for delay or non-receipt of the offers by the Insurers.

bb. The submission of offer shall have no cause of action or claim against MPGB for rejection of offer. 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 offer.

cc. L1 status will be evaluated based on total premium amount with consideration of coverage offered by them.

dd. Any offer received after the expiry of the time specified for receiving the offer is liable to be rejected.

ee. Please note that this tender will be published on Website only where from you can download and apply as per tender rules.

ff. Right to Negotiate - Bank reserves the right to negotiate with L1 bidder in case if it is required.

gg. The agreement with the bidders shall be governed in accordance with the Laws of India for the time being in force and will be subject to the exclusive jurisdiction of Courts at Indore, with the exclusion of all other courts.

hh. During the policy period (i.e. 01/09/2025 to 31/08/2026) some of our staff members may join/leave the organization. The insurer must provide the insurance services to new joinee staff as well as their dependent in tender price pro-rata base. In case of a staff leaving the organization, the insurer must refund the premium amount on pro-rata basis. **Erstwhile Madhyanchal Gramin Bank staff and their dependent will join the policy from 05th October 2025. The insurer must provide the insurance services to such staff as well as their dependent in tender price pro-rata base.**

ii. All active employees of MPGB (excluding retirees) shall be entitled to undergo one annual health checkup (available on both type Cashless/Reimbursement) comprising 31 specified diagnostic tests at hospitals affiliated with the insurance provider-

CBC+ ESR, BLOOD GROUPING & Rh Typing, GLUCOSE FASTING, GLUCOSE POST PRANDIAL, HbA1C, LIPID PROFILE, SERUM CREATININE, SERUM POTASSIUM, SERUM SODIUM, LIVER PROFILE, EXTENDED LIPID PROFILE, HIV SCREENING TEST, HBSAG, ANTI HCV TOTAL, VITAMIN B12, VITAMIN D, TOTAL PSA, URINE ROUTINE,STOOL ROUTINE, TSH Ultrasensitive (Thyroid Stimulating Hormone), X-RAY TEST CHEST, PFT/SPIROMETRY, ECG, TMT (STRESS TEST), 2D ECHO DOPPLER ROUTINE, USG WHOLE ABDOMEN, VISION TESTING, TOTAL TESTOSTERONE, PAP SMEAR, BMD (whole body), MAMMOGRAPHY, AUDIOMETRY TEST

The bidder is required to read all the above terms and condition and duly seal & sign the pages as acceptance of the same while sending the copy to us.

S.N.	Timetable Task	Completion Date
1.	Mode of Tender	Website
2.	Date of Floating of RFP	05th August 2025
3.	Written questions regarding RFP	08th August 2025
4.	Date of closure of tender for submission of Technical and Financial bid.	20.08.2025 till 11:00 A.M.
5.	Date of opening of Technical bid	20.08.2025 at 01:00 P.M.
6.	Date of opening of Financial bid	Intimate separately.
7.	Date of Reverse Auction	Intimate later to qualifier
8.	Website	www.mpgb.co.in
9.	Policy Effective Date	01st September 2025
10.	Contact E-mail ID	ho.mkt@mpgb-rrb.com

The bidder is required to read all the above terms and condition and sign the pages as acceptance of the same while sending the scanned copy.

General Manager

मध्य प्रदेश ग्रामीण बैंक विपणन विभाग प्रधान कार्यालय, इन्दौर

Check List

Sr. No.	Documents		Attached in BID (Y/N)	Page No.	
				From	To
1	Eligibility Criteria Declaration As per Section I				
2	Proposal Compliance Letter as per Section II				
3	Section III - Technical Bid Documents as per Annexure-A				
4	Section IV				
	a	Service Level Agreement as per Annexure-B			
	b	MIS reports Format as per annexure-C			
5	Including in Technical Bid				
	a	Nil deviation declaration letter –On Bidders letterhead Annexure G			
	b	Company Profile - Annexure - H			
	c	Undertaking Letter - Annexure - I			
	c	Escalation matrix as per annexure - J			
	d	Scope of coverage as per Annexure -K			
	e	Board resolution copy in favor of Authorized Person (Enclosed Documents)			
	f	Power of Attorney/ Authorization letter in case of Authorized person delegates authority to another person to the company to sign the bid documents with Official ID (Enclosed Documents)			
	g	Tender Documents signed in all pages (Enclosed Documents)			
	h	Other additional documents relevant to tender			
6	Commercial Bid		(Do Not enclosed in Technical Bid separately submit in Financial Bid Only)		
	a	Premium for Non - Domiciliary Policy and Premium load domiciliary benefit and Ex-gratia and Corporate Buffer for Employees and their dependent as per Annexure-D			
	b	Financial Bid for Top-up for In Service Employee and Retiree's with their dependent Policy as per Annexure-E			
	c	Domiciliary Add-On Premium details for Retirees Employee Policy as per Annexure-F			

Note:

a) All pages of the bid documents must be signed by authorized person.
b) All pages of the bid documents should be numbered in serial order i.e. 1, 2, 3, and so on.
c) This check list to be enclosed along with tender documents.

Signature of Authorized Signatory
Name of Signatory:
Designation:
Seal of Company

Section I

(To be provided in Insurance Company's Letter Head)

BIDDERS ELIGIBILITY CRITERIA DECLARATION:

Only those bidders fulfilling these criteria should respond to the tender:-

1. The Insurance company should be registered with IRDA with at least **05** years of experience in the field of General Insurance/Standalone Health Insurance in India and its registration/license should be valid as on the date of bidding. Insurer to submit a valid copy of IRDA license.
2. The Insurance Company should have minimum Networth of Rs.500 crore as of 31st March, 2025 (Not applicable for Public Sector Insurers)
3. The bidder should have Solvency Ratio of over 1.50 as of 31st March, 2025 (Not applicable for Public Sector Insurers)
4. Insurance company should have a **gross written premium of minimum Rs. 1,000 Crores of Health Insurance Business during** financial year 2024-25 from the Indian operations.
5. Should have ICR 80% and above for FY 2024-25.
6. The Bidder should have serviced 3 years, as the lead insurer atleast one single non government policy covering more than 75,000 primary members in the last five financial years.
7. The insurer qualifying for the bidding process must have underwritten Gross Direct Health Premium, more than the premium being bid for this tender, in any three financial years out of last five financial year.
8. The bidder should have experience of managing **ONE** Group Mediclaim Insurance policy for a groupsize of at least **5000** lives covered in the last financial year i.e.2024-25.
9. Minimum Hospitals Tie-up in Madhya Pradesh is 100 with presence in at least 50% district of Madhya Pradesh. (Documentary evidence to be enclosed).
10. At least one Claim team must be available in Bank's service area.

Supporting Documents to be given:

a. IRDA License
b. Audited or CA certification of Networth as of 31st March, 2025
c. Audited or CA certification of Solvency as of 31st March, 2025
d. Documentary Proof supporting Point. 4, 5, 6 & 7 of the Eligibility Criteria.

* (If Audit has not been completed for FY 2024- 25, then unaudited report may be submitted along with audited certificate of FY 2023-24. Similarly, for compliance of points 2, 3, 4 and 5 above, if Balance Sheet for FY 2024-25 has not been finalised, the compliance based on Balance Sheet for FY 2023-24 will be accepted.) All supporting documents should be additionally attested by authorized signatory and bidder to put company seal. The UDAI of certifying CA is to be clearly mentioned.

Note :- As per public disclosures (provide the supporting document in Company Letter Heads seal and signed by Authorized Signatories)

मध्य प्रदेश ग्रामीण बैंक ★ विपणन विभाग ★ प्रधान कार्यालय, इन्दौर

Section II
Proposal Compliance Letter
(to the Bank on the bidder's letterhead)

To,

The General ManagerMarketing Department
Madhya Pradesh Gramin Bank
Head Office, Indore

Dear Sir,

Sub: SUBMISSION OF BID IN REGARD TO BID DOCUMENT GROUP MEDICLAIM INSURANCE POLICY OF THE BANK

With reference to the captioned BID DOCUMENT, having examined and understood the instructions, terms and conditions, we hereby enclose our Bid for the Group Mediclaim insurance policy for the Bank In- Serving Employees and Retirees with their dependent. We confirm that the offer is in conformity with the terms and conditions as mentioned in your above referred BID DOCUMENT.

We further confirm that the information furnished in the proposal, annexure formats etc. is correct and proposal's complete compliances with the RFP specification. Bank may make at its own discretion inquire for verification of submitted informationand we understand that the Bank has the right to disqualify and reject the proposal, if any of the information furnished in the proposal is not corrector false without assigning any reasons thereof.

We also confirm that the prices offered shall remain fixed for a period of 180 days from the date of submission of the offer. We also understand that the Bank is not bound to accept the offer either in part or in full. If the Bank rejects the offer in full or in part, the Bank may do so without assigning any reasons thereof.

We have appointed following Official to deal with the Bank in regard to the captioned insurance policy.

Name of the Official:
Designation:
Mobile No:
E-Mail ID:

Yours faithfully,
Authorized Signatory

(Name, Designation and Seal of the Company)
Date

मध्य प्रदेश ग्रामीण बैंक विपणन विभाग प्रधान कार्यालय, इन्दौर

Annexure A

(To be provided in Insurance Company's Letter Head)
Technical Evaluation Criteria

Sr.	Criterion	Points	Total	Supporting Documents
1	Number of Years since License given by IRDA as on 31.03.2025		5	Certified copy
	iv. 5 Years,<=7 years	2		
	v. >7 Years,<=10 years	3		
	vi. >10 Years	5		
2	Solvency Margin as of 31.03.2025		5	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	iv. 1.50 <=1.60	2		
	v. >1.60 <=1.75	4		
	vi. >1.75	5		
	"(All the PSU Companies will get 5 marks)"			
3	Health Premium underwritten within India (In. Rs. Crores) for FY 2024-25		10	Certified copy/Self-Declaration on company letterhead by authorized personnel
	v. Upto Rs. 1500 Crores	4		
	vi. > Rs. 1500 Crores <=Rs. 2000 Crores	6		
	vii. > Rs.2000 Crores <= Rs. 4000 Crores	8		
	viii. > Rs. 4000 Crores	10		
4	Number of Group Mediclaim lives covered during FY 2024-25		10	Certified copy/Self-Declaration on company letterhead by authorized personnel
	v. Upto 50,000	4		
	vi. > 50,000 and <= 1,00,000	6		
	vii. >1,00,000 and <=1,50,000	8		
	viii. >1,50,000	10		
5	Net Worth as of March 31st 2025		5	CA certified copy
	iv. > Rs. 500 Crores <=Rs. 1000 Crores	2		
	v. > Rs. 1000 Crores <=Rs. 2000 Crores	3		
	vi. >Rs. 2000 Crores	5		
6	Claim Settlement Ratio on Health Insurance for FY 2024-25		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	v. <= 85%	4		
	vi. > 85% < = 90%	6		
	vii. > 90% , < 95 %	8		
	viii. > 95%	10		
7	Aging of Claims (% of Claims settled within three months on HI) as of 31.03.2025		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	v. <=75%	4		
	vi. >75% <=85%	6		
	vii. >85% <=95%	8		
	viii. >95%	10		

8	Grievance Ratio (Number of Grievances per 10000 policies on HI) for FY 2024-25		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	v. => 3 per 10,000	4		
	vi. => 2 per 10,000 < 3	6		
	vii. => 1.5 per 10,000, < 2	8		
	viii. < 1.5 per 10,000	10		
9	Grievance Redressal Ratio (Percentage of Grievances Accepted) for FY 2024-25		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	v. <= 30%	4		
	vi. > 30% <= 45%	6		
	vii. > 45% <= 60%	8		
	viii. > 60%	10		
10	Number of Hospitals where Tie-ups has been made by the company in Madhya Pradesh as of 31.03.2025		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel with attached list of all hospital
	v. 100	4		
	vi. > 100 <= 150	6		
	vii. > 150 <= 200	8		
	viii. > 200	10		
11	Number of Hospitals where Tie-ups has been made in India by the company as of 31.03.2025		5	CA certified copy/Self-Declaration on company letterhead by authorized personnel with attached list of all hospital
	v. Upto 1000	2		
	vi. > 1000 <= 2000	3		
	vii. > 2000 <= 4000	4		
	viii. > 4000	5		
12	Number of dedicated Manpower given for servicing Insurance Policy		10	CA certified copy/Self-Declaration on company letterhead by authorized personnel
	v. 4 per 3750 number of families covered under the policy	4		
	vi. 6 per 3750 number of families covered under the policy	6		
	vii. 8 per 3750 number of families covered under the policy	8		
	viii. 10 per 3750 number of families covered under the policy	10		
	MAXIMUM MARKS	100		
	MINIMUM MARKS	60		

Eligibility Criteria

- Only IRDAI (Insurance Regulatory Development Authority of India) registered Insurance Companies are eligible to participate in the Bid.
- The self-attested copy of the IRDAI License should be submitted along with the Technical Bid by the bidder.

