

**REQUEST FOR PROPOSAL
(RFP)**

WEST BENGAL GRAMIN BANK

(A Government Enterprise)

Formed by Amalgamation of



Sponsored by



**FOR GROUP MEDICLAIM POLICIES(GMP) FOR EXISTING EMPLOYEES AND
RETIREEES OF**

WEST BENGAL GRAMIN BANK

RFP REFERENCE NO. WBGB/HO/HR/108(1)/2025-26

DATED: 19.07.2026

**WEST BENGAL GRAMIN BANK
HR DEPARTMENT**



REQUEST FOR PROPOSAL (RFP) FOR RENEWAL OF GROUP MEDICLAIM POLICIES (GMP) FOR EXISTING EMPLOYEES AND RETIREES OF WEST BENGAL GRAMIN BANK

West Bengal Gramin Bank (sponsored by PNB) came into existence w.e.f. 01-05-2025 in terms of notification published in Gazette of India, Extraordinary Part II-Section 3 sub section (ii) dated 07-04-2025 by Government of India, Ministry of Finance, Department of Financial Services (DFS) in exercise of the power conferred upon Central Government as per RRB Act, 1976 upon amalgamation of 3 RRBs operating in the state of West Bengal viz. BGVB (sponsored by PNB), PBGB (sponsored by UCO Bank) and UBKGB (sponsored by Central Bank of India) with equity participation of Government of India (50%), Punjab National Bank (35%) and Government of West Bengal (15%) respectively.

The Bank spreads amongst 22 (twenty two) districts of West Bengal with a vast network of 960 branches, 18 regional Offices, 2 camp offices and 1 Head Office. In terms of the Gazette notification, the Head Office of the Bank shall be at Kolkata but at present Bank is headquartered at Berhampore till finalization of Head Office premises at Kolkata. All the branches are networked on the Core Banking Platform and spread across all the major centers in all population groups in those specified areas.

Sealed Tenders are invited by West Bengal Gramin Bank from IRDAI (Insurance Regulatory Development Authority of India) registered **Public Sector Insurance Companies** in India for renewal of Group Mediclaim policies for Existing and Retirees of the Bank.

Bank has appointed M/S Edme Insurance Brokers Ltd (Formerly Aditya Birla Insurance Brokers Ltd.) as broker and has authorized them to solicit proposals from IRDAI registered Public Sector Insurance Companies. M/s Edme Insurance Brokers Ltd. (Formerly Aditya Birla Insurance Brokers Ltd.) will be responsible to coordinate with Insurance companies in terms of sending mail information and other relevant details for submission of the bid. Remuneration will be as per prescribed IRDA guidelines.

The "Request For Proposal (RFP) for the project is available on Bank's website (<https://WBGB.in>) in Tender Section. Interested bidders are requested to refer to the said RFP. Bids made strictly as per provisions of the RFP document should be submitted.

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MOST IMPORTANT DATES FOR BIDDERS

1	RFP Ref. Number & Date	WBGB/HO/HR/108(1)/2025-26 Dated 19.07.2025	
2	Purpose	Request For Proposal for renewal of Group Mediclaim Policies (GMP) of Existing employees and Retirees of West Bengal Gramin Bank	
3	Date of Issue	17:00 hrs	23-07-2025
4	Last date of submission of queries of Bidders	18:30 hrs	31-07-2025
5	Pre Bid meeting with the bidders	12:00 hrs	01-08-2025
6	Date by when Bank will respond to the clarifications sought by Bidders	18:00 hrs	05-08-2025
7	Last Date for Bidders to submit response to RFP	15:00 hrs	12-08-2025
9	Date & Time of Opening of Bid	16:00 hrs	12-08-2025
10	Mode of bid submission	To be submitted physically	
11	Address for submission of Bid & Place of Opening of Bids	General Manager (HR) West Bengal Gramin Bank Head Office BMC House, NH-34, Chuanpur PO: Chaltia, Berhampore Dist: Murshidabad, PIN: 742407 West Bengal	
12	Website Address	https://wbgb.co.in/	
13	E-mail address	gmhr@wbgb.co.in cmadm@wbgb.co.in smpa@wbgb.co.in	



Section – I: Introduction & Instructions

1. West Bengal Gramin Bank (WBGB), a premier Regional Rural Bank established under Regional Rural Bank Act 1976 having its Head Office at Kolkata (presently operation from Berhampore till final shifting at Kolkata), West Bengal, invites quotes from **Public Sector Insurance Companies** for renewal of '**Group Mediclaim Policies (GMP)**' and other related aspects for its existing employees & their dependents and retired employees and their spouses settled across the country.
2. Only Public Sector Insurance Companies are allowed to quote / participate in this tender.
3. All notices and correspondence to the bidder(s) shall be sent by email only, till finalization of tender takes place. Hence, the bidders are required to ensure that email address provided by them is valid.
4. At any time prior to the deadline for submission of proposal, the Bank may for any reason, modify the RFP. As such intended bidders are requested to follow Bank's website (<https://wbgb.co.in/>) once again before the last date of submission of bid to ensure that they have not missed any corrigendum uploaded against the said RFP. The responsibility of downloading the related corrigendum, if any, will be of the bidder only. No separate intimation in respect of corrigendum to this RFP (if any) will be sent to bidder(s). In case any bidder has already submitted proposal before issue of corrigendum, the bidder may submit additional documents / information pertaining to that corrigendum, but only before the last date of submission of bid.
5. The Bank reserves the right to accept or reject any or all the proposals in whole or part without assigning any reasons.
6. The proposal shall remain open from the pre-announced date & time till as much duration as mentioned in this RFP.
7. Bank reserves the right to cancel or reject or accept or withdraw or extend tender in full or part as the case may be without assigning any reason thereof.
8. No deviation of the terms and conditions of the tender document is acceptable. Submission of bid by any bidder confirms his acceptance of terms and conditions for the RFP. No deviation to the technical terms and conditions is allowed. The selection of the insurer resulting from this RFP shall be governed by the terms and conditions mentioned therein. All pages of the RFP need to be stamped and signed by the bidder.
9. Amount to be quoted should be in Indian Rupees (INR) only.
10. The bidders must submit all documents required as per terms of RFP. Any other document submitted which is not required as per terms of RFP shall not be considered.



11. The bid will be evaluated on the basis of the filled-in technical format. The documents 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, the bid will be rejected.
12. During pre-qualification and evaluation of the tender, the Bank may, at its discretion, ask bidders for clarifications on their proposal. The bidders are required to respond within the time frame duly communicated by the Bank.
13. The proposal may be submitted along with the covering letter about the proposal, accompanied by the information/documents indicated in the Annexures and the declaration signed by the authorized signatory with Seal of the Company. All pages are required to be signed.
14. All erasures and alterations made while filling the bid/proposal must be attested with initials of the bidder/authorised signatories. Overwriting of figures is not permitted. Failure to comply with either of these conditions will render the bid/tender invalid.
15. In case first qualified/selected insurer backs out, Bank reserves the right to entrust to next qualified insurer and so on. Bank also reserves the right to negotiate further with the L1 Insurer.
16. Any violation of instruction/agreement or suppression of facts will attract cancellation of agreement without any reference or any notice period.
17. The successful Bidder/Insurer as concluded by WBGB shall be bound to sign a Service Level Agreement (SLA) in accordance with the draft agreement and the conditions of contract, within five days of the receipt of intimation. WBGB may, incorporate any portion in the SLA as may be deemed fit and proper so as to safeguard Bank interest as a whole & its employees interest in particular. Bank at its sole discretion, incorporate any portion of any successful Response of a successful Bidder in to the final SLA agreement.