Authorized Signatory
(Name, Designation and Seal of the Company)
Date:

Note: All supporting documents in regards to above mentioned eligibility criteria and Technical evaluation need to be submit in the technical Bid duly signed and stamped.

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Annexure B

Service Level Agreement

(Rs.1000 Stamp Paper Madhya Pradesh)
(Submit by L1 Only before policy issued)

This Service Level Agreement ("Agreement") is made and executed on___day of_2025 at Indore, Madhya Pradesh, India. BY AND BETWEEN

_____, a licensed Public/Private Sector General/ Standalone Health Insurance Company authorized and Regulated by the Insurance Regulatory and Development Authority (IRDA) under License Code No._____and having its registeredoffice at

_____

Madhya Pradesh Gramin Bank, a Regional Rural Bank, was constituted on 1st May, 2025 after amalgamation of two Regional Rural Banks (RRBs) namely Narmada Jhabua Gramin Bank and Central Madhya Pradesh Gramin Bank as per Government of India Gazette notification No. CG-DL-E-07042025-262329 S.O. 1630(E) dated 05-04-2025 and having its Head office at Madhya **Pradesh Gramin Bank,** 204, C- 21 Business Park, Ring Road, Radisson Square, Opposite Hotel Radisson Blu, Indore, Madhya Pradesh - 452010.

The purpose of this agreement is to set forth the terms and understandings of both parties with respect to the provisions of client services by

_____Insurance Company Limited duly appointed by Madhya Pradesh Gramin Bank for the purpose of providing Group Mediclaim Insurance Coverage to the in-service employees/Retired employees and their dependents.

Tenure of Agreement

The Agreement will be for 1 year starting from the tentative Policy Inception date **01/09/2025 till 31/08/2026 00:00:00 hrs.**

NOW THEREFORE in consideration of the mutual covenants, terms and conditions set forth in this SLA, the Parties agree as follows:

1) Scope and responsibilities by Either Party:

Scope of Work	Responsible Party
Policy Document Issuance	_____Insurance Company Limited
Addition, Deletion & Correction of Member	_____Insurance Company Limited
Claims Management	_____Insurance Company Limited
Administration of policy	_____Insurance Company Limited

2) Policy Administration & Turn Around Timelines:

Service Administration	Turn Around TAT
Issuance of Policy document by Insurer	07 working days from the date of acceptance of premium
Issuance of Endorsement (Addition, Deletion & Correction)	03 working days
Settlement Amount Payment on Account post submission of complete documents	21 working days

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3) Claims process:

Madhya Pradesh Gramin Bank is responsible for notifying claims or potential circumstances that may give rise to a claim in accordance with Madhya Pradesh Gramin Bank's GMC Policy. To ensure full protection under Madhya Pradesh Gramin Bank's GMC policy, Madhya Pradesh Gramin Bank should familiarize themselves with the coverage conditions or other procedures immediately related to the claims and to the notification of those claims. Collection of the Reimbursement Claim documents will be done weekly from designated regional offices of Madhya Pradesh Gramin Bank by TPA/Insurer. Reimbursement Claim documents should be processed online from Indore, MADHYA PRADESH.

4) Turn Around Time envisaged for rendering service by Insurance Company/Shortlisted TPA:

Service	Maximum Turn Around Time
E-Card Issuance	Within 48 Hours
Physical Card Issuance	Within 07 working days
Pre-Cashless Approvals	Within 1 Hours
Discharge-Cashless Approvals	Within 1 Hours
Discharge Voucher	Within 10 Days
Processing of Reimbursement Claims	Within 07 working days
Resolution of Grievances	03 working days
Claims MIS	Monthly- By 5th day of the month
Claims Document collection by Insurance Company/ Shortlisted TPA representatives from respective Regional Offices of the Bank	Once in a week
Admin User Id and Staff/Retirees User ID	Before the commencement of Policy i.e. 01st September 2025
Online Portal/App-based process of Reimbursement Cases	Within 07 working days

5) Escalation matrices

The mechanism and escalation matrices for reporting of issues pertaining to claims and deficiency in services to be provided during issuance of the policy. Any escalations have to be given a detailed response within 3 days of the escalation. In case of non-adherence of the above clause, a penalty of 2% would be levied on the claim amount.

6) Grievance redressal committee

The insurer to provide grievance redressal within 3 working days.
There would be a monthly meet between decision makers at the insurer end and nominated personnel by the bank & representatives of _____Insurance Company for addressing grievances where responses are not satisfactory.

All term and conditions of Tender Request for proposal is applicable in this SLA. In case of any dispute, Tender Request for proposal wording will be final for any decision.

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Confidentiality

Both parties will treat information received from the other relating to this agreement and to the client's business as confidential and will not disclose it to any other person not entitled to receive it except as may be necessary to fulfil their respective obligation in the conduct of this agreement and except as may be required by law or regulatory authority or information already in the public domain.

In witness where of the parties here to has set their respective hand and signed this deed with seal, on the day, month and year first above mentioned.

First Party

For and on behalf of
Madhya Pradesh Gramin Bank

Witness

Signature.....

Signature:_____

Name.....

Name:_____

Designation.....

Designation.....

Second Party

For and on behalf of
Insurance Company Limited

Witness

Signature.....

Signature:_____

Name.....

Name:_____

Designation.....

Designation.....

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विपणन विभाग
प्रधान कार्यालय, इन्दौर

Annexure C

MIS REPORTS FORMAT

Reports to be submitted by TPA As per MIS

Consolidated claims tracker									
Claim intimation date	Date of Hospitalization	Date of Discharge	Claimant name	Claim submission date	Hospital name	Claimed amount	Claimed status	Claim remarks	Settlement Date/Paid Datearks
This is the date on which the claimant has intimated the claim to the Insurer/TPA	The date at which the patient was admitted	The date at which the patient was discharged from hospital		The date at which all papers were submitted at the TPA /Insurer or Bank Branch		This is the cumulative amount provided by a claimant. The said amount is derived from the documents which have been submitted and bills provided	In process	Once the claim documents have been submitted the said status conveys that the claim is under process	
							In query	The claim has been processed and is stuck due to additional requirements pending from the claimant's end.	
							Settled	The settled claim is the one where the adjudicated amount is arrived however the disbursement of the amount is pending	
							Paid	The claim has neem paid to the claimant	
							Repudiated	The claim has been repudiated. The reasons for repudiation should be explained	
The above claims tracker has to be submitted by the TPA / Insurer every 15 days to ascertain the ageing of claims. There will be additional reports issued on the basis of ailments / self / dependant claims / hospital-wise claim data									

	Number of claims	Claim amount	% of claims	% of amount
Cashless approved				
Reimbursement approved				
Recommended for rejection				
Denial Pre-auth				
Not utilized pre-auth				
Domiciliary claims				
Total				

Cashless in process				
Reimbursement in process				
Pre authorization approved				
Total				
Grand total				

Premium paid at inception	
Addition Endorsement premium	
Deletion Endorsement premium	
Total Premium Paid	
Total premium paid	
Claim Ratio (Without GST)	

Gender wise analysis				
Gender	Number of claims	Amount	% claims	% Amount
Male				
Female				
Total				

Age-wise analysis				
Age band wise claims	Number of claims	Amount	% claims	% Amount
0-20				
21-25				
26-30				
31-35				
36-40				
41-45				
46-50				
51-55				
56-60				
61-65				
66-70				
>70				
Total	0	0		

Beneficiary-wise analysis

Beneficiary	Number of claims	Amount	% claims	% Amount
Self				
Spouse				
Child				
Parent				
Total				

Amount wise claims analysis				
Age band	Number of claims	Amount	% claims	% Amount
<10000				
10000-25000				
25000-50000				
50000-100000				
100000-200000				
200000-300000				
>300000				
Total				

Top 25 Hospital provider list				
Name of Hospital	Number of claims	Amount	% claims	% Amount

Ailment wise analysis				
Type	Number of claims	Amount	% claims	% Amount
Natural				
Accidental				
Maternity				
Total				

Commercial Bid Format
Premium for Non - Domiciliary Policy

(L1 will be decided on the basis of X + Y)

Sl. No	Description	SI	Number	Premium per Officer / Award Staff / Retiree (without GST)	Total (without GST)
(A)	(B)		(C)	(D)	(E) = (C) x (D)
1	*Number of Employees i. Officer (I to V) ii. Award Staff iii. Total Premium	 Rs.5.25 Lakhs Rs 4.00 Lakhs	 3214 2276 5490		
2	*Number of Retirees i. Officer (I to V) ii. Award Staff iii. Total Premium	 Rs.5.25 Lakhs Rs 4.00 Lakhs	 149 7 156		
	Total of 1 (iii) + 2(iii) = **X*** **				

*The term employee will include self and his/her dependents which will be defined as one unit.
** It is desired that it is one Premium Rate for Non-domiciliary Policy of the same Sum Insured for Employee & retiree
***Data of in service employees shared above is indicative only and may vary due to New Joinees, Retirees and resignation and final count along with dependents details will be shared during the policy finalization. Bank does not guarantee the participation of Retired employees which is totally voluntary. The actual number who subscribe to policy in case of employees as well as retirees may vary from the number indicated by us which is based on our records and understanding.
***Premium quoted above should be valid for period of one year and inclusive of stipulated IRDAI age and TPA charges on Insurance Policies.

NOTE - Financial bid format is not to be submitted along with the technical biddocuments.

Signature of Authorized Person with Company Seal

Continued-------

Premium load domiciliary benefit and Ex-gratia and Corporate Buffer for Employees and their dependent

Sl. No	Description	SI	Number	Premium per Officer / Award Staff (without GST)	Total (without GST)
(A)	(B)		(C)	(D)	(E) = (C) x (D)
1	Domiciliary Benefit i. Officer ii. Clerical/Award Staff iii. Total Premium	 Rs. 5.25 Lakh Rs. 4.00 Lakh	 3214 2276 5490		
2	Ex gratia of Rs.1 lakh (only for Employees) i. Officer ii. Clerical/Award Staff iii. Total Premium	Rs. 1.00 Lakhs Rs. 1.00 Lakhs	3214 2276 5490		
3	i. Corporate Buffer of 1 Crore		Not Applicable		
	Total of 1(iii) + 2 (iii) + 3(i) = **Y*****				

Total Premium X + Y Rs.___

(L1 will be decided on the basis of X + Y)

*The term employee will include self and his/her dependents which will be defined as one unit.
** Data of in service employees shared above is indicative only and may vary due to New Joinees, Retirees and resignation and final count along with dependents details will be shared during the policy finalization. Premium quoted above should be valid for period of one year and inclusive of stipulated IRDAI age and TPA charges on Insurance Policies. Participation of Retirees is voluntary.

NOTE - Financial bid format is not to be submitted along with the technical bid documents.

Signature of Authorized Person with Company Seal

Annexure E

Commercial Bid Format

Details for Financial Bid for Top-up for In Service Employee and Retiree's with their dependent Policy

Description : Appointment of General Insurance Companies / Standalone Health Insurance Company for providing TOP-UP Group Mediclaim Policy of Madhya Pradesh Gramin Bank for In-service Employees & their dependents and Retiree's with dependent Spouse or Widow Spouse as Family Pensioner.

S.No	Top-up Sum Insured	Premium Per family (GST Exclusive)
1	Rs. 1.00 Lakhs	
2	Rs. 2.00 Lakhs	
3	Rs. 4.00 Lakhs	
4	Rs. 6.00 Lakhs	
5	Rs. 8.00 Lakhs	
6	Rs. 10.00 Lakhs	

I/We confirm that all necessary approvals from our competent authority at Regional Offices/Head Offices have been taken before submitting the above Price Bid.

*The term employee will include self and his/her dependents which will be defined as one unit.
** Data of in service employees shared above is indicative only and may vary due to New Joinees, Retirees and resignation and final count along with dependents details will be shared during the policy finalization.
***Premium quoted above should be valid for period of one year and inclusive of stipulated IRDAI age and TPA charges on Insurance Policies.
Bank does not guarantee the participation of Retired employees which is totally voluntary. The actual number who subscribe to policy in case of employees as well as retirees may vary from the number indicated by us which is based on our records and understanding.

NOTE - Financial bid format is not to be submitted along with the technical bid documents.

Signature of Authorized Person with Company Seal

Annexure F

Commercial Bid Format

Domiciliary Add-On Premium details for Retirees Employee Policy

Description : Appointment of General Insurance Companies / Standalone Health Insurance Company for providing Group Mediclaim Policy of Madhya Pradesh Gramin Bank for Retirees with dependent Spouse or Widow Spouse as Family Pensioner.

S.No	Add-on premium for Domiciliary Only	Premium Per family (without GST)
1	**Rs. 5.25 Lakhs**	
2	**Rs. 4.00 Lakhs**	

I/We confirm that all necessary approvals from our competent authority at Regional Offices/Head Offices have been taken before submitting the above Price Bid as one unit.

* Data of in service employees shared above is indicative only and may vary due to New Joinees, Retirees and resignation and final count along with dependents details will be shared during the policy finalization.

**Premium quoted above should be valid for period of one year and inclusive of stipulated IRDAI age and TPA charges on Insurance Policies.

Bank does not guarantee the participation of Retired employees which is totally voluntary. The actual number who subscribe to policy in case of employees as well as retirees may vary from the number indicated by us which is based on our records and understanding.

NOTE - Financial bid format is not to be submitted along with the technical biddocuments.

Signature of Authorized Person with Company Seal

Annexure G
Nil Deviation Declaration

To,
The General Manager
Marketing Department
Madhya Pradesh Gramin Bank
Head Office, Indore

Dear Sir,

Sub: RESPONSE TO BID DOCUMENT IN CONNECTION WITH GROUP MEDICLAIMINSURANCE POLICY OF THE BANK

Declaration	Yes/No
We confirm that we offer our technical bid to the Bank with NIL deviations with all the terms as mentioned in the BID DOCUMENT	

If the reply to the above declaration is NO, please mention the deviations

1. _____

2. _____

Enclosure ; Copy of duly signed and stamped Bid Document

Yours faithfully Authorized signatory
(Name, Designation and Seal of the Company)

Company Profile
(To be provided in Insurance Company's Letter Head)

1	Name of the Applicant Company			
	Complete address – H.O			
	Tel. No.			
	Website			
2	Names of the JV Partners & % of stake held by each as on 31.03.2025			
	1.			
	2.			
	3.			
3	Year of Establishment			
4	Month & Year of Commencement of Business			
5	IRDAI License Number & Date (latest renewed)			
6	Number of Branches as on 31.03.2025			
7	**Financial Information**	FY2022-23	FY2023-24	FY2024-25
	a. Invested Capital (INR Cr)			
	b. Operating Profit / (Loss) (INR Cr)			
	c. Profit / (Loss) after Tax (INR Cr)			
	d. Accumulated profit / loss (INR Cr)			
	e. Net worth (INR Cr)			
	f. AUM (INR Cr)			
	g. Solvency Ratio			
8	**Business Information (Group Health Policies only)**	FY2022-23	FY2023-24	FY2024-25
	a. Number of Policies issued			
	b. Share of Rural Business as a % of total policies issued			
	c. Gross Written Premium (INR Cr)			
	d. Claims Paid (INR Cr)			
	e. Claims Repudiated (INR Cr)			
	f. Number of Active Customers			
	g. Number of Active Policies			
	h. Number of Claims under dispute & amount under dispute			
	i. Number of active products			
	j. Number of lives covered			

- Authorized person/s details (Board resolution copy to be enclosed in letter head) :

a. Name:
b. Designation:
c. Email:
d. Mobile:
e. Telephone:

- Specimen signature of Authorized Signatory in letter head

f. Full signature:
g. Initials:
h. Details of Authorized signatory

- IRDAI Registration no
- Pan Card
- GST Registration

Please provide the list of Top Management Executives as on Date with their Names, Designation & E Mail Id's in the format as given below:

Name	Designation	E-mail Id

Please provide the following details which shall be used to communicate with the bidders. The bidders are requested to use this e-mail id only for clarification, if any.

Name	
Designation	
Email - ID	
Contact number	

Place: _____ Date: _____

Signature of Applicant (Authorized Signatory)
(Seal of Organization)

Name: _____
Designation: _____

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Annexure I

Undertaking by Bidder

Undertaking (To be submitted by all Bidders' on their letter head)

To,
The General Manager
MARKETING DEPARTMENT
Madhya Pradesh Gramin Bank
Head Office, Indore

We_____(bidder name), hereby undertake that

- As on date of submission of tender, we are not blacklisted by the IRDAI/RBI/IBA and /or Central Government / any of the State Governments in India.
- We also undertake that; we are not involved in any legal case that may affect the solvency / existence of our company or in any other way that may affect capability to provide / continue the services to the Bank.
- We will not hold client responsible for any gaps in Reinsurance support and approvals. (Insurer will not deny coverage due to lack of Reinsurance capacity orapproval once the bid is opened).
- You are not bound to accept the lowest or any bid received by you, and you may reject all or any bid.
- We accept all the instructions, technical Specifications, term & conditions and scope of coverage of the subjected RFP.
- If our Bid for the tender is accepted, we undertake to enter into and execute at our cost, when called upon by the Bank to do so, a contract in the prescribed form. Till such a formal contract is prepared and executed, this bid shall constitute a binding agreement between us and bank.
- If our bid is accepted, we are responsible for the due performance of the contract.
- You may accept or entrust the entire work to one Bidder or divide the work to more than one bidder without assigning any reason or giving any explanation whatsoever.
- Bidder means the bidder who is decided and declared so after evaluation of price bids and other tender documents.

Yours faithfully,

Authorized Signatory
(Name, Designation and Seal of the Company)

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Annexure- J

Escalation Matrix
(To be provided in Insurance Company's Letter Head)

SUB: RFP for Group Mediclaim insurance Policy cover for employees/Retirees of Madhya Pradesh Gramin Bank.

S. I.	Level of Contact	Name	Office Postal Address	Mobile No./Phone No.	Email address
a).	First level of Contact				
b).	Second level contact (If response not received in 1 day)				
c).	Regional/Zonal Head (If response not received in 3 days)				
d).	Country Head (If d. response not received in 7 days)				

Any change in designation, substitution will be informed by us immediately

Signature of Authorized Signatory
Name of Signatory: Designation:
Seal of Company

Date:

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Scope of Coverages

Annexure: I -

Terms and conditions related to Coverages for the Group Mediclaim Insurance policy

- TAILOR MADE GROUP MEDICLAIM INSURANCE FOR EXISTING STAFF AND RETIREES OF MADHYA PRADESH GRAMIN BANK.

Sr. No.	INSURANCE COVERAGES	
1.	Family Floater	Yes
2.	Coverage	Existing Staff and their dependent family members and Retirees with dependent Spouse or Widow spouse as Family Pensioner
3.	No of Employees (in-Serving Employees)	**All Officers : 3214** **Office Assistants /Attendants : 2276** **Total Staff : 5490** **(Out of above 5490 staff 1600 staff of erstwhile Madhyanchal Gramin Bank will be covered from 05th October 2025)**
4.	Total No of Employees & Lives	**5490 Employees** **16364 Lives (Tentative)**
5	Family Definition	Staff + Spouse + Dependent Children + any two of the Dependent Parents/Parents-in-law. **a.** The employee's spouse, **b.** Wholly dependent unmarried children (including step children and legally adopted children) No age limit **c.** Wholly dependent physically and mentally challenged brothers / sisters with 40% or more disability, No age limit **d.** Widowed daughters and dependent divorced / separated daughters, No age limit **e.** Sisters including unmarried/ divorced/ abandoned or separated from husband/ widowed sisters, No age limit **f.** Parents or Parent-in-laws dependent on the employee. **g.** In the case of physically and mentally challenged children irrespective of age, they shall be construed as dependents even after their marriage subject to however fulfilling the income criteria for dependent. The term dependent family member shall mean such member of the family having a monthly income not exceeding Rs.18,000/- If the monthly income of the parents exceeds Rs.18,000/- or the aggregate of monthly income of both the parents exceeds Rs.18,000/-, both the

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		parents shall not be considered as wholly dependent on the employee. **h.** Retired Staff + dependent Spouse + Mentally/Physically dependent family member or Widow Spouse as Family Pensioner + Mentally/Physically dependent family member
6	The Officers/ Employees in service would be continued beyond their retirement/superannuation/death until the end of the policy period.	Yes
7	**Sum Insured**	**In serving Employees:** All Officers(I to V) : Rs. 5.25 Lakhs Office Assistants & Office attendant : Rs. 4.00 Lakhs **Ex- Employees/ Retirees:** Officers : Rs. 5.25 Lakhs Awards Staff : Rs. 4.00 Lakhs
8	Additional Sum Insured for Critical Illness	Rs.1.00 Lakh Only for the Officer / Employee (SELF ONLY)
9	Corporate Buffer	Rs. 1.00 Crore (No capping on individual SI) – available for Cashless/ Reimbursement/ Domiciliary/ All type of Claims
10	Pre-existing Diseases	Covered from day 1 without any deletion
	Waiting period Waivers i.e. 30 days, 1, 2, & 4 years.	Waived Off
11	Fixed Room Rent for normal (Nursing Charges payable separately not consider under room rent limit)	Rs.5,000/-
12	Fixed Room Rent for ICU (Nursing Charges payable separately not consider under room rent limit)	Rs.7,500/-
13	Proportionate deductions	Waived off
	Co-payment	Waived off (No Co-Payment from employee/ Bank in any condition)
14	Maternity cover	Covered as per below limits
	a) for Normal	Rs.50,000/-
	b) For C section	Rs.75,000/-
	c) Complications in Maternity including operations for extra uterine pregnancy/ectopic pregnancy	Covered up to the Sum Insured Limit
	d) For Missed Abortions, Miscarriage or abortions induced by accidents	Covered under the limit of Maternity
	e) Infertility Treatment	Covered
	f) Waiver of Nine Months waiting period	Waived off
15	Covid-19	Covered
16	Termination of Pregnancy	Covered, if recommended by the Doctor
17	New Born baby	Covered from Birth upto SI +Top-up +Buffer

	All routine pediatric expenses incurred during immediate post-natal period on the new born baby	Covered from Birth up to SI +Top-up +Buffer
	New Born Baby Cover	Cashless cover from day one
18	Pre and Post Hospitalization	30 and 90 days
19	Domiciliary and OPD treatment, Domiciliary Hospitalization	Covered up to Maximum Sum Insured + Top-up + Buffer
20	Ambulance Charges	Ambulance max up to Rs. 2,500/- per trip on production of the receipt. (Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/medical complication shall be payable in full)
	Auto Charges	Auto and taxi max up to Rs. 750/- per trip, on production of a receipt will be payable(claim up to Rs. 300 /- will be paid without receipt on declaration basis)
21	Congenital anomalies cover	Both External & Internal diseases/defect anomalies are covered
22	Addition & Deletion	Pro rata (Date of Joining &Date of discharge from the Bank is considered) subject to sufficient balance in the CD account for any addition or from the date of premium remittance.
23	Day care Procedures	Covered.
24	Cataract Surgery	Rs.50,000/-* per Eye (GIPSA/Non-PPN/PPN/ Other Tie-up Capping not applicable in Cashless). In case of cashless paid upto 50,000/- and More than 50,000 /- per eye will paid on doctor recommendation in all types of treatment including modern/advances/robotics/etc. No other justification required.
25	GST, Taxes, surcharges payable	Covered
26	Physiotherapy treatment	Covered, for the period specified by the recommended Doctor. No additional note required. Paid on prescription basis.
27	Organ Donor cover	Covered (excluding organ cost)
28	Expenses on Major surgeries/ Illnesses	No capping in cashless or reimbursement or domiciliary
29	**Addition of Missed out Dependents not after claim**	**Facility of adding missed dependents (Parents / Spouse / Siblings/ any Children) to be provided by Bank during the Policy period** **AND** **There is no restriction on children addition in the policy throughout the Policy Period for baby born after 1st September 2025 and other dependents additions within policy period of new joinees, newly married spouses etc.** **No additional premium to be charged for any dependent addition as the premium is charged on per Family Basis.**
30	Submission of claim documents for reimbursement	Within 60 days from the date of discharge in case of hospitalization and No period in case of domiciliary treatment. If submitted beyond 60 Days, 1% deduction in claims.