18. Contact Persons:

Bank's Authorised Insurance Broker	
Mr. Samrat Dutta Vice President Edme Insurance Brokers Ltd. Phone - +91 9830729928 e-mail: samrat.dutta@edmeinsurance.com	Ms. Sushmita Lodh Senior Manager Edme Insurance Brokers Ltd. Phone - +91 9088103187 e-mail: sushmita.lodh@edmeinsurance.com



Section 2: Eligibility of Firms/Companies

A. Only Public Sector Insurance companies are allowed to participate in the tender process.

B. Disqualifications

Bank may at its sole discretion and at any time during the evaluation of proposal, disqualify any bidder, if the bidder:

- a. found to have made misleading or false representations in the forms, statements and documents submitted in proof of the eligibility requirements.
- b. has failed to provide related clarifications, when sought; or
- c. has been suspended / delisted / blacklisted by any Govt. Ministry / Department / Public Sector Undertaking / IRDA / SEBI / IBA / Autonomous Body / Financial Institution / Court etc. for corrupt and fraudulent practices or blacklisted anytime in the past.

The Bank shall be under no obligation to accept any offer received in response to this RFP and shall be entitled to reject any or all offers without assigning any reason whatsoever. The Bank may abort the entire process at any stage without thereby incurring any liability to the affected Bidder(s) or any obligation to inform the affected Bidder(s) of the grounds for Bank's action.

BLACKLISTING:- During the tendering process or at any time thereafter, if Bank receives any Complain and or suo moto Bank is of reasonable apprehension, regarding any suppression of material fact and or figures, which if disclosed to the Bank at the time of tendering, would have rendered the Vendor disqualified, then such Insurance Company, after giving a reasonable opportunity of being heard, shall be disqualified and blacklisted from participating in the future tendering process of the Bank for 5 (five) years or such further period and the performance bank guarantee so deposited shall be forfeited and the entire premium amount so deposited shall have to be refunded on pro rata basis.

The Bank shall be under no obligation to accept any offer received in response to this NIT and shall be entitled to reject any or all offers without assigning any reason whatsoever. The Bank may abort the entire process at any stage without thereby incurring any liability to the affected Bidder(s) or any obligation to inform the affected Bidder(s) of the grounds for Bank's action.

INDEMNITY:

Bidder/Vendor shall agree to indemnify and hereby keep the Bank indemnified against all questions, claims, losses, damages, cost expenses which Bank may suffer or incur on account of any acts of omission or commission, negligence, fraud, default or misconduct, material breach of duties obligations, breach of representations and warranties, breach of confidentiality, on the part of Bidder/Vendor or on the part of its employees ,agents, constituents for their respective duties or obligations in terms of



this Arrangement. Apart from the above Bank reserves the right to invoke the Bank Guarantee after 90 days to indemnify itself for the commission and omission of the Insurer.

It is clarified that the Bidder/Vendor shall in no event enter into a settlement, compromise or make any statement that may be detrimental to the Bank (and/or its customers, users and service providers, staff, retirees) rights, interest and reputation. Bidder/Vendor shall be responsible for delay in registration of claim, nonpayment of the claim or delay in payment of claim and/or any negligence, mistake during the whole process of settlement of claim and Bidder/Vendor should take full responsibility for its and its employee's act or omission in this regard. The Bidder/Vendor should indemnify the Bank (including its employees, directors or representatives) from and against claims, losses, and liabilities arising from:

- Non-compliance of the Bidder/Vendor with applicable Laws / Governmental Requirements to its scope under this Contract, IP infringement ;
- Gross Negligence or willful misconduct attributable to the Bidder/Vendor, its employees, and agents
- Material breach of any terms of this Contract, Representation or Warranty
- Act or omission in performance of service.

Further, Bank shall not be held liable for any responsibility or claim / litigation initiated by third party agency employed by the Bidder/Vendor as part of service under this Contract.

Under no circumstances bank shall be liable to the Bidder/Vendor for direct, indirect, incidental, consequential, special or exemplary damages arising from termination of this Contract, even if Bank has been advised of the possibility of such damages, such as, but not limited to, loss of revenue or anticipated profits or loss of business.

Subject to any law to the contrary, and to the maximum extent permitted by law Bank shall not be liable to Vendor for any consequential/ incidental, or indirect damages arising out of this Contract.

Bidder/Vendor's aggregate liability in connection with obligations undertaken as a part under this Contract, shall be at actual as per the terms and conditions of this Contract and Bidder/Vendor's liability in case of claims against the Bank resulting from Willful Misconduct or Gross Negligence of Bidder/Vendor, its employees and Sub-contractors, third party agency or from infringement of patents, trademarks, copyrights or such other Intellectual Property Rights or breach of confidentiality obligations shall be unlimited.

Indemnity would be limited to court; tribunal or arbitrator awarded damages and shall exclude indirect, consequential and incidental damages. However indemnity would cover damages, loss or liabilities suffered by the Bank arising out of claims made by its insured staff/retirees and/or regulatory authorities. The Bidder/Vendor shall not indemnify the Bank for



I. Any loss of profits, revenue, contracts, or anticipated savings or

II. Any consequential or indirect loss or damage however caused, provided that indemnity would cover damages, loss or liabilities suffered by the Bank arising out of Claim made by the insured staff/retirees and/or Regulatory Authorities for reasons attributable to breach of services provided/ obligation under this Contract and by the Vendor. Vendor shall be responsible for any loss of life or bodily injury, due to acts of Vendor's representatives, and not just arising out of gross negligence or misconduct, etc., as such liabilities pose significant risk. Vendor should take full responsibility for its and its employee's actions.

“Gross Negligence” means an indifference to, and a blatant violation of a legal duty with respect to the rights of others, being a conscious and voluntary disregard of the need to use reasonable care, which is likely to cause foreseeable grave injury or harm to persons, property, or both. Gross negligence involves conduct that is extreme, when compared with ordinary negligence. A mere failure to exercise reasonable care shall not be a Gross negligence.

“Wilful Misconduct” means any act or failure to act with an intentional disregard of any provision of this RFP/Contract, which a party knew or should have known if it was acting as a reasonable person, which would result in loss, damage, costs, fines, awards against the interest of the Bank, injury, damage to life, personal safety, real property, harmful consequences to the other party, but shall not include any error of judgment or mistake made in good faith.

The Vendor should indemnify the Bank (including its employees, directors representatives, insured staff/retirees) from and against third party claims of losses, and liabilities arising from non-compliance of the Vendor with Laws / Governmental Requirements applicable to its scope of work.

COMPLIANCE WITH APPLICABLE LAWS OF INDIA:

The Bidder/Vendor confirms and further undertakes to observe, adhere to, abide by, comply with all applicable laws in force or as are or as made applicable in future including , The Companies Act, The Insurance Act, 1938, and Ordinances, Regulations, Guidelines, Advisories, Notifications and Circulars issued by IRDAI, Government, RBI as well as CVC Guidelines, pertaining to or applicable to them, their business, their employees or their obligations towards them and all purposes of this Contract. Further, the Bidder/Vendor shall keep all consents, permissions, approvals, licenses, etc., as required by the applicable laws of India, valid and in force during the term of the contract, and in the event of any failure or omission to do so shall indemnify, keep indemnified, hold harmless, defend and protect the Bank and its officers/staff/ personnel/ representatives/ agents from any failure or omission on its part to do so and against all claims or demands of liability and all consequences that may occur or arise for any default or failure on its part to conform or comply with the above and all other statutory obligations arising there from and Bank will give notice of any such claim or demand of liability within reasonable time to the Bidder/Vendor.



The Bidder/Vendor shall ensure that all such registrations/licenses where required, are kept valid and subsisting throughout the term of this agreement.

If at any time during the term of this Agreement, Bank is informed or information comes to its attention that the selected Bidder/Vendor is or may be in violation of applicable laws in force or as are or as made applicable in future including , The Companies Act, The Insurance Act, 1938, and Ordinances, Regulations, Guidelines, Advisories, Notifications and Circulars issued by IRDAI, Government, RBI as well as CVC Guidelines, then the Bank reserves the right to terminate this Agreement without being required to assign any reason to the vendor.

All the employees/TPAs deployed by the Bidder/Vendor for ensuring seamless and flawless claim document collection, submission, settlement etc. must comply with government's rules and regulations like minimum wages act, Provident fund and ESIC facility standard, and other labour laws etc.