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31	Intimation of claim (not applicable in domiciliary)	Within 30 days from the date of discharge, if intimated beyond 30 days, no deduction in claims. Claims are acceptable.
32	Third Party Administrator	To be decided by the Bank at the time of placement of the policy
33	Cashless Facility	In all hospital within India (preferably for Cashless)
34	AYUSH Cover	Yes (Mentioned in Annexure II)
35	Advanced Medical Treatment	Yes (Mentioned in Annexure II)
36	Charges for Hiring a Nurse / attendant in ICU/CCU & Neo Natal Nursing cases	Yes, if the patient is critical and recommended by the Doctor
37	Limits for common ailments	Up to sum insured + Top-up (if applicable) + Buffer
38	Genetic, Psychiatric, Neurological, Muscular Degenerative & Age related Disorders	Covered
39	REASONABLE AND CUSTOMARY CHARGES	Not applicable in any claims
40	Staff User ID	Online live platform for all Reimbursement/Cashless Claims process/ intimation, Updating of KYC, Others Facility
41	Admin User ID	Live tracker of all Claims, Registration of All data, Excess of MIS of Claims, and other
42	Implant Charges	Actual as per Hospital Invoices
43	Equipment Charges	Actual as per doctor advice in IPD
44	In case of GIPSA/PPN/Other Tie-up Network of hospitals/ Insurance company's Tie-up hospitals	Balance amount of Treatment Bill will be cover (upto Sum Insured) on reimbursement/ Cashless basis. No capping applicable in cashless.

Claims Details of Last Year:

Policy Period	No. of Lives Covered	Premium	Claim Amount (Paid+ O/S)	Claim Ratio
01st Sept 2024 to 31st August 2025 (Claims as on 01st August 2025)	11,655	Rs.6,24,,96,624/-	Paid - Rs. 4,97,68,655/- O/S- Rs. 1,93,18,063/- Total- Rs. 6,90,86,718/- (Buffer Included)	111 %

Corporate Buffer Utilized in last Year

F.Y.	Amount (In INR)
2024-25 (As on 01st August 2025)	Rs. 32,36,795.00/- (Already included in Claim amount)

Annexure: II – Policy Wordings

Medical Scheme for the Officers/ Employees and retirees of Madhya Pradesh Gramin Bank

1 RECITAL CLAUSE

1.1 Whereas the Proposer designated in the Schedule hereto has by a proposal together with declaration, which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to Insurance Company Ltd. (hereinafter called the Company), for the insurance hereinafter set forth, in respect of person(s) named in the Schedule hereto (hereinafter called the Insured Persons) and has paid the premium as consideration for suchinsurance.

1.2 OPERATIVE CLAUSE

The Company undertakes that if during the Policy Period stated in the Schedule, any Insured Person(s) shall suffer any illness or disease (hereinafter called Illness) or sustain any bodily injury due to an Accident (hereinafter called Injury), requiring Hospitalization of such Insured Person(s), for In-Patient Care at any hospital/nursing home (hereinafter called Hospital) or forDay Care Treatment at any Day Care Centre, following the Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify the Hospital or the Insured, Reasonable and Customary Charges incurred for Medically Necessary Treatment towards the Coverage mentioned herein.
Provided further that, the amount payable under the Policy in respect of all such claims duringthe Policy Period shall be subject to the coverage, terms, exclusions, conditions, definitions and sub limits contained herein as well as shown in the Table of Benefits, and shall not exceed the Sum Insured of the Insured Person as mentioned in the Schedule.

1.3 The scheme covers expenses of the officers / employees and dependents in cases he/she shall contract any disease or suffer from any illness (hereinafter 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/ domiciliary hospitalization and domiciliary treatment expenses as defined in the Scheme, for medical/ surgical treatment at any Nursing Home/ Hospital / Clinic (for domiciliary treatment)/ Day care Centre which are registered with the local bodies, in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specifiedas per the scheme, to the extent of the sum insured + Corporate buffer.

1.0 The Scheme Covers Employee + Spouse + Dependent Children + 2 dependent Parents /parents-in-law + Dependent Sibling

1.1 No age limit for dependent children. (Including step children and legally adopted children) A child would be considered dependent if the monthly income does not exceed Rs. 18,000/- per month; which is at present, or revised by Indian Banks' Association in due course. Widowed Daughter and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and Crippled Child/Brothers shall be considered as dependent for the purpose of this policy.

1.2 Physically challenged Brother / Sisterwith 40% or more disability.

1.3 No Age Limits for Dependent Parents or Son or daughters or Brothers or Sisters

1.4 Either Dependent Parents or parents-In-law will be covered. Parents would be considered dependent if their monthly income does not exceed Rs.18, 000/- per month.

1.5 All New Officers / employees and their dependents to be covered from the date of joining as per their appointment letter if the sufficient balance is deposited with the Insurance Company or from date of premium remittance.

1.6 For additions /deletions during policy period, premium to be charged /refunded on pro rata basis.

1.7 Continuity benefits coverage to officers / employees on retirement and also to the Retired Officers / employees, who may be inducted in the Scheme.

1.8 In case of a death of employee/ officer the dependents will be in force in the policy till the expiry of the policy.

1.9 Sum Insured: Hospitalization and Domiciliary and OPD Treatment coverage as defined in the scheme per annum

Officers (I to V)	**: Rs.5.25 Lakhs**
Clerical Staff	**: Rs.4.00 Lakhs**
Sub Staff	**: Rs.4.00 Lakhs**

1.10 Change in sum insured after commencement of policy to be considered in case ofpromotion of the employee or vice versa.

1.11 Corporate buffer: Rs.1.00 Crores

- BUFFER CAN BE UTILISED FOR EXCESS AMOUNT OVER AND ABOVE THESUM INSURED PER EMPLOYEE.
- Buffer can be asked by Bank senior authorities any time throughout the year and Insurance Company will not deny for the same, irrespective of the date of admission.
- No capping on Individual Sum Insured limit, Bank will reserve the right of distribution of corporate buffer
- Buffer applicable to all types of claims-Reimbursement/Domiciliary/Cashless/Others

1.12 Basic Cover

a. In the event of any claim becoming admissible under this scheme, the company will pay to the Hospital/Nursing Home or Insured Person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medicallynecessary incurred thereof by or on behalf of such insured person but not exceeding theSum Insured in aggregate mentioned in the Schedule hereto.

b. Room and boarding expenses as provided by the Hospital/Nursing Home not exceedingper day limit as mentioned in the Schedule or the actual amount whichever is less. No category applicable in room rent. All type of rooms -Semi-ward, Private, Single, General, Deluxe or others applicable if room limit is under Rs.5,000 /-. Boarding expense paid separately not include under room rent limit.

c. Intensive care Unit (ICU) expenses not exceeding per day limit as mentioned in the Schedule or actual amount whichever is less.

d. Surgeon, team of surgeons, Assistant surgeon, Anaesthetist, Medical Practitioner Consultants, Specialists Fees, Other all type of fees.

e. RBS charges, Nutrition Diets charges, Admission Fees, Nebulizer charges, Tegaderm charges, Documents charges, Monitor Charges, ECG electrode Oxy charges, Nursing Charges, Service Charges, Emergency Charges, File Admission Charges, TPA Processing Charges, Admission and TAG Charges, Registration Charges, Preparation Charges, IV Administration Charges, Nebulization Charges, RMO Charges, Aesthetic, Oxygen, Blood, Operation Theatre Charges, surgical appliances, OT Consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator Ventilator, Orthopaedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, Laboratory/Diagnostic tests, X-ray CT Scan, MRI, any other scan and such similar expenses that are medicallynecessary, or incurred during hospitalization as per the advice of the attending doctor. All type of charges eligible to paid in cashless/Reimbursement or other process.

f. Hospitalization expenses {excluding cost of organ} incurred on donor in respect of organ transplant to the insured.

g. Pre-Hospitalization and Post- Hospitalization Expenses — Medical Expenses relevantto the same condition for which the hospitalization is required incurred during the period up to 30 days prior to hospitalization and during the period up to 90 days after the discharge from the hospital. These expenses are admissible only if the primary hospitalization claim is admissible under the policy.

2. **Definitions**:

2.1 Accident- An accident is a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

2.2 ALTERNATIVE TREATMENTS- Alternative treatments are forms of treatment other than treatment "Allopathic" or "Modern medicine" and includes Ayurveda, Unani, Siddha, Naturopathy and Homeopathy in the Indian context.

2.3 ANY ONE ILLNESS will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken.

2.4 CANCELLATION defines the terms on which the policy contract can be terminated eitherby the insurer or the insured person by giving sufficient notice to other which is not lower thana period of fifteen days.

2.5 CASHLESS FACILITY means a facility extended by the insurer to the insured where the payment of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre — authorization approved.

2.6 CONGENITAL ANOMALY refers to a condition(s) which is present since birth and which is abnormal with reference to form, structure or position.

1. Internal Congenital Anomaly
   Which is not in the visible and accessible parts of the body.
2. External Congenital Anomaly
   Which is in the visible and accessible parts of the body.

2.7 CONDITION PRECEDENT shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional.

2.8 CONTINUOUS COVERAGE means uninterrupted coverage of the insured person under our Individual Health Insurance Policies or Family Floater policy from the time the coverage incepted under the policy, provided a break in the insurance period not exceeding thirty days being grace period shall not be reckoned as an interruption in coverage for the purposes of this clause. In case of change in Sum Insured during such uninterrupted coverage, the lowest sum insured would be reckoned for determining continuous coverage. However, the benefit of Continuous Coverage getting carried over from other policies will not be available for HIV/AIDS coverage.

2.9 DAY CARE CENTRE means any institution established for day care treatment of illness and/or injuries or a medical set —up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

a. Has qualified nursing staff under its employment.
b. Has qualified Medical practitioner(s) in charge
c. Has a fully equipped operation theatre of its own where surgical procedures are carried out.
d. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

2.10 DAY CARE TREATMENT-Day Care Treatment means the medical treatment and / or surgical
Procedure which is –

i) Undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement and
ii) Which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an outpatient basis is not included in the scope of this definition.

2.11 DEDUCTIBLE is a cost sharing requirement under a Health Insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of Indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

2.12 DENTAL TREATMENT means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

2.13 DISCLOSURE TO INFORMATION NORM: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

2.14 EMERGENCY CARE means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

2.15 EMERGENCY DENTAL TREATMENT means the services or supplies provided by a Licensed dentist, Hospital or other provider that are medically and immediately necessary to treat dental problems resulting from injury. However, this definition shall not include any treatment taken for a pre-existing condition.

2.16 EMERGENCY MEDICAL TREATMENT means the services or supplies provided by a Physician, Hospital or Licensed provider that are medically necessary to treat any illness or other covered condition that is acute (onset is sudden and unexpected),considered life threatening and one which if left untreated, could deteriorate resulting in serious and irreparable harm.

2.17 GRACE PERIOD means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre — existing diseases. Coverage is not available for the period for which no premium is received.