The indemnification (as above) is only a remedy for the Bank. The Bidder/Vendor is not absolved from its responsibility of complying with the statutory obligations as specified above. Indemnity would be limited to court awarded damages and shall exclude indirect, consequential and incidental damages. However indemnity would cover damages, loss or liabilities suffered by the bank as well as the claims raised by the insured persons (staff/retirees) and/or regulatory authorities.

The Bidder/Vendor confirms to Bank that it complies with all Central, State, Municipal laws and local laws in force in India including The Insurance Act, 1938, and Ordinances, Regulations, Guidelines, Advisories, Notifications and Circulars issued by IRDAI, Government, RBI as well as CVC Guidelines and shall undertake to observe, adhere to, abide by, comply with and notify Bank about compliance with all laws in force, or as are or as made applicable in future, pertaining to or applicable to them, their business, their employees or their obligations towards them and for all purposes of this Contract, and shall indemnify, keep indemnified, hold harmless, defend and protect Bank and its officers/ staff/ personnel/ representatives/ agents/ TPAs from any failure or omission on its part to do so and against all claims or demands of liability and all consequences that may occur or arise for any default or failure on its part to conform or comply with the above and all other statutory obligations arising there from.

EXIT OPTION AND CONTRACT RE-NEGOTIATION:

The Bank reserves the right to cancel the contract in the event of happening one or more of the following Conditions:

- i. Failure of the Bidder/Vendor to accept the contract /RFP/SLA and furnish the Performance Guarantee within 3 days from the communication in writing about the successful bid;
- ii. Delay in executing SLA;
- iii. Delay in claim settlement even after notice of such delay;



iv. Serious discrepancy in the performance and services rendered during the contract period;

The Bank reserves the right to re-negotiate the premium amount, performance bank guarantee and terms and conditions of the entire contract with the Bidder/Vendor at more favourable terms in case such terms are offered in the industry at that time for policies of similar and comparable size, benefits and amount.

TERMINATION OF AGREEMENT:

This agreement shall be valid for a period of One year or unless terminated by the Bank. This agreement may be terminated by Bank after giving reasonable time of 30 days to the Insurer and if such Insurer fails to rectify and or make good the errors committed within the said period of 30 days, Bank shall be at liberty to cancel and blacklist the Insurer and report the same in accordance with law. Whereas the selected vendor shall not terminate the agreement for its convenience and without giving 30 days notice to the Bank. Further in an event termination is made as per mutual written consent; the same shall be effective from the date as may be mutually decided between the parties. Notwithstanding the contents of other clauses in this agreement, in the event of termination of agreement (on whatever ground) the Bidder/Vendor shall refund the premium amount proportionately.

It is agreed by the Bidder/Vendor that in the event of termination of agreement (on whatever ground), the Bidder/Vendor shall settle all pending medical/domiciliary/hospital claims pending before it on the date of such termination alongwith any other claim pending adjudication before any Court, Board, Tribunal etc. (subject to the award, decision, order, judgment of such Court, Board, Tribunal etc.)

The Bank, by written notice sent to the vendor, may terminate the Contract, in whole or in part, at any time for its convenience. The notice of termination shall specify that termination is for the Bank's convenience, the extent to which performance of obligations under the Contract is terminated and the date upon which such termination becomes effective.

Bank reserves the right to cancel the RFP or terminate the SLA in whole or in part and recover damages, costs and expenses etc., incurred by Bank under the following circumstances:

- i. The Bidder/Vendor commits a breach of any of the terms and conditions of this RFP or the SLA to be executed between the Bank and the Bidder/Vendor.
- ii. The Bidder/Vendor goes into liquidation, voluntarily or otherwise. In this event, termination will be without compensation to the Bidder/Vendor, provided that such termination will not prejudice or affect any right of action or remedy, which has accrued or will accrue thereafter to the Bank.
- iii. The Bidder/Vendor violates the Laws, Rules, Regulations, Bye-Laws, Guidelines, and Notifications etc., applicable to the Bidder/Vendor under performance of the RFP.



- iv. An attachment is levied or continues to be levied for a period of seven days upon effects of the bid.
- v. The Bidder/Vendor fails to render its services as per the terms and conditions of this RFP/SLA.
- vi. Deductions on account of liquidated damages exceed more than 10% of the total premium amount (for both the serving and retirees)
- vii. Bank reserves the right to recover any dues, loss, claims etc payable by the Bidder/Vendor from the Performance Bank Guarantee under this contract. The rights of the Bank enumerated above are in addition to the rights/remedies available to the Bank under the Law(s) for the time being in force.

Each Bidder/Vendor must also give following declaration duly signed by an Authorized Signatory by virtue of Board Resolution:

- a) We do hereby declare that there is no case with Police / Court / IRDA/ SEBI Regulatory authorities against proprietor / firm / partner /employee.
- b) Also, I/ We have not been suspended / delisted / blacklisted by any other Govt. Ministry / Department / Public Sector Undertaking/ IRDA/ SEBI/ Autonomous Body / Financial Institution /Court.
- c) We certify that neither our company nor any of the / Directors are involved in any scam or disciplinary proceedings settled or pending adjudication.
- d) We hereby undertake and confirm that we have understood the scope of work properly and shall carry out the work as mentioned in this RFP.
- e) Every Bidder shall put their seal and signatures in the Annexures A to P with duly filled up clauses at the time of participation in the Bidding process. The selected Bidder shall issue a Bank Guarantee of at least 10% of the total premium amount (for both the serving and retirees) as a token for performance of their duties under this Contract. Bank shall reserve the right to invoke the said Bank Guarantee if the selected vendor declines or refuses to settle the bills or rejects any claims without assigning any reason or fails to settle the claim within the maximum period of 30 days.

JURISDICTION OF COURT PENDING -ARBITRATION & CONCILIATION:-

The reference to arbitration shall not restrict the parties' right to equitable remedies such as injunction, temporary restraining order, preliminary injunction or other equitable relief to preserve the status quo or prevent irreparable harm.

REVERSE TRANSITIONING:

The Bank and the Bidder/Vendor shall together prepare the Reverse Transition Plan with regard to the information, claim data, details, etc especially claim Dump File. However, the Bank shall have the sole decision to ascertain whether such Plan has been complied with or not.



Reverse Transition mechanism would typically include service and tasks that are required to be performed / rendered by the Bidder/Vendor to the Bank or its designee to ensure smooth handover and transitioning of Bank's data, claim dump file etc.

CLAIM SETTLEMENT PROCESS:

The selected Bidder must be technologically advanced so that claims can be filed online with the selected insurer. The selected insurer shall hand over Group Health Insurance Card in favour of the beneficiaries within 10 working days from the date of submission of the premium with the selected vendor. The beneficiaries shall be able to file their claims online by way of scanning of documents, bills, prescriptions, reports. The system generated claim form along with hard copies of the said bills to be collected from the Head Office and concerned regional Office by the duly authorised representatives of the selected vendor, upon proper acknowledgment, every week. Any loss or theft of such documents from the custody of the authorised representative of the Insurer will not be the responsibility of the Bank or the beneficiary. The Authorised Representative must visit the Head Office Regional Offices of Howrah, Hooghly, Burdwan and Birbhum every week.

The Corporate login id and password must be provided to the Head Office, Nodal Officer who shall monitor the claim process. Each Nodal Officer at Regional Offices to be provided with Corporate user id and password so as to enable them to monitor the claims lodged and also to ensure that claims are settled flawlessly.

No bills other than GST Bills to be allowed and the said rule is also applicable for alternative treatments from Central or State Govts.

No Claims lodged with the Bidder shall be cancelled or declined without the prior approval of the Bank and after giving reasons in writing. Every month the dump file must be shared with the Bank at the time of monthly review meeting.

The deadline for submission of the Proposals is mentioned in **“Most Important Dates for Bidders” on Page 4 of the document**. Proposals received after the specified time on the last date shall not be eligible for consideration and shall be summarily rejected. Bank will not be responsible for any postal delays and submission of the “Bid” by way of e-mail is not acceptable.

The Name and address of the Bidder needs to be specifically mentioned on the Top of the envelope. If the envelopes are not sealed and marked, the Bank will assume no responsibility for the bid's misplacement or premature opening.

SECTION: 3 POLICY COVERAGES / TERMS AND CONDITIONS

MEDICAL INSURANCE SCHEME

Having regard to the need to extend better coverage and reimbursement of hospitalization and medical expenses incurred by the officers/employees/dependent family members, the demand for full reimbursement of expenses connected with hospitalisation and medical treatment including domiciliary hospitalization and domiciliary treatment was discussed by and between the parties and a new scheme for reimbursement of medical expenses has been formulated.

The salient feature of the Scheme is as under:

The scheme shall cover expenses of the officers / employees and dependent family members 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 employee/ dependent family member, 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 specified as per the scheme.

- The Scheme covers Employee + Spouse + Dependent Children + any two of the dependent Parents /Parents-in-law.
- No age limit for dependent children (including step children and legally adopted children).
- A child would be considered dependent if his/her monthly income does not exceed ₹18,000/- per month.
- Widowed Daughter and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and Crippled Child shall be considered as dependent for the purpose of this policy.
- Physically challenged Brother / Sister with 40% or more disability shall also be covered as Dependent.
- No Age Limits for Dependent Parents. Any two, i.e. either dependent parents or parents-in-law will be covered as dependent.
- Parents would be considered dependent if their monthly income does not exceed ₹18,000/- per month or as revised by Indian Banks' Association in due course, and wholly dependent on the employee as defined in this scheme.



All the existing permanent officers / employees of the Banks shall be covered by this Group Medical Insurance Scheme (GMP). All Newly Officers / employees shall be covered from the date of joining as per their appointment in the bank.

The GMP as applicable to the officers/ employees in service would be continued beyond their retirement/superannuation/resignation, etc. subject to payment of stipulated premium by them.

The GMP would also cover the existing retired officers/ employees of the Banks and dependent spouse subject to payment of stipulated premium by them. **For retirees: Mentally/physically challenged Dependent family member shall be included by way of add-on. Premium to be paid by retiree/ spouse.**

Reimbursement shall cover Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding ₹ 5000 per day or the actual amount whichever is less. Intensive Care URFP (ICU) expenses not exceeding ₹ 7500/- per day or actual amount whichever is less. Surgeon, team of surgeons, Assistant surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, Blood, Oxygen, 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-Occular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/ diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary or incurred during hospitalization as per the advice of the attending doctor.

Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to officers/ employee/dependent would also be covered for reimbursement.

Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge.

Alternative systems of treatments other than treatment under Allopathy or modern medicine shall include Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian context, for Hospitalization and Domiciliary treatment.

CASHLESS FACILITY: The scheme also includes the benefit of cashless treatment facility in hospitals under a scheme worked by the Banks and the hospitals under a common insurance scheme.

CONTRIBUTION: The officers / employees shall not be required to share the cost of such benefits under this GMP. However, in the case of officers / employees retiring from the Banks after the renewal of the GMP and those who are already retired from



the services of the banks and who opt to avail the benefits of the scheme, the amount of contribution by such persons shall be decided at the Bank level based on quotation received from Insurance Companies.

Day care Treatments shall be covered under the scheme and would refer to medical treatment and or surgical procedure which is:

- i. undertaken under general or local anaesthesia in a hospital/day care centre in less than a day because of technological advancement, and
- ii. which would have otherwise required hospitalisation of more than a day. Treatment normally taken on an outpatient basis is not included in the scope of this defirFPion.

DOMICILIARY HOSPITALIZATION: Domiciliary Hospitalization shall be covered under this scheme and would mean medical treatment for 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 in a condition to be removed to a hospital or
- b) the patient takes treatment at home on account of non-availability of room in a hospital.

DOMICILIARY TREATMENT shall also be covered under this scheme i.e. treatment taken for specified diseases which may or may not require hospitalization as mentioned herein below.

Domiciliary Hospitalization / Domiciliary Treatment: Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /domiciliary treatment as may be certified by the recognized hospital authorities and bank's 'medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100%.

Cancer, Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments, Pleurisy, Leprosy, Kidney Ailment, All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy, Diabetes and its complications, hypertension, Asthma, Hepatitis –B, Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis, Epidermolysis bullosa, Venous Thrombosis (not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis, Hypothyroidism, Hyperthyroidism, expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diphtheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature, Cerebral Palsy, Polio, all Strokes leading to Paralysis, Haemorrhages caused by accidents, all animal/reptile/insect bite or sting, chronic pancreatitis, Immuno suppressants, multiple sclerosis / motor neuron disease, status asthmaticus, sequalea of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematosus (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/ venous thrombo embolism (VTE),



growth disorders, Graves' disease, Chronic Pulmonary Disease, Chronic Bronchitis, Physiotherapy, covid treatment, swine flu, Type 1 Diabetes, Rheumatoid Arthritis (RA), Psoriasis/Psoriatic Arthritis, System Lupus Erythematosus, Inflammatory Bowel Disease, Addison Disease, Sjogren's Syndrome, Hashimoto's Thyroiditis, Autoimmune Vasculitis, Pernicious Anemia, Celiac Disease, Autoimmune Myositis shall be considered for reimbursement under domiciliary treatment.

The cost of medicines, investigations, and consultations, etc. in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist in Prescription. If no period is stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

HOSPITAL / NURSING HOME: A Hospital under this scheme would mean 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 at least 15 in-patient beds in all other places.
- Has qualified medical practitioner(s) in charge, round the clock.
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out.
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

This clause will however be relaxed in areas where it is difficult to find such hospitals. 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.

HOSPITALIZATION: Hospitalization would mean admission in a Hospital/ Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day,

ID CARD: In terms of the scheme arrived at between the Banks and insurance companies, ID Cards would be issued to all the officers / employees/ dependent family members/retired officers / employees/their dependents for the purpose of availing cashless facility in network hospitals.

PRE-EXISTING DISEASE: Pre Existing Diseases would be covered for reimbursement under this scheme.

PRE-HOSPITALISATION MEDICAL EXPENSES: Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim provided that such medical expenses are incurred for the same condition for which the insured person's hospitalization was required.

POST HOSPITALISATION MEDICAL EXPENSES: Relevant medical expenses incurred immediately 90 days after the employee/ dependent/ retirement employee is discharged from the hospital provided that such medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required.

Additional Ex-Gratia for Critical Illness: In addition to the reimbursement covered under this scheme, officers / employees (only officers / employees and not their dependents or retired officers / employees) shall be provided additional ex gratia of ₹1,00,000/- . In case an employee contracts a Critical Illness as listed below, the sum of ₹1,00,000/- shall be paid. This benefit shall be provided on first detection/diagnosis of the Critical Illness.

- Cancer including Leukemia
- Stroke
- Paralysis
- By Pass Surgery
- Major Organ Transplant/Bone marrow transplantation
- End Stage Liver Disease
- Heart Attack
- Kidney Failure
- Heart Valve Replacement Surgery
- Thyroid Cancer

Hospitalization is not required to claim this benefit.

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

1	Adenoidectomy	19	Haemo dialysis
2	Appendectomy	20	Fissurectomy / Fistulectomy
3	Auroplasty not Cosmetic in nature	21	Mastoidectomy
4	Coronary angiography /Renal	22	Hydrocele
5	Coronary angioplasty	23	Hysterectomy
6	Dental surgery	24	Inguinal/ventral/umbilical/femoral hernia
7	D&C	25	Parenteral chemotherapy
8	Excision of cyst / granuloma/ lump /tumor	26	Polypectomy
9	Eye surgery	27	Septoplasty
10	Fracture including hairline fracture /dislocation	28	Piles/ fistula
11	Radiotherapy	29	Prostate surgeries

12	Chemotherapy including parental chemotherapy	30	Sinusitis surgeries
13	Lithotripsy	31	Tonsillectomy
14	Incision and drainage of abscess	32	Liver aspiration
15	Varicocelelectomy	33	Sclerotherapy
16	Wound suturing	34	Varicose Vein Ligation
17	FESS	35	All scopies along with biopsies
18	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.	36	Lumbar puncture
		37	Ascitic Pleural tapping

This condition will also not apply in case of stay in hospital of less than a day provided the treatment is undertaken under General or Local Anesthesia in a hospital / day care centre in less than a day because of technological advancement and which would have otherwise required hospitalization of more than a day.