2.18 HOSPITAL/NURSING HOME means any institution established for in -patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 Lacs and atleast 15 in -patient beds in all other places.
- Has a qualified medical Practitioner(s) in charge round the clock.
- Has a fully equipped Operation Theatre of its own where surgical procedures are carriedout.
- Maintains daily records of patients and makes these accessible to the insurancecompany authorized personnel.

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-addicts or place for alcoholics, a hotel or a similar place.

For Ayurveda, Unani, Siddha, Naturopathy and Homeopathy treatment, hospitalization expenses are admissible only when the treatment has been undergone in a hospital as defined in clause 3.3 below.

2.19 HOSPITALISATION means admission in a Hospital/Nursing Home for a minimum period of 24 In-patient care consecutive "In-patient care" hours except for the specified day care procedures/treatments, where such admission could be for a period of less than 24 consecutive hours. For the list of these specified day care procedures/treatments, please see 3.4.

Note: Procedures/treatments usually done in outpatient department are not payable under the policy even if admitted/converted as an in-patient in the hospital for more than 24 hours.

2.20 ID CARD means the identity card issued to the insured person by the TPA to avail cashlessfacility in network provider.

2.21 ILLNESS means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

(a) Acute Condition-Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery

(b) Chronic Condition-A chronic Condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- It needs ongoing or long term monitoring through consultations, examinations, check-ups, and/or tests.
- It needs ongoing or long term control or relief of symptoms.
- It requires rehabilitation for the patient or for the patient to be specially trained to copewith it.
- It continues indefinitely.
- It recurs or is likely to recur.

2.22 INJURY means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

2.23 IN-PATIENT CARE means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

2.24 INSURED PERSON means the employee of the bank and each of the other family members who are covered under this policy as shown in the Schedule.

2.25 INTENSIVE CARE UNIT means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a criticalcondition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

2.26 INTENSIVE CARE (ICU) CHARGES means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

2.27 MEDICAL ADVICE means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

2.28 MEDICAL EXPENSES means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

2.29 MEDICALLY NECESSARY TREATMENT is defined as any treatment, tests, medication, or stay in hospital or part of a stay in a hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- Must not exceed the level of care necessary to provide safe, adequate and appropriatemedical care in scope duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medicalpractice or by the medical community in India.

2.30 MEDICAL PRACTITIONER: A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of license.

The term Medical Practitioner would include Physician, Specialist and Surgeon. The registered Medical Practitioner should not be the insured or any member of his family including parents and in-laws.

2.31 NETWORK PROVIDER means the hospital/nursing home or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insuredon payment by a cashless facility. The list of Network Hospitals is maintained by and availablewith the TPA and the same is subject to amendment from time to time.

PPN-PREFERRED PROVIDER NETWORK means a network of hospitals which have agreedto a cashless packaged pricing for specified planned procedures for the insured person. Updatedlist of network provider/PPN is available on website of the company and website of the TPA mentioned in the schedule and is subject to amendment from time to time

2.32 NEW BORN BABY: A new born baby means a baby born during the Policy Period aged between one day and 90 days, both days inclusive.

2.33 NON -NETWORK HOSPITALS means any hospital, day care center or other provider that is not part of the network.

2.34 NOTIFICATION OF CLAIM is the process of notifying a claim to the insurer or TPA within specified timelines through any of the recognized modes of communication.

2.35 OPD (Out-patient) TREATMENT means the one in which the Insured visits a clinic/hospital or

associated facility like a consultation room for diagnosis and treatment basedon the advice of a Medical Practitioner. The Insured is not admitted as a day care or in -patient.

2.36 PERIOD OF INSURANCE means the period for which this policy is taken and is in force as specified in the Schedule.

2.37 PORTABILITY means transfer by an Individual Health Insurance Policyholder (including family cover) of the credit gained for pre-existing conditions time bound exclusions if he/she chooses to switch from one insurer to another.

2.38 PRE-EXISTING DISEASE means any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months prior to the first policy issued by the insurer. Any complication arising from pre-existing disease shall be considered as a part of the pre -existing disease.

2.39 PRE-HOSPITALISATION MEDICAL EXPENSES

Relevant medical expenses incurred immediately 30 days before the Insured person is hospitalized provided that

- Such medical expenses are incurred for the same condition for which the InsuredPerson's Hospitalization was required: and;
- The In-patient Hospitalization claim for such Hospitalization is admissible by us.

2.40 POST HOSPITALISATION MEDICAL EXPENSES

Relevant medical expenses incurred immediately 90 days after the insured person is discharged from the hospital provided that:

2.41 Such Medical expenses are incurred for the same condition for which the InsuredPerson's Hospitalisation was required; and The In-patient Hospitalisation claim for such Hospitalisation is admissible by us.

2.42 PSYCHIATRIC DISORDER means clinically significant Psychological or behavioral syndrome that causes significant distress, disability or loss of freedom (and which is not merelya socially deviant behavior or an expected response to a stressful life event) as certified by a Medical Practitioner specialized in the field of Psychiatry after physical examination of the insured person in respect of whom a claim is lodged.

2.43 PSYCHOSOMATIC DISORDER means one or more psychological or behavioral problems that adversely and significantly affect the course and outcome of general medical condition or that significantly increase a person's risk of an adverse outcome as certified by a Medical Practitioner specialized in the field of Psychiatry after Physical examination of the insured person in respect of whom a claim is lodged.

2.44 QUALIFIED NURSE means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any State in India.

2.45 REASONABLE AND CUSTOMARY CHARGES

Reasonable and Customary charges mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/injury involved.

2.46 RENEWAL defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating-the renewal continuous for the purpose of all waiting periods.

2.47 ROOM RENT shall mean the amount charged by a hospital for the Occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

2.48 SUM INSURED is the maximum amount of coverage under this policy opted for all insured persons shown in the schedule.

2.49 SURGERY OR SURGICAL PROCEDURE means manual and for operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

2.50 THIRD PARTY ADMINISTRATOR (TPA) means any person who is registered under the IRDAI (Third Party Administrators-Health Services) Regulations 2016 notified by the Authority, and is engaged for a fee or remuneration by an insurance company, for the purposesof providing health services as defined in those.

2.51 UNPROVEN/EXPERIMENTAL TREATMENT means any treatment including drug

experimental therapy which is not based on established medical practice in India.

2.52 WE/OUR/US/COMPANY means INSURANCE COMPANY LIMITED

3 ADDITIONAL COVERAGES:

3.1 **DOMICILIARY TREATMENT/ OPD TREATMENT**:

Medical expenses incurred in case of the following diseases which need domiciliary/OPD treatment as may be certified by the attending medical practitioner and /or bank's medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100% subject to the overall limit of Sum Insured/Top-up/Buffer under the policy:

1. Accidents of Serious Nature
2. Addison's Disease, Addition`s Disease
3. All Animal/reptile/insect bite or sting
4. All Seizure disorders
5. All strokes leading to paralysis.
6. Any organ related (chronic) condition
7. Aplastic Anemia
8. Arthritis
9. Autoimmune Myositis
10. Autoimmune vasculitis
11. Approved targeted therapies for treatment of Cancer in day care and on standalone basis. (Immunotherapy — Monoclonal Antibody Cancer treatment on standalonebasis).
12. All type of Cancer
13. All type of Cancer therapy
14. Cardiac Ailment.
15. Celiac Disease
16. Cerebral Palsy
17. Chikungunya
18. Chronic obstructive Pulmonary Disease, chronic Bronchitis, Asthma
19. Chronic Pancreatitis
20. Connective tissue disorder
21. Dengue Fever
22. Dental Treatment(including Root Canal treatment, Dentures, tooth extraction, Others non-cosmetics treatments) Upper Capping Rs. 5000 /- per instance
23. Diabetes and its complications (including Type 1Diabetes and any other diabetics)
24. Diphtheria
25. Epidermolysis bullosa
26. Expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukaemia
27. Fracture
28. Fever
29. Glaucoma
30. Grave's Disease
31. Growth disorders
32. Haemorrhages caused by accidents
33. Hashimoyo's Thyroiditis
34. Hemophilia
35. Hepatitis -B, Hepatitis-C
36. Hypertension
37. Hypothyroidism, hyperthyroidism
38. Harmonal theraphy for cancer
39. Inflammatory Bowel Disease
40. Immunotheraphy for non-cancer
41. Jaundice
42. All type of Kidney Ailment
43. Leprosy
44. Leukemia

45. Malaria
46. Multiple Sclerosis/Motor Neuron Disease
47. Muscular dystrophies
48. Myasthenia gravis
49. Non — Alcoholic Cirrhosis of Liver
50. Osteoporosis
51. Oral Chemotheraphy for treatment of Cancer
52. Paralysis
53. Parkinsons's Diseases
54. Pernicious Anemia
55. Physiotherapy (Not required notes in claims)
56. Pleurisy
57. Polio
58. Pregnancy treatment
59. Psoriasis/Psoriatic Arthritis
60. Psychiatric disorder including Schizophrenia and Psychotherapy
61. Purpura
62. Rheumatoid Arthritis (RA)
63. Sickle cell disease ,systemic lupus erythematous (SLE)
64. Sjogren's Syndrome
65. Sleep apnea syndrome (not related to obesity)
66. Status asthamaticus , sequalea of neningitis
67. Swine flu
68. System Lupus Erythematous
69. Thalassemia
70. Third Degree burns
71. Thrombo embolism venous thrombosis/venous thrombo embolism (VTE)
72. Thyroid Cancer
73. Treatment for Age related Macular Degeneration (ARMD) and Intra Vitreal injections for eye disorders other than ARMD also.
74. Tuberculosis
75. Tumor
76. Typhoid
77. Ulcerative Colitis
78. Varicose veins
79. Venous Thrombosis (not caused by smoking)
80. Wilson's disease

The cost of medicines, investigations, and consultations etc. In respect of domiciliary/OPD treatment shall be reimbursed for the period stated by the specialist and/or the attending doctor and/or the bank's medical officer, in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days. In case of Domiciliary or OPD claims only Prescription, Bill receipt and Investigation reports will be asked by Insurance company. All cases eligible for paper less/ app based/ website-based claims. No original hard copy required for these cases.

Other Terms & Conditions

I. For domiciliary / OPD claims attested copy of the prescription. Insurance company/TPA will not ask for original prescription for settlement of any claim. Also, No additional any type of certificate required for domiciliary/ OPD claims from staff. Prescription is enough for claims.
II. Original films/ X rays and any type of report will not ask from the Insured by Insurance company. TPA / Insurance company for further processing of claims without any objection on the same. If claim submit on online platform of Insurance Company/TPA then there is no requirement of hardcopy from staff. Case will be sanction and paid behalf of documents uploaded by concern staff/retirees. If any staff/retirees submit the hard copy then it is also acceptable.

मध्य प्रदेश ग्रामीण बैंक विपणन विभाग प्रधान कार्यालय, इन्दौर

3.2 Domiciliary Hospitalization means medical treatment for a period exceeding 3 days for such an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

A) The condition of the patient is such that he/she is not a condition to be removed to hospital or

B) The patient takes treatment at home on account of non-availability of room in a hospital.

3.3 Alternative Treatment- Subject to the condition that the hospitalization expenses are admissible only when the treatment has been undergone in:

a) Central or State Government AYUSH Hospital; or

b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds;

ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

v. Company's Liability for all claims admitted in respect of any/ill insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

Reimbursement of Expenses for hospitalization or domiciliary treatment (under clause 3.1) under the recognized system of medicines, viz, Ayurveda ,Unani, Siddha, Homeopathy , Yoga and Naturopathy , if such treatment is taken in a clinic /hospital registered, by the central and state government .