Apart from the domiciliary coverages we propose to add the below list of Auto immune Diseases in domiciliary coverage. Insurers should include these diseases while participating in the bidding. The list of such diseases is as under :- a) Type 1 Diabetes b) Rheumatoid Arthritis (RA) c) Psoriasis/Psoriatic Arthritis d) System Lupus Erythematosus e) Inflammatory Bowel Disease f) Addison's Disease g) Sjogren's Syndrome h) Hashimoto's Thyroiditis i) Autoimmune Vasculitis j) Pernicious Anemia k) Celiac Disease l) Autoimmune Myositis m) Approved targeted therapies for treatment of Cancer in day care and on standalone basis. (Immunotherapy – Monoclonal Antibody Cancer treatment on standalone basis). n) Treatment for Age related Macular Degeneration (ARMD) and Intra vitreal injections for eye disorders other than ARMD also. (Applicable for Retired Staff As well)

MATERNITY EXPENSES BENEFIT EXTENSION: Hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to ₹ 50000/- for normal delivery and ₹ 75,000/- for Caesarean Section.

Baby Day one Cover: New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity limit and up to Rs, 20,000/-.

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 trip will also be reimbursable.



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.

Congenital Anomalies: Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the scheme.

Psychiatric diseases: Expenses for treatment of psychiatric and psychosomatic diseases shall be payable with or without hospitalization.

Advanced Medical Treatment: All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.

Treatment taken for Accidents can be payable even on OPD basis in Hospital.

Taxes and other Charges : All Taxes , 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 the treatment.

Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care. Treatment for Genetic Disorder and stem cell therapy shall be covered under the scheme.

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

Treatment for Age related Macular Degeneration (ARMD) and Intra vitreal injections for eye disorders other than ARMD also.

Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However, purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered. Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

Physiotherapy charges: Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

**Sum Insured:**

- a. Award staff shall be increased to Rs.4 lakhs from the present level of Rs. 3.00 lakhs
- b. Officers up to Scale V: Increased to Rs.5.25 lakhs from the present level of Rs.4.00 lakhs
- c. For scale VI and above: Increase to Rs.7.00 lakhs from the present level of Rs.4.00 lakhs

Corporate Buffer (CB) Amount covered for Rs. 3 Crores.
Premium for CB to be quoted separately in financial bid

Cataract upper cap shall be Rs.40,000/- per eye.

Hormonal therapy for cancer and Immunotherapy for non-cancer to be covered.

Robotic surgery shall be considered in cases where the condition of patient warrants such treatment. This needs to be vetted by the treating doctor.

Thyroid cancer shall be included under critical illness.

Approved targeted therapies for treatment of Cancer in day care and on standalone basis. (Immunotherapy – Monoclonal Antibody Cancer treatment on standalone basis).

Expenses on oral chemotherapy for treatment of cancer shall be payable with or without hospitalization

PPN charges not applicable.

For retirees: Mentally/physically challenged Dependent family member shall be included by way of add-on. Premium to be paid by retiree/ spouse.
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.

WBGB 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.

Top Up Option:

- The bidders have to commit for offering options of Top Ups of ₹ 1 lakh, ₹ 2 lakhs ₹ 3 lakhs and ₹ 4 lakhs, direct to employees (for illnesses including Infertility Treatments) and similar such 4 top-up options to retirees. (Format provided in Form A Part VI) The quotes for these Top Ups will not be considered for arriving at L 1.
- Top-up options to be made available for 10% participation.

While reimbursement to the officers / employees shall be made by the Banks as hitherto, the Scheme shall be administered by the Banks through a scheme worked out between IBA/Banks and Insurance companies and officers / employees would in



no way be directly bound by the terms and conditions of such scheme or arrangements.

However, for the purpose of clarity and information, the details of the Scheme worked out between IBA/Banks and insurance companies is appended herein as **Appendix I**. **However, for the purpose of sum insured, corporate buffer, hormonal therapy robotic surgery etc. shall be in addition to those points as noted in Appendix I in that context.**

The above stated scheme would not supersede the continuation of any bank-level arrangement or scheme providing for reimbursement of medical expenses, which is not covered herein, that may be already in operation in Bank.



Section 4: Declaration Financial Bid Format

A. Bid Submission

1. Intending Insurance companies are required to submit their applications giving full particulars as per the checklist (Annexure-I) to the following address:

Shri Rakesh Kumar Agrawal

General Manager (HR)

West Bengal Gramin Bank

Head Office-Chuanpur, NH-34, Berhampur

P.O- Berhampur, Dist – Murshidabad

West Bengal, PIN- 742101

2. The Bid to be submitted in the below mentioned options:

Option 1: Quotations for separate GMP policies of existing and retired employees.

- a) Quotation for existing employees' policy. (Form A part-I)
- b) Quotation for retired employees with domiciliary. (Form A part-II)
- c) Quotation for retired employees without domiciliary. (Form A part-III)

Option 2: Quotation for combined GMP policy of existing and retired employees.

- a) Quotation for combined GMP policy of existing and retired employees with domiciliary. (Form A part-IV)
- b) Quotation for combined GMP policy with domiciliary for existing and without domiciliary retired employees.(Form A part-V)

N.B- In case L1 premium for the above mentioned options from different bidders are received, WBGB reserves the right to choose the option as per their sole discretion and requirement.

Option 3: Quotation for Top-up Policy (Form A part-VI)

3. The proposal needs to be submitted in hard copy in a sealed envelope. Proposals received by facsimile shall be treated as invalid and shall be rejected. Only detailed complete proposal in the form indicated, received within the closing time and date, shall be taken as valid.
4. The last date for submission of proposal is 1500 hrs. on 12th August, 2025. Application received thereafter may be summarily rejected.
5. 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 company brochures, if any, are to be signed by the authorized signatory.
6. 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 authenticate all such corrections by putting his / her full signature.

7. The bidder is expected to examine all instructions, forms, terms and conditions and technical specifications in the Bidding Documents. Failure to furnish any 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.
8. 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.

B. Clarification and Amendment of RFP Documents

The Bidder may request a clarification on any clause in the RFP document up to 18:00 hrs. 5th August, 2025. Any request for clarification must be sent by the bidders in writing in the same serial order of that of the RFP by mentioning the relevant page number and clause number of the RFP strictly in the format given below:

Sl. No.	Page	Point/section	Clarification point as Stated in the RFP document	Queries/ Suggested/ Deviation	Explanation/ Remark, if any

All communications regarding points requiring clarifications and any doubts must be sent by the bidders in standard electronic means to samrat.dutta@edmeinsurance.com and sushmita.lodh@edmeinsurance.com, with a cc to smpa@wbgb.co.in, cmadm@wbgb.co.in and gmhr@wbgb.co.in. All queries/ suggestions to be sent in a single mail. No repeat queries/ suggestion will be entertained. The Bank will respond in writing or by standard electronic means and load the responses on its website latest by 5th August, 2025.

At any time before the submission of Proposals, the Bank may amend the RFP by issuing an addendum and hosting it in the Bank's website. The addendum will be binding on all the bidders. To give Bidders reasonable time in which to take an amendment into account in their Proposals the Bank may, if the amendment is substantial, extend the deadline for the submission of Proposals.

C. RFP Terms & Conditions

The following additional terms and conditions shall apply to the evaluation process:

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

- i. The Bidder has fully disclosed to WBGB in its Responses all information which could reasonably be regarded as affecting in any way WBGB's evaluation of the Response.
- ii. All information contained in the Bidder's Response is true, accurate and complete and not misleading in any way.
- iii. 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 WBGB's reputation if the Response is successful.

- iv. The Bidder will immediately notify WBGB 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 WBGB reputation or render the Bidder unable to perform its obligations under the WBGB agreement, if any or have a material adverse effect on the evaluation of the responses by WBGB; and
- v. The Bidder has not and will not seek to influence any decisions of WBGB during the evaluation process or engage in any uncompetitive / unfair behaviour or other practice which may deny legitimate business opportunities to other Bidders.

(b) Confidentiality – Bidder must keep confidential any information received from or about WBGB as a result of or in connection with the submission of the Response. All such information received from WBGB, including those 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, bidder responses are not confidential and may be used by WBGB in whole or part. WBGB however, will not disclose the information provided by 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, WBGB may require the Bidder to execute a 'Non-Disclosure Agreement' (NDA), if the Bidder has not executed an NDA with WBGB previously.

(c) Disclaimer – Whilst all reasonable care has been taken in compiling this RFP document, and the figures, documents and details in this document or in subsequent communications hereafter are presented in good faith; no warranty or guarantee (express or implied) is given by WBGB as to the completeness or accuracy of the responses or any information provided in or in connection with it. Further, to the maximum extent permitted by law:

- i. WBGB, 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 indemnifies WBGB 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 WBGB requirements and an invitation to recipients to submit a responsive proposal addressing such requirements. WBGB reserves the right to not to make any selection and / or not enter into any agreement pursuant to this RFP.

(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, WBGB may, at its option, incorporate all or any part of your response to this RFP in the contract. WBGB 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) WBGB's right to verify - WBGB 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 - WBGB may request additional financial/business information from the Bidder at its discretion.

(h) Termination/or suspension of evaluation process - WBGB 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 WBGB is not obliged to provide any reasons.

(i) 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, WBGB may at any stage of the evaluation process:

1. Require additional information from a Bidder.
2. Change the structure and timing of the evaluation process.
3. Terminate further participation in the evaluation process by a Bidder.
4. Negotiate with more than one Bidder.
5. Terminate negotiations being conducted with a Bidder.
6. Vary or extend the timetable and evaluation process
7. Accept any non-complying Response; or
8. Vary the terms and conditions of the evaluation process or specifications or requirements at any time.

(j) 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 WBGB with the response, the revised response or any additional information).

(k) Non-Reliance by Bidder – The Bidder, by submitting a Response, acknowledges that:

1. it does not rely on any information, representation or warranty, whether oral or in writing or arising from other conduct, other than that specified in this RFP or otherwise provided by WBGB in writing;
2. it has made its own inquiries as to regarding 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;



(l) WBGB's right to vary - WBGB reserves the right to vary any aspect of this evaluation process / RFP without liability to Bidder. Where WBGB varies any aspect of this evaluation process or the RFP, WBGB shall notify that variation.

(m) Incorporation of Responses into agreement - The successful Bidder as concluded by WBGB shall sign a Service Level Agreement (SLA) agreement. WBGB may, at its sole discretion, incorporate any portion of any successful Response of a successful Bidder in to the final SLA agreement.

(n) Precedence of Documents - If there is any inconsistency between the terms of this RFP and any of its annexures, 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.

(o) 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 WBGB and Bidder and the two appointed arbitrators then appointing an umpire. The venue of arbitration shall be Kolkata. Any appeal will be subject to the exclusive jurisdiction of courts at Kolkata.

(p) Governing Language – The proposal, all correspondences / communications and other documents pertaining to the contract shall be written in English

(q) Force Majeure – Any failure or delay by Insurance Company or Bank in performance of its obligation, to the extent due to any failure or delay caused by fire, flood, earthquake or similar elements of nature, or acts of God, war, terrorism, riots, civil disorders, rebellions or revolutions, acts of government authorities or other events beyond the reasonable control of non-performing Party i.e. a Force Majeure event is not a default or a ground for termination. If Force Majeure event arises the Insurance Company shall promptly notify Bank in writing of such conditions and the cause thereof. Unless otherwise agreed by WBGB in writing, the Insurance Company shall continue to perform its obligations under the contract as far as is reasonably practical and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.

Annexure-I

Checklist for Mandatory Documents Submitted By Bidder		
Sl No	Item Description	Status
1	Certificate of first incorporation (Mandatory)	Yes / No
2	Photocopy of PAN(Mandatory)	Yes / No
3	GST Registration Copy (Mandatory)	Yes / No
4	IRDA License Copy (Mandatory)	Yes / No
5	Financial Bid to be submitted in insurer letter head under seal and signature of Competent Authority(FORM A)	Yes / No
6	All annexures (annex. I,II,III) and declaration formats to be submitted in insurer letter head under seal and signature of Competent Authority	Yes/No

Signature	
(Authorised Person with Seal)	
Name	
Address	
Date	
Place	

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

Annexure-II

DECLARATION CERTIFICATE

I / We do hereby declare that there is no case pending with the Police / Court / IRDA / SEBI / Regulatory authorities against the proprietor / firm / partner / employee.

Also I / We have not been suspended / delisted / blacklisted by any other Govt. Ministry / Department / Public Sector Undertaking / IRDA / SEBI / Autonomous Body / Financial Institution / Court for corrupt and fraudulent practices in the past.

We certify that neither our company / firm nor any of the directors / partners are involved in any scam or disciplinary proceedings settled or pending adjudication.

We hereby undertake and confirm that we have understood the scope of work properly and shall carry out the work as mentioned in this RFP.

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

Date:

Place:

Annexure-III

**COMPLIANCE LETTER
DECLARATION**

We hereby undertake and agree to abide by all the terms and conditions stipulated by WBGB in the RFP document.

We certify that the services proposed to be offered by us in response to the bid confirm to the technical specifications stipulated in the bid.

We certify that all the information furnished by us and all the supported documents attached are true and confirm to the technical specifications stipulated in the bid.

Signature of the Authorised Signatory with Seal

Date:

Place:

Signature of the Authorised Signatory under Seal and Insurance Company letter head



DISCLAIMER

1. West Bengal Gramin Bank, HR Department, Head Office, has prepared this document to give background information on the project to the interested parties. While West Bengal Gramin Bank has taken due care in the preparation of the information contained herein and believe it to be accurate, neither West Bengal Gramin Bank, nor any of its authorities or agencies nor any of their respective officers, employees, agents or advisors give any warranty or make any representations, express or implied as to the completeness or accuracy of the information contained in this document or any information which may be provided in association with it.
2. The information is not intended to be exhaustive. Interested parties are required to make their own inquiries and respondents will be required to confirm in writing that they have done so and they do not rely only on the information provided by WBGB in submitting the quotation. The information is provided on the basis that it is non-binding on West Bengal Gramin Bank or any of its respective officers, employees, agents or advisors.
3. West Bengal Gramin Bank reserves the right not to proceed with the project or to change the configuration of the Project, to alter the timetable reflected in this document or to change the process or procedure to be applied. It also reserves the right to decline to discuss the matter further with any party expressing interest.

FORM A – Part I

FINANCIAL BID FORMAT – Existing Employees and Dependants

General Manager (HR)

West Bengal Gramin Bank

Head Office

Madam/Sir,

Sub: Quote Submission - Tender for Group Medical Insurance Policy for WBGB's Existing Staff & Dependents

We hereby declare and submit the Final Quote for your GMC Insurance Policy as per your RFP Ref. No. WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of Staff Policy is as below: -

Sl.No.	Sum Insured	Net Premium Per Family	No of Existing Employees	Total Premium (in Rupees)
1	4,00,000			
2	5,25,000			
3	Premium without GST (A)			
4	Premium for Rs.3 Crs. Corporate buffer without GST (B)			
Total premium without GST (A+B)				
GST				
Total Premium including GST				

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Thanking You.

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

FORM A – Part II

FINANCIAL BID FORMAT – Retirees & Dependent (With Domiciliary)

General Manager (HR)

West Bengal Gramin Bank

Head Office

Madam/Sir,

Sub: Quote Submission - Tender for Group Medical Insurance Policy for WBGB's Retirees

We hereby declare and submit the Final Quote for your GMC Insurance Policy as per your RFP Ref. No WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of Retiree Policy is as below: -

Sl.No.	Sum Insured	Net Premium Per Family (Self+Spouse)	No of Employees	Total Premium (in Rupees)
1	4,00,000			
2	5,25,000			
Total Premium without GST				
GST				
Total Premium including GST (A)				
Sl.No.	Sum Insured	Net Premium Per Family (Self Only)	No of Employees	Total Premium (in Rupees)
1	4,00,000			
2	5,25,000			
Total Premium without GST				
GST				
Total Premium including GST (B)				
Sl.No.	Sum Insured	Net Premium Per Family (Self+Spouse+ Dep.family member)	No of Employees	Total Premium (in Rupees)
1	4,00,000			
2	5,25,000			
Total Premium without GST				
GST				
Total Premium including GST (C)				
Total Premium Including GST (A+B+C)				

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Thanking You.