3.4 Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, such as

1	Adenoidectomy	20	Haemo dialysis
2	Appendectomy	21	Fissurectomy/Fistulectomy
3	Ascitic/Pleural tapping	22	Ascitic/Pleural tapping
4	Auroplasty not Cosmetic in nature	23	Hydrocele Surgeries
5	All type of Biopsy	24	Hysterectomy
6	Coronary/Renal Angiography, Coronary angioplasty	25	Inguinal/ventral/mbilical/femoral hernia surgeries
7	Dental Surgery and treatment (All types of cases accidental and non-accidental)		
8	D&C	26	Polypectomy
9	Excision of cyst/ granuloma/lump/tumor	27	Septoplasty

10	Septoplasty	28	Piles/Fistula Surgeries
11	Piles/Fistula Surgeries	39	Prostate surgeries
12	Radiotherapy	30	Sinusitis surgeries
13	Chemotherapy	31	Tonsillectomy
14	Lithotripsy	32	Liver aspiration
15	Incision and drainage of abscess	33	Sclerotherapy
16	Varicocelectomy	34	Varicose Vein Ligation
17	Wound Suturing	35	All scopes along with biospies
18	FESS 37	36	Lumbar puncture
19	Operations/Micro Surgical operations on the nose, mouth, middle ear/internal ear, tongue, face, tonsils & adenoids , salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.	37	Approved targeted therapies for treatment of Cancer in day care and on standalone basis (Immunotherapy -- Monoclonal Antibody Cancer treatment on standalone basis).
		38	Treatment for Age related Macular, Degeneration (ARMD) and Intra, Vitreal injections for eye, disorders other than ARMD also.

Day care procedures – Tentative List	
ENT: Operation of the ear	
1	Stapedotomy or Stapedectomy
2	Myringoplasty (Type -I Tympanoplasty)
3	Tympanoplasty (closure of an eardrum perforation)
4	Reconstruction and other Procedures of the auditory ossicles
5	Myringotomy
6	Removal of a tympanic drain
7	Mastoidectomy
8	Reconstruction of the middle ear
9	Fenestration of the inner ear
10	Incision (opening) and destruction (elimination) of the inner ear
ENT: Procedures on the nose & the nasal sinuses	
11	Excision and destruction of diseased tissue of the nose
12	Procedures on the turbinates (nasal concha)
13	Nasal sinus aspiration

ENT: Procedures on the tonsils & adenoids	
14	Transoral incision and drainage of a pharyngeal abscess
15	Tonsillectomy and / or adenoidectomy
16	Excision and destruction of a lingual tonsil
17	Quinsy drainage
OPTHALMOLOGY: Procedures on the eyes	
18	Incision of tear glands
19	Excision and destruction of diseased tissue of the eyelid
20	Procedures on the canthus and epicanthus
21	Corrective surgery for entropion and ectropion
22	Corrective surgery for blepharoptosis
23	Removal of a foreign body from the conjunctiva
24	Removal of a foreign body from the cornea
25	Incision of the cornea
26	Procedures for pterygium
27	Removal of a foreign body from the lens of the eye

28	Removal of a foreign body from the posterior chamber of the eye
29	Removal of a foreign body from the orbit and eyeball
30	Operation of cataract
31	Chalazion removal
32	Glaucoma Surgery
33	Surgery of Retinal Detachment
Procedures on the skin & subcutaneous tissues	
34	Incision of a pilonidal sinus
35	Other incisions of the skin and subcutaneous tissues
36	Surgical wound toilet (wound debridement)
37	Local excision or destruction of diseased tissue of the skin and subcutanous tissues
38	Simple restoration of surface continuity of the skin and subcutanous tissues
39	Free skin transplantation, donor site
40	Free skin transplantation, recipient site
41	Revision of skin plasty
42	Restoration and reconstruction of the skin and subcutaneous tissues
43	Chemosurgery to the skin
44	Excision of Granuloma 17

45	Incision and drainage of abscess
	Procedures on the tongue
46	Incision, excision and destruction of diseased tissue of the tongue
47	Partial glossectomy
48	Glossectomy
49	Reconstruction of the tongue
	Procedures on the salivary glands & salivary ducts
50	Incision and lancing of a salivary gland and a salivary duct
51	Excision of diseased tissue of a salivary gland and a salivary duct
52	Resection of a salivary gland
53	Reconstruction of a salivary gland and a salivary duct
	Procedures on the mouth & face
54	External incision and drainage in the region of the mouth, jaw and face
55	Incision of the hard and soft palate
56	Excision and destruction of diseased hard and soft palate
57	Incision, excision and destruction in the mouth
58	Plastic surgery to the floor of the mouth
59	Palatoplasty
	Trauma surgery and orthopaedics
60	Incision on bone, septic and aseptic
61	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
62	Suture and other Procedures on tendons and tendon sheath
63	Reduction of dislocation under GA
64	Arthroscopic knee aspiration
65	Aspiration of hematoma
66	Excision of dupuytren's contracture
67	Carpal tunnel decompression
68	Surgery for ligament tear
69	Surgery for meniscus tear
70	Surgery for hemoarthrosis /pyoarthrosis
71	Removal of fracture pins/nails
72	Removal of metal wire
73	Joint Aspiration - Daignostic / therapeutic
	Procedures on the breast

74	Incision of the breast
75	Procedures on the nipple
76	Excision of breast lump /Fibro adenoma
	Procedures on the digestive tract
77	Incision and excision of tissue in the perianal region
78	Surgical treatment of anal fistulas
79	Surgical treatment of haemorrhoids
80	Division of the anal sphincter (sphincterotomy)
81	Ultrasound guided aspirations
82	Sclerotherapy
83	Therapeutic Ascitic Tapping
84	Endoscopic ligation /banding
85	Dilatation of digestive tract strictures
86	Endoscopic ultrasonography and biopsy
87	Replacement of Gastrostomy tube
88	Endoscopic decompression of colon
89	Therapeutic ERCP 18
90	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
91	Endoscopic Gastrostomy
92	Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
93	Endoscopic Drainage of Pseudopancreatic cyst
94	Hernia Repair (Herniotomy / herniography / hernioplasty)
	Procedures on the female sexual organs
95	Incision of the ovary
96	Insufflation of the Fallopian tubes
97	Dilatation of the cervical canal
98	Conisation of the uterine cervix
99	Incision of the uterus (hysterotomy)
100	Therapeutic curettage
101	Culdotomy
102	Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
103	Procedures on Bartholin's glands (cyst)
104	Endoscopic polypectomy
105	Myomectomy , hysterscopic or laparascopic biopsy or removal

Procedures on the prostate & seminal vesicles	
106	Incision of the prostate
107	Transurethral excision and destruction of prostate tissue
108	Open surgical excision and destruction of prostate tissue
109	Radical prostatovesiculectomy
110	Incision and excision of periprostatic tissue
Procedures on the scrotum & tunica vaginalis testis	
111	Incision of the scrotum and tunica vaginalis testis
112	Operation on a testicular hydrocele
113	Excision and destruction of diseased scrotal tissue
114	Plastic reconstruction of the scrotum and tunica vaginalis testis
Procedures on the testes	
115	Incision of the testes
116	Excision and destruction of diseased tissue of the testes
117	Orchidectomy- Unilateral / Bilateral
118	Orchidopexy
119	Abdominal exploration in cryptorchidism
120	Surgical repositioning of an abdominal testis
121	Reconstruction of the testis
122	Implantation, exchange and removal of a testicular prosthesis
Procedures on the spermatic cord, epididymis and DuctusDeferans	
123	Surgical treatment of a varicocele and hydrocele of spermatic cord
124	Excision in the area of the epididymis
125	Epididymectomy
126	Reconstruction of the spermatic cord
127	Reconstruction of the ductus deferens and epididymis
Procedures on the penis	
128	Procedures on the foreskin
129	Local excision and destruction of diseased tissue of the penis
130	Amputation of the penis
131	Plastic reconstruction of the penis
Procedures on the urinary system	
132	Cystoscopical removal of stones
133	Lithotripsy 19

134	Haemodialysis
135	PCNS (Percutaneous nephrostomy)
136	PCNL (PercutanousNephro-Lithotomy)
137	Tran urethral resection of bladder tumor
138	Suprapubiccytostomy
	Procedures of Respiratory System
139	Brochoscopic treatment of bleeding lesion
140	Brochoscopic treatment of fistula /stenting
141	Bronchoalveolar lavage & biopsy
142	Direct Laryngoscopy with biopsy
143	Therapeutic Pleural Tapping
	Procedures of Heart and Blood vessels
144	Coronary angiography (CAG)
145	Coronary Angioplasty (PTCA)
146	Insertion of filter in inferior vena cava
147	TIPS procedure for portal hypertension
148	Blood transfusion for recipient
149	Therapeutic Phlebotomy
150	Pericardiocentesis
151	Insertion of gel foam in artery or vein
152	Carotid angioplasty
153	Renal angioplasty
154	Varicose vein stripping or ligation
	OTHER Procedures
155	Radiotherapy for Cancer, Any type of Therapy of cancer
156	Cancer Chemotherapy (Advance Cancer Treatment VIZ.Adjuvant / Neo Adjuvant Therapy including Zoledronic Acid injection is covered with or without hospitalization).
157	True cut Biopsy
158	Endoscopic Foreign Body Removal
159	Vaccination / Inoculation - Post Dog bite or Snake bite
160	Endoscopic placement/removal of stents
161	Tumorembolisation
162	Aspiration of an internal abscess under ultrasound guidance
163	Any type of Biopsy (all type of ailments- Cancer, Kidney and others)

This condition will also apply in case of stay in hospital of less than a day provided —

A) The treatment is undertaken under General or Local Anesthesia in a hospital/day care Centre in less than a day because of technological advancement.

B) Which would otherwise require hospitalization of more than a day.

3.5 MATERNITY EXPENSES BENEFIT EXTENSION

We will pay the Maternity Expenses for the delivery of a child and/or Maternity Expenses related to a Medically Necessary Treatment and lawful medical termination of pregnancy during the Policy Year. The maximum benefit available allowable under this clause will be upto Rs.50,000/- for Normal Delivery and Rs.75000/- for Caesarean Section- The hospitalization expenses in respect of the new born child will be covered within the Mother's Maternity expenses.

Special conditions applicable to Maternity Expenses Benefit Extension:

i) No waiting period for 9 months under Maternity benefit.

ii) Pre-natal & post-natal charges in respect of maternity benefit are covered under the policy up to 30 days and 60 days only, unless the same requires hospitalization.

iii) Missed Abortions, Miscarriage, Medical termination of pregnancy or abortions induced by accidents are covered under the limit of maternity expenses.

iv) Complications in Maternity including operations for extra uterine/ectopic pregnancy would be covered up to Sum Insured + Corporate buffer.

v) Expenses incurred for Medical Termination of Pregnancy.

vi) Maternity Expenses Benefit Extension is allowable irrespective of the number of living children.

3.6 BABY DAY ONE COVER

New born baby is covered from day one. All expenses incurred on the new born baby will be covered. If the baby contracts any illness the same shall be considered in the Sum Insured + Corporate Buffer. Baby to be taken as an additional member within the normal family floater.

3.7 AMBULANCE CHARGES

Ambulance charges are payable up to Rs. 2500 per trip to hospital and/or transfer to another hospital or Transfer from hospital to home if medically advised.

Taxi and Auto expenses in actual maximum up to Rs. 750 per hospitalization.

Ambulance charges actually incurred on transfer from one center to another Center due to non-availability to medical service/medical complication shall be payable in full.

3.8 PRE EXISTING DISEASES/AILMENTS

Pre-existing diseases are covered under the scheme from day one.

3.9 CONGENITAL ANOMALIES

Expenses for treatment of congenital internal/external diseases, defects anomalies are covered under the policy

3.10 PSYCHIATRIC DISEASES

Expenses for treatment of psychiatric and psychosomatic diseases will be payable with or without Hospitalization up to the sum insured.

3.11 ADVANCED MEDICAL TREATMENT

New advanced medical procedures approved by the appropriate authority eg. Laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization/day care surgery.

All advance/modern treatment is covered under the policy up to the Sum Insured without any capping.

All new kinds of approved advanced medical procedures/Modern treatment methods for e.g. laser surgery, stem cell therapy for treatment of a disease, robotic surgeries etc. are payable on hospitalization /day care surgery up to the limit of Sum Insured.

3.12 Treatments taken for accidents can be payable even on OPD basis in a hospital up to Sum Insured

3.13 ALTERNATIVE THERAPY:

Reimbursement of Expenses for hospitalization or domiciliary treatment (under clause 3.1) under the recognized system of medicines, viz, Ayurveda ,Unani, Siddha, Homeopathy , Yoga or Naturopathy , if such treatment is taken in a clinic /hospital registered, by the central and state government .