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

FORM A – Part III

FINANCIAL BID FORMAT – Retirees & Dependent (Without Domiciliary)

General Manager (HR)

West Bengal Gramin Bank

Head Office

Madam/Sir,

Sub: Quote Submission - Tender for Group Medical Insurance Policy for WBGB's Retirees

We hereby declare and submit the Final Quote for your GMC Insurance Policy as per your RFP Ref. No WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025.

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of Retiree Policy is as below: -

Sl.No.	Sum Insured	Net Premium Per Family (Self+Spouse)	No of Employees	Total Premium (in Rupees)
1	4,00,000			
2	5,25,000			
Total Premium without GST				
GST				
Total Premium including GST (A)				
Sl.No.	Sum Insured	Net Premium Per Family (Self Only)	No of Employees	Total Premium (in Rupees)
1	4,00,000			
2	5,25,000			
Total Premium without GST				
GST				
Total Premium including GST (B)				
Sl.No.	Sum Insured	Net Premium Per Family (Self+Spouse+ Dep.family member)	No of Employees	Total Premium (in Rupees)
1	4,00,000			
2	5,25,000			
Total Premium without GST				
GST				
Total Premium including GST (C)				
Total Premium Including GST (A+B+C)				

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Thanking You.

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

FORM A – Part IV

**FINANCIAL BID FORMAT – Combined Premium for Existing & Retired employees
(With domiciliary)**

General Manager (HR)

West Bengal Gramin Bank

Head Office

Madam/Sir,

Sub: Quote Submission - Tender for combined Group Medical Insurance Policy for WBGB's Existing and Retired employees with dependents

We hereby declare and submit the Final Quote for your GMC Insurance Policy as per your RFP Ref. No WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025.

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of combined GMP policy of Existing & Retiree employees with dependents is as below: -

Sl.No.	Sum Insured	Net Premium Per Family	No of Existing Employees+Retiree	Total Premium (in Rupees)
1	4,00,000			
2	5,25,000			
3	Premium without GST (A)			
4	Premium for Rs.3 Crs. Corporate buffer (for existing employees only (B)			
Total premium without GST (A+B)				
GST				
Total Premium including GST				

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Thanking You.

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

FORM A – Part V

**FINANCIAL BID FORMAT – Combined Premium for Existing & Retired employees
(With domiciliary for existing employees & Without domiciliary for retired employees)**

General Manager (HR)

West Bengal Gramin Bank
Head Office

Madam/Sir,

Sub: Quote Submission - Tender for combined Group Medical Insurance Policy for WBGB's Existing and Retired employees with dependents

We hereby declare and submit the Final Quote for your GMC Insurance Policy as per your RFP Ref. No WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025.

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of combined GMP policy of Existing & Retiree employees with dependents is as below: -

Sl.No.	Sum Insured	Net Premium Per Family	No of Existing Employees+Retiree	Total Premium (in Rupees)
1	4,00,000			
2	5,25,000			
3	Premium without GST (A)			
4	Premium for Rs.3 Crs. Corporate buffer without GST (for existing employees only (B)			
Total premium without GST (A+B)				
GST				
Total Premium including GST				

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Thanking You.

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

FORM A – Part VI

FINANCIAL BID FORMAT – Top-Up

General Manager (HR)

West Bengal Gramin Bank

Head Office

Madam/Sir,

Sub: Quote Submission - Tender for combined Group Medical Insurance Policy Top Up Plan for WBGB's Existing and Retired employees with dependents

We hereby declare and submit the Final Quote for your GMP Top Up Insurance Policy as per your RFP Ref. No WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025.

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of combined GMP Top Up Policy of Existing & Retiree employees with dependents is as below: -

Sl.No.	Sum Insured	Net Premium Per Family	No of Employees	Total Premium (in Rupees)
1	1,00,000			
2	2,00,000			
3	3,00,000			
4	4,00,000			
5	5,00,000			
Total Premium without GST				
GST				
Total Premium including GST				

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head

Appendix I

Medical Scheme for the Officers/ Employees of IBA Member Banks, parties to the Bipartite Settlement/ Joint Note dated 25th May 2015 in lieu of the Existing Hospitalization Scheme

The scheme covers expenses of the officers / employees and dependent 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 specified as per the scheme, to the extent of the sum insured + Corporate buffer.

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

- 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. 10,000/- per month; which is at present, or revised by Indian Banks' Association in due course. Widowed Daughter and dependant divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and Crippled Child shall be considered as dependent for the purpose of this policy. Physically challenged Brother / Sister with 40% or more disability.
- No Age Limits for Dependent Parents. Either Dependent Parents or parents-In-law will be covered. Parents would be considered dependent if their monthly income does not exceed Rs. 10,000/- per month, which is at present, or revised by Indian Banks' Association in due course, and wholly dependent on the employee as defined in this scheme.

(The definition of family shall undergo a change as decided in due course in the negotiations)

1.2.1 All New Officers / employees to be covered from the date of joining as per their appointment letter. For additions /deletions during policy period, premium to be charged /refunded on pro rata basis.

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

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

Officers	: Rs.400000
Clerical Staff	: Rs.300000
Sub Staff	: Rs.300000

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

1.4 Corporate Buffer: Rs. 100,00,00,000/- Corporate buffer may be appropriated as per the premium of the bank. If the Corporate buffer of one bank is exhausted, the remaining amount can be claimed from the unutilized corporate buffer of the other banks. Corporate Buffer can be authorized by the Management, through an Authorized person / Committee as decided by IBA / Bank, and informed directly to the THIRD PARTY ADMINISTRATOR by keeping the insurance company in the loop.

- 1.5 In the event of any claim becoming admissible under this scheme, the company will pay through Third Party Administrator to the Hospital / Nursing Home or insured the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.
- A. Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding Rs. 5000 per day or the actual amount whichever is less.
 - B. Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount whichever is less.
 - C. Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
 - D. Nursing Charges , Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, Blood, Oxygen, 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, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.
 - E. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.
- 1.6 Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge.

2. DEFINITIONS:

2.1 ACCIDENT: An accident is a sudden, unforeseen and involuntary event caused resulting in injury -

2.2

- 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 –
 - i. It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests –
 - ii. It needs ongoing or long-term control or relief of symptoms
 - iii. It requires your rehabilitation or for you to be specially trained to cope with it
 - iv. It continues indefinitely
 - v. It comes back or is likely to come back.

2.3 ALTERNATIVE TREATMENTS:

Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, unani, siddha, homeopathy and Naturopathy in the Indian Context, for Hospitalisation only and Domiciliary for treatment only under ailments mentioned under clause number 3.1 (Ref: 3.4 Alternative Therapy)

2.4 ANY ONE ILLNESS:

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. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

2.5 CASHLESS FACILITY:

Cashless facility "means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the employee and the dependent family members of the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorization approved.

2.6 CONGENITAL ANOMALY:

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

- a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body
- b. External Congenital Anomaly which is in the visible and accessible parts of the body

2.7 CONDITION PRECEDENT:

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

2.8 CONTRIBUTION:

The Officers / employees will not share the cost of an indemnity claim on a ratable proportion from their personal Insurance Policies.

2.9 DAYCARE CENTRE:

A day care centre means any institution established for day care treatment of illness and/ or injuries or a medical setup 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:-

- has qualified nursing staff under its employment
- has all qualified medical practitioner(s) in charge
- has a fully equipped operation theatre of its own where surgical procedures are carried out.

- maintains daily records of patients and will make these accessible to the insurance companies authorised personnel.

2.10 DAY CARE TREATMENT:

Day care Treatment refers to medical treatment and or surgical procedure which is

- undertaken under general or local anesthesia in a hospital/day care Centre in less than a day because of technological advancement, and
- Which would have otherwise required a hospitalisation of more than a day.