3.14 TAXES AND OTHER CHARGES

All Taxes, GST , Surcharges, Service charges, Registration charges, Admission Charges, Nursing, and Administration charges to be payable. Charges for diapers and sanitary pads are payable if necessary as part of treatment. Charges for hiring a nurse/attendant during hospitalization will be payable only in case of recommendation from treating doctor in case ICU/CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

3.15 Treatment for Genetic disorder and stem cell therapy is covered under the scheme.

3.16 Treatment for Age related Muscular Degeneration (ARMD), treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP) and related treatments are covered under the scheme. Treatment for all neurological / macular degenerative disorders shall be covered under the scheme.

3.17 Rental charges for external and/or durable medical equipment used for diagnosis and/or treatment including CPAP, CAPD, Bi-PAP, Infusion pump and related equipment will be covered under the scheme. However, purchase of the above equipment to be subsequently usedat home in exceptional cases on medical advice shall be covered.

3.18 Ambulatory devices i.e walker, crutches, belts, collars, caps, splints, braces, stockings, elastocrepe bandages, external orthopedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including glucose test strips)/Nebulizer/prosthetic device/Thermometer, alpha/water bed and similar items will be covered under the scheme.

3.19 PHYSIOTHERAPY CHARGES: Physiotherapy charges shall be covered for the period specified by the medical practitioner even if taken at home. All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the sum insured statedin the schedule and Corporate Buffer if allocated.

3.20 If any treatment required de to terrorist act, War or Natural calamity or act of God or sudden accident or suicide case will be cover under this policy.

4. EXCLUSIONS:

The company shall not be liable to make any payment under the policy in respect of any expenses whatsoever incurred by the insured person in connection with or in respect of:

4.1. Investigation& Evaluation

a) Any diagnostic expenses which are not related or not incidental to the current diagnosis andtreatment are excluded.

4.2. Rest Cure, Rehabilitation and Respite Care

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

4.3. Change-of-Gender Treatments

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

4.4. Refractive Error -Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters.

4.5. Unproven Treatments

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

4.6. Breach of Law

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

4.7. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

a) Vaccination or Inoculation

b) Change of life or cosmetic or aesthetic treatment of any description is not covered.

c) Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

4.8. Cost of spectacles and contact lenses, hearing aids, other than Intra-Ocular Lenses and Cochlear Implant.

4.9. Dental treatment or surgery of cosmetic kind which are done in a dental clinic and those that are cosmetic in nature.

4.10. Convalescence , rest cure, obesity treatment and its complications including morbid obesity , Venereal disease and use of intoxication drugs/alcohol.

4.11. All expenses arising out of any condition directly or indirectly caused to or associated with Human T Cell Lymphotropic Virus Type Ill (HTLB — lll) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome of a similar kind commonly referred to as AIDS.

4.12. Charges incurred at hospital/nursing home primarily for diagnosis x ray or laboratory examinations or other diagnostic studies not consistent with diagnosis and treatment of positive existence of any ailment, sickness or injury for which confinement is required at a Hospital/Nursing Home unless recommended by the attending.

4.13. All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty devices, cosmetics, diapers, sanitary pads, toiletry items and similar incidental expenses unless and otherwise necessitated during the course of treatment.

5. Claims Procedure

A. Claims Administration and Process

It shall be the condition precedent to admission of our Liability under this policy that the termsand conditions of making payment of premium on full or in time in so far as they relate to anything to be done or complied with by you or any Insured Person, are fulfilled including complying with the following in relation to claims ;

1. On the occurrence or discovery of an illness or injury that may give rise to a claim under thispolicy, the claims procedure set out below shall be followed.
2. The treatment should be taken as per the advice, directions and guidance of the treating medical practitioner. Any failure to follow such advice, directions and guidance will prejudicethe claim.
3. The insured person must submit to medical examination by our medical practitioner in case requested by us and at our cost, as often as we consider reasonable and necessary and we/our representatives must be permitted to inspect the medical and hospitalization records pertaining to the insured person's treatment and to investigate the circumstances pertaining to the claim.
4. We and our representatives must be given all reasonable cooperation in investigating the claim in order to assess our liability and quantum in respect of the claim.

Notification of Claim

Upon the happening of any event which may give rise to any claim under this policy, the insured or insured's representative shall notify the TPA in writing by letter, email, fax, SMS, WhatsApp Message providing all relevant information relating to claim including plan of treatment, policy numberetc.

B. Procedure for cashless claims

1. Cashless facility for treatment shall be available to insured in network hospitals only.
2. Treatment may be taken in a network provider/PPN and is subject to pre authorization by the TPA. Booklet containing list of network providers/PPN hospitals shall be provided by the TPA. Updated list of network provider/PPN is available on website of the company and the TPA mentioned in the schedule
3. Call the TPA's toll free phone number or apply on application of Insurance and provided on the health ID card for intimation of claimand related assistance. Inform the ID number for easy reference.
4. On admission in the network provider/PPN, produce the ID card issued by the TPA at the hospital helpdesk. Cashless request form available with the network provider/PPN and TPA shall be completed and sent to TPA for authorization. Each request for pre authorization must be through duly completed standard pre-authorization format including the following details:
   i. The health card which the insurer or the associated TPA has issued to the insured person supported with KYC documents;
   ii. The Policy Number;
   iii. Name of the Policy Number/Employer;
   iv. Name and address of insured person/Employee/member in respect of whom the request is being made;
   v. Nature of the illness/injury and the treatment/surgery required;
   vi. Name and address of the attending Medical Practitioner;
   vii. Hospital where the treatment/Surgery is proposed to be taken;
   viii. Proposed date of admission;

5. If these details are not provided in full or sufficient or are insufficient for the associated TPA to consider the request, the associated TPA will request additional information or documentation in respect of that request.

6. When the associated TPA has obtained sufficient details to access the request, the associatedTPA will issue the authorization letter specifying the specified amount, any specific limitation on the claim, applicable deductibles, and non-payable items if applicable, or we may reject the request for pre-authorization specifying reason for the rejection.

7. The TPA upon getting cashless request form and related medical information from the insured person/network hospital/PPN shall issue pre-authorization letter to the hospital after verification.

8. Once the request for pre-authorization has been granted inform the same to Insured within 30 minutes, the treatment must take place within 15 days of the pre-authorization date at a Network Provider and

pre-authorization shall be valid only if all the details of the authorized treatment, including dates, hospitals and locations match with the details of the actual treatment received. For Hospitalization where Cashless Facility is pre-authorized by the associated TPA, the associated TPA will make the payment of the amounts assessed to be due directly to the Network Provider.

9. In the event that the cost of hospitalization exceeds the authorized limits as mentioned in the authorizations letter:
   a) The network provider shall request us for an enhancement of authorizations limit as described under section 5 B including details of the specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
   b) We shall accept or decline such request for enhancement of pre-authorized limit for enhancement.

   In the event of any change in the diagnosis, plan of Treatment, cost of Treatment during Hospitalization to the insured person, the network provider shall obtain a fresh authorizations letter from us in accordance with the process described under 5 B above.
10. At the time of discharge, the insured person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses.
11. at the time of discharge:
    a. The Network Provider may forward a final request for authorizations for any residual amount to the TPA along with the discharges summary and the detailed bill break up in accordance with the process described at 5 B above.
    b. Upon receipt of the final authorizations letter from TPA, the insured person may be discharged by the Network Provider.

    Note: (Applicable to 5 B): Cashless facility for hospitalization expenses shall be limited exclusively to Medical Expenses incurred for treatment undertaken in a Network Provider/PPN hospital for illness or Injury/Accident/Critical Illness as the case which may be which are covered under the policy. For all cashless authorizations, the insured person, will in any) vent be required to settle all non-admissible expenses, expenses above specified Sub Limits (if applicable), Co-Payments and/or opted Deductible (Per Claim/Aggregate/Corporate) (if applicable), directly with the hospital.

12. The TPA reserves the right to deny pre-authorizations in case the Hospital is unable to provide the relevant medical details. Denial of a pre-authorizations request is in no way to be construed as denial of treatment or denial of coverage. The insured person may get the treatment as per treating doctor's advice and submit the claim documents to the TPA for possible reimbursement.

13. Claims for pre hospitalization and post hospitalization will be settled on a reimbursement basis on production of cash receipts.

C. <u>Procedure for reimbursement of claims</u>

In non-network hospitals payment must be made upfront and for reimbursement of all type of claims the insured person may submit the necessary documents to application of Insurance Company/ TPA (if claim is processed by TPA)/the bank's office authorized to deal with Health Claims within the prescribed time limit. For all claims for which Cashless Facilities have not been pre-authorized or for which treatment has not been taken at a Network Provider, We shall be given written notice of the claim along with the following details within the timelines as mentioned for reimbursement claims in B above:

i) Name of the Policy Number/Employer;
ii) Name and address of Insured person/Employee/member in respect of whom the request is being made;
iii) Health Card, photo ID, KYC documents;
iv) Nature of illness or injury and the treatment/Surgery taken;
v) Hospital where treatment/surgery was taken;
vi) Date of Admission and Date of Discharge;
vii) Any other information that may be relevant to the Illness/Injury/Hospitalisation;
viii) Duly completed claim form

D. Documents

1. The claim is to be supported with the following documents and submitted within the prescribed time limit.
   i. Duly completed claim form
   ii. Photo ID and Age Proof
   iii. Health Card, Policy copy, Photo ID and KYC documents
   iv. Attending medical practitioner's/surgeon's certificate regarding diagnosis/nature of operation performed along with date of diagnosis, investigation test reports etc. supported by the prescription from attending medical practitioner
   v. Discharge card/day re summary/transfer summary
   vi. Final hospital bill with all deposit and final payment receipt
   vii. Waiver for Original Invoice for all Injections from Manufacturer
   viii. Invoice with payment receipt and implant stickers for all implants used during surgeries i.e. lens sticker and invoice in cataract surgery, stent invoice and sticker in Angioplasty surgery
   ix. All previous consultation papers indicating history and treatment details for current ailment if required.
   x. All diagnostic reports (including imaging and laboratory) along with medical practitioner's prescription and bill/invoice with receipt from diagnostic centre.
   xi. All medicine/pharmacy bills along with medical practitioner's prescription;
   xii. MLC /FIR copy- in Accidental case only;
   xiii. Copy of death summary and copy of death certificate (in death claims only);
   xiv. Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details and the Insured Person's progress;

   Note: - In the event of a claim lodged as per Settlement under multiple policies clause and the original documents having been submitted to the other insurer, the company may accept the duly certified documents. And claim settlement advice duly certified by the other insurer subject to satisfaction of the company.

1. The insured Person shall also give the TPA/Company such additional information and assistance as the TPA/Company may require in dealing with the claim including an authorizations to obtain Medical and other records from the hospital, lab, etc.
2. All the documents submitted to TPA shall be electronically collected for settlement and denial of the claims by the appropriate authority.
3. No Original/Hard copy of Documents need to be sending to Insurance Company/TPA after approval of Claims. Insurance Company will release the payment to claimant behalf of soft copy of claims.
4. It is a choice of staff; apply hard copy or soft copy for claims in provided network of Insurance Company/ TPA. No necessary to submit original documents in both cases.

E. Scrutiny of Claim Documents

a. The TPA shall scrutinize the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person/Network Provider as the case may be within 7 working days of submission of documents. If the deficiency in the necessary claim documents is not met or are partially met in 10 working days, The TPA will send a maximumof 3 (three) reminders. We may, at our sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if we observe that such a claim is otherwise valid under the Policy. And those cases where filed closed due to non-submission of documents, Bank will open the same after completion of required documents.

b. In case a reimbursement claim is received when a pre-authorization letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorization has been utilized as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the case will be processed.

c. The Pre-Hospitalization Medical Expenses Cover claim and Post-Hospitalization Medical Expenses Cover claim shall be processed only after decision of the main Hospitalization claim.

F. Claim Assessment

Insurer will pay the fixed or indemnity amount as specified in the applicable Base of Optional Cover in accordance with the terms of the Policy.

Insurer will assess all admissible claims under the Policy in the following progressive order:

I. If any Sub Limit on Medical Expenses are applicable as specified in the Policy Schedule/Certificate of Insurance, our liability to make payment shall be limited to the extent of the applicable Sub Limit for that Medical Expense.

II. Opted Deductible (Pre Claim/ Aggregate/ Corporate), if any, shall be applicable on the amount payable by Us after applying (II), and (ii) above.

III. Co-Payments(not applicable) if any, shall be applicable on the amount payable by us after applying (i), and (ii).The Claim amount assessed under Section 5.F (i), (ii) and (iii) will be deducted from the following amounts in the following progressive order after applying Sub Limit.

a. Sum Insured
b. Corporate Buffer

G. Claim Settlement

1. On receipt of the Original final document(s), the company shall within a period of 7 days Offer a settlement of the claim to the insured person.
2. In the cases of delay in the payment, the company shall pay interest from the date of receiptof last necessary document to the date of payment of claim at a rate that is 2%(Two percent) above the bank rate prevalent at the beginning of the financial year in which the claim is paid.
3. However, where the circumstances of a claim warrant an investigation in the opinion of the company, it shall initiate and complete such investigation at the earliest; in any case not later the 21 days from the date of receipt of scan copy of last necessary document. In such cases, Insurer shall settle the claim within 30 days from the date of receipt of last necessary document.
4. In case of delay beyond stipulated 30 days the company shall be liable to pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is paid, from the date of receipt of last necessary document to the date of payment of claim.
5. The payment of the amount due shall be made by the company, upon acceptance of an offerof settlement as stated above by the insured person, within 7(Seven) days from the date of acceptance of the offer.
6. A claim, which is not covered under the policy cover and conditions, can be rejected.

H. Rejection/ Repudiation of Claim

a. If the company, for any reasons, decides to reject/repudiate —a claim under the policy, we shall communicate to the insured person in writing explicitly mentioning the grounds for rejection/repudiation and within a period of 30 (thirty) days from the receipt of the final document(s) of investigation report (if any), as the case may be. Where a rejection is communicated by the Company, the Insured Person may, is so desired, within 15 days from the date of receipt of the claims decision represent to the Company for reconsideration of the decision.

b. In case of rejection of claims, it would go through a committee set up of the Bank, Third Party Administrator and ..... Insurance Co. Ltd. unless rejected by the committee in real time the claim should not be rejected.

c. Claim Payment Terms

I. We shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the Sum Insured for that Insured Person is exhausted.

II. All claims will be payable in India and in Indian rupees.

III. No claims rejected due to ICR issues by insurance company/TPA.

IV. III We are not obligated to make payment for any claim or that part of any claim that could have been avoided of reduced if the Insured Person could have reasonable minimized the costs incurred, or that is brought about or contributed to by the Insured Person by failing tofollow the directions, Medical Advice of guidance provided by a Medical Practitioner.

The Sum insured opted under the Policy shall be reduced by the amount payable/ paid under the Policy terms and conditions and any optional covers applicable under the Policyand only the balance shall be available as the Sum Insured for the unexpired Policy Period.

मध्य प्रदेश ग्रामीण बैंक विपणन विभाग प्रधान कार्यालय, इन्दौर

V. If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for "Any one illness" under this Policy shall be applied as if they were under a single claim. There is no period of waiting for same illness.

VI. For Cashless claims, the payment shall be made to the Network Provider whose dischargewould be complete and final.

VII. For Reimbursement claims, the payment shall be made to the Insured person. In the unfortunate event of the Insured person's death, we will pay the Nominee (as named in the Policy Schedule/ Certificate of Insurance) and case of no Nominee, to the legal heir who holds a succession certificate of indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.

I. Claims will be managed through the same Office of the Bank from where it is managed at Present. The Third Party Administrator will be setting up a help desk at that office and supporting the bank in clearing all the claims on real time basis

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J. Monitoring of performance

The insurance company will have to submit MIS on monthly basis giving detailed analysis on various parameters including claims received, claims approved, age-wise distribution of claims pending, average time being taken to approve / pay clams etc.

6 CONDITIONS

6.1 Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the Proposer. (Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

6.2 Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Companyto make any payment for claim(s) arising under the Policy.

6.3 Communication

i. All communication should be made in writing.

ii. For Policies serviced by TPA, ID card, PPN/Network Provider related issues to be communicated to the TPA at the address mentioned in the Schedule. For claim serviced by the Company, the Policy related issues to be communicated to the Policy issuing office of the Company at the address mentioned in the Schedule.

iii. Any change of address, state of health or any other change affecting any of the Insured Person, shall be communicated to the Policy issuing office of the Company at the address mentioned in the Schedule.

iv. The Company or TPA shall communicate to the Proposer/ Insured Person at the address mentioned in the Schedule.

6.4 Physical Examination

Any Medical Practitioner authorised by the Company shall be allowed to examine the Insured Person in the event of any alleged lliness/Injury requiring Hospitalisation when and as often asthe same may reasonably be required on behalf of the Company.

6.5 Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Company. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the

Company or to induce the Company to issue an Insurance Policy:

a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person/ beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Company.

6.6 Territorial Limit

All medical treatment for the purpose of this policy will have to be taken in India only.

6.7 Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured person.

i. The company shall endeavor to give notice for renewal. However, the company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the company before the end of the policy period.
iv. After the end of the policy period, the policy can be renewed within the Grace Period of 30 days to maintain continuity benefits without break in policy. Coverage is not available duringthe grace period.
v. No Loading shall apply on renewals based on individual claims experience.

6.8 Enhancement of Sum Insured:

Change in Sum Insured after commencement of policy to be considered in case of promotion of the employee of vice versa.

6.9 Guideline for Addition of members: -

Midterm additions are allowed only for natural additions subject to intimation received within policy period i.e. new joinees, newly married spouses.

Any additions for new employee, spouse would be allowed within policy period from joining /marriage respectively.

There is no restriction on children addition in the policy throughout the Policy Period for babyborn after 1st Sept 2025.

Bank will add any missing dependents in the policy within policy period with no cost for the same.

As the data provided by Bank for the renewal process is tentative only.

Territorial Jurisdiction

The All disputes or differences under or in relation to the Policy shall be determined by the Indian court and according to Indian law.

6.10 Maintenance of member Records

The Insured shall throughout the period of insurance keep and maintain a proper record of register containing the names of all the Insured persons and other relevant details as are normally kept in any institution/ Organization. The Insured shall declare to the company any additions in the number of Insuredpersons as and when arising during the period of insurance and shall pay the additional premium as agreed.

It is hereby agreed and understood that, this insurance being a Group Policy availed by the Insured covering Members, the benefit thereof would not be available to member who cease tobe part of the group for any reason whatsoever.

6.11 Arbitration

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 the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a

single arbitrator within 30 days of any party invoking arbitration, the same shell be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed byeach of the parties to the dispute/difference and the third arbitrator to be appointed by such twoarbitrators 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.

6.12 Disclaimer

If the Company shall disclaim liability to the Insured Person for any claim hereunder and if the Insured Person shall not within twelve (12) calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimerand intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

6.13 IRDA Regulations

This policy is subject to Provisions of Insurance Act, 1938, IRDAI (health Insurance) Regulations 2016 and IRDA (protection of policyholder's interest) Regulations 2017 asamended from time to time.

6.14 Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The insured person shall be notified three months before the changes are effected.

6.15 Withdrawal of Policy

In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the policy. Insured person will have the option to migrate to similar health insurance product available with the company at the timeof renewal with all the accrued continuity benefits such as waiver of Waiting Period as per IRDAI guidelines, provided the policy has been maintained without a break.

Critical illness Benefit Cover

For the purpose of this Section, "Critical Illness" means any illness, medical event of surgical procedure as specifically defined whose signs or symptoms first commence since the commencement of the policy year. The benefits under this cover (as set out below) will be overand above the base sum insured.

The cover is applicable provided that the critical illness, which the insured person is suffering from, occurs or first manifests itself during the policy year as a first incidence.

Critical illness is to be provided to the employee subject to a sum insured of Rs. 1,00,000/-. The cover starts on inception of the policy. In case an employee contracts a critical illness as listed below, the total sum insured of Rs. 1,00,000/- is paid, as a benefit. This benefit is provided on first detection/diagnosis of the critical illness.

A. <u>List of Critical illnesses cover under this Benefit:</u>

I. Cancer of Specified Severity (Including Leukemia)

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The terms cancer includes leukemia, lymphoma and sarcoma.

The following are excluded-

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, of non- invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN- 1,CIN- 2, and CIN-3.

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ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
   a. Malignant melanoma that has not caused invasion beyond the epidermis;
   b. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2ZNOMO.
   c. All Thyroid cancers histologically classified as TLINOMO (TNM Classification) or below.
   d. Chronic lymphocytic leukemia less than RAI stage 3.
   e. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification.
   f. All Gastro-Intestinal Stromal Tumors histologically classified as TINOMO (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.
   g. All tumors in the presence of HIV infection.

II. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequela. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. The following are excluded:

i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

III. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysiswill be permanent with no hope of recovery and must be present for more than 3 months.

IV. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. The following are excluded: Angioplasty and/or any other intra-arterial procedures.

V. Myocardial Infarction (First Heart Attack of Specific severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria.

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
ii. New characteristic electrocardiogram changes.
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded.
iv. Other acute Coronary Syndromes.
v. Any type of angina pectoris.
vi. A rise in cardiac biomarkers or Troponin T or | in absence of overt ischemic heart diseaseOR following an inter-arterial cardiac procedure.

VI. Open heart Replacement or Repair of Heart valves

The actual undergoing of open-heart valve surgery is to replace or repair one of more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

VII. Major organ/Bone Marrow Transplant

i. The actual undergoing of a transplant of:
   a. One of the following human organs: heart, lung, liver, kidney, pancreas that resulted fromirreversible end-stage failure of the relevant organ.
   b. Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

ii. The following are excluded:
   a. Other stem-cell transplants.
   b. Where only islets of Langerhans are transplanted.

VIII. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

IX. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

i. Permanent jaundice.
ii. Ascites.
iii. Hepatic encephalopathy.

I. Liver failure secondary to alcohol or drug abuse is excluded

X. Thyroid cancer

B. Cover

If an insured person is diagnosed to be suffering from any of the Critical Illnesses of the naturespecified above during the policy year, then we will pay a Critical Illness Sum Insured specified in the policy schedule/certificate of insurance provided that:

a. Under this policy there would be no waiting period for the payment of the claim on the inception of the policy, nor any survival period for the payment of the claim on the individual contracting any of the above mentioned Critical Illness.
b. Upon our admission of the first claim under this benefit in respect of an insured person in any policy year, the cover under this benefit shall automatically terminate in respect of that insured person.
c. Our total and cumulative liability in respect of an insured person under this benefit will be limited to the Critical Illness Sum Insured of Rs. 1,00,000/- only.
d. This benefit is paid as a lump sum amount and is over and above the base Sum Insured. Hospitalization is not required to claim this benefit. Further the employee can claim the cost ofhospitalization on the same from the Group Mediclaim Policy as cashless/reimbursement of expenses for the treatment taken by him.

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Disclaimer

This Invitation Document is neither an agreement nor an offer and is only an invitation by Bank to the interested General Insurance companies for submission of bids/ proposals. The purpose of this RFP is to provide the Health/General Insurance Company(s) with data points, to assist them in formulation of their proposals. This document does not claim to contain all the information each General Insurance Company may require. Each General Insurance Company should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this RFP and where necessary obtain independent advice. Bank makes no representation or warranty and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of this RFP document. Bank may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this RFP. Subject to any law to the contrary, and to the maximum extent permitted by law, the Bank and its directors, officers, employees including Principal Officer, contractors, agents, and advisers disclaim all liability from any loss or damage (whether foreseeable or not) or expenses incurred or suffered by any person acting on or refraining from acting because of any information, including forecasts, statements, estimates, projections contained in RFP or conduct ancillary to it whether or not the loss or damage or expenses arises in connection with any negligence, omission, default, lack of care or misrepresentation on the part of the Bank or any of its directors, officers, employees, contractors, agents, or advisers.

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