Treatment normally taken on an out patient basis is not included in the scope of this definition.

2.11 DOMICILIARY HOSPITALIZATION:

Domiciliary Hospitalization means medical treatment for 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:

- The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
- The patient takes treatment at home on account of non-availability of room in a hospital.

2.12 DOMICILIARY TREATMENT

Treatment taken for specified diseases which may or may not require hospitalization as mentioned in the Scheme under clause Number 3.1

2.13 HOSPITAL / NURSING HOME:

A Hospital 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 at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's 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.

This clause will however be relaxed in areas where it is difficult to find such hospitals.

2.14 HOSPITALIZATION:

Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day, as mentioned in clauses 2.9 and 2.10

2.15 ID CARD:

ID Card means the identity card issued to the insured person by the THIRD PARTY ADMINISTRATOR to avail cashless facility in network hospitals.

2.16 ILLNESS:

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.

2.17 INJURY:

Injury means accidental physical bodily harm excluding illness or disease which is verified and certified by a medical practitioner.

However all types of Hospitalization is covered under the Scheme.

2.18 IN PATIENT CARE:

In Patient Care means treatment for which the insured person has to stay in a hospital for more than a day for a covered event.

2.19 INTENSIVE CARE UNIT:

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 critical condition, 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.

2.20 MATERNITY EXPENSES:

Maternity expenses/treatment shall include:

- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
- b) Expenses towards medical termination of pregnancy during the policy period.
- c) Complications on Maternity would be covered up to the Sum Insured plus the Corporate Buffer.

2.21 MEDICAL ADVICE:

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

2.22 MEDICAL EXPENSES:

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.

2.23 MEDICALLY NECESSARY:

Medically necessary treatment is defined as any treatment, test, 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 appropriate medical care in scope, duration or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

2.24 MEDICAL PRACTITIONER:

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or the 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 his license. The term medical practitioner would include physician, specialist and surgeon.

(The Registered practitioner should not be the insured or close family members such as parents, parents-in-law, spouse and children.)

2.25 NETWORK PROVIDER:

Network Provider means hospitals or health care providers enlisted by an insurer or by a Third Party Administrator and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the THIRD PARTY ADMINISTRATOR and the same is subject to amendment from time to time.

2.26 NEW BORN BABY:

A new born baby means baby born during the Policy Period aged between one day and 90 days, both days inclusive.

2.27 NON NETWORK :

Any hospital, day care Centre or other provider that is not part of the network.

2.28 NOTIFICATION OF CLAIM

Notification of claim is the process of notifying a claim to the Bank, insurer or Third Party Administrator as well as the address/telephone number to which it should be notified.

2.29 OPD TREATMENT:

OPD Treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

2.30 PRE-EXISTING DISEASE:

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, prior to the first policy issued by the insurer.

2.31 PRE – HOSPITALISATION MEDICAL EXPENSES:

Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim as mentioned under Item 1.2 above provided that;

- i. such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. the inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

2.32 POST HOSPITALISATION MEDICAL EXPENSES:

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

- a. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required; and
- b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.33 QUALIFIED NURSE:

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India and/or who is employed on recommendation of the attending medical practitioner.

2.34 REASONABLE AND CUSTOMARY CHARGES:

Reasonable Charges means 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 the illness/injury involved.

2.35 ROOM RENT:

Room Rent shall mean the amount charged by the hospital for the occupancy of a bed on per day basis.

2.36 SUBROGATION:

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. It shall exclude the medical / accident policies obtained by the insured person separately.

2.37 SURGERY:

Surgery or surgical procedure means manual and/or 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.

2.38 Third Party Administrator

Third Party Administrator means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and Third Party Administrator.

2.39 UNPROVEN/EXPERIMENTAL TREATMENT:

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India.

3. COVERAGES:

- 3.1 Domiciliary Hospitalization / Domiciliary Treatment : Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /domiciliary 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%

Cancer , Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy , Leprosy, Kidney Ailment , All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy , Diabetes and its complications, hypertension, Hepatitis –B , Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis , Epidermolysis bullosa, Venous Thrombosis(not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis , Hypothyroidism , Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diphtheria, Malaria,—Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature , Cerebral Palsy, , Polio, All Strokes Leading to Paralysis, Haemorrhages caused by accidents, All animal/reptile/insect bite or sting , chronic pancreatitis, Immuno suppressants, multiple sclerosis / motoneuron disease, status asthmaticus, sequela of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematosus (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE)], growth disorders, Graves' disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

The cost of Medicines, Investigations, and consultations, etc.in respect of domiciliary 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.

- 3.2 Critical Illness : To be provided to the employee only subject to a sum insured of Rs. 1,00,000/- . 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.

- Cancer including Leukemia

- Stroke
- Paralysis
- By Pass Surgery
- Major Organ Transplant
- End Stage Liver Disease
- Heart Attack
- Kidney Failure
- Heart Valve Replacement Surgery

Hospitalization is not required to claim this benefit. Further the Employee can claim the cost of hospitalization on the same from the Group Medclaim Policy as cashless / reimbursement of expenses for the treatment taken by him.

3.3 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 / Plueral tapping	22	Mastoidectomy
4	Auroplasty not Cosmetic in nature	23	Hydrocele
5	Coronary angiography /Renal	24	Hysterectomy
6	Coronary angioplasty	25	Inguinal/ ventral/ umbilica/ femoral hernia
7	Dental surgery	26	Parenteral chemotherapy
8	D&C	27	Polypectomy
9	Excision of cyst/ granuloma/lump/tumor		
10	Eye surgery	28	Septoplasty
11	Fracture including hairline fracture /dislocation	29	Piles/ fistula
12	Radiotherapy	30	Prostate surgeries
13	Chemotherapy including parental chemotherapy	31	Sinusitis surgeries
14	Lithotripsy	32	Tonsillectomy
15	Incision and drainage of abscess	33	Liver aspiration
16	Varicocelectomy	34	Sclerotherapy
17	Wound suturing	35	Varicose Vein Ligation
18	FESS	36	All scopies along with biopsies
19	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.	37	Lumbar puncture

This condition will also not apply in case of stay in hospital of less than a day provided –

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- 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 and
 - b. Which would have otherwise required hospitalization of more than a day.
- 3.4 Alternative Therapy : Reimbursement of Expenses for hospitalization or domiciliary treatment (under clause 3.1) under the recognized system of medicines , viz, Ayurvedic ,Unani, Sidha, Homeopathy , Naturopathy , if such treatment is taken in a clinic /hospital registered, by the central and state government .

3.5 MATERNITY EXPENSES BENEFIT EXTENSION

The hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50000/- for Normal Delivery and-Rs. 75,000/- for Caesarean Section-

Special conditions applicable to Maternity expenses Benefit Extension:

- I. 9 months waiting period under maternity benefit will be waived from the policy.
 - 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 or abortions induced by accidents are covered under the limit of Maternity
 - IV. Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered up to the Sum Insured + Corporate Buffer
 - V. Expenses incurred for Medical Termination of Pregnancy
 - VI. Claim in respect of delivery to be given irrespective of the number of children
- 3.6 Baby Day one Cover: New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity limit up to Rs, 20000/-.
- However if the baby contacts 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 Rs750/- per trip.
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.
- 3.8 Pre- Existing Diseases / Ailments: Pre-existing diseases are covered under the scheme.
- 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 be payable with or without hospitalization.

3.11 Advanced Medical Treatment: All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.

3.12 Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured.

3.13 Taxes and other Charges : All Taxes , 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 the treatment
Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

3.14 Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.

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

3.16 Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

3.17 Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

3.18 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 stated in the schedule and Corporate Buffer if allocated.

4. EXCLUSIONS:

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

4.1 Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).

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

b. Vaccination or inoculation.

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

- d. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.
- 4.3 Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.
- 4.4 Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.
- 4.5 Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, , treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.
- 4.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home, unless recommended by the attending doctor.
- 4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
- 4.10 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.
5. CONDITIONS:
- 5.1 Contract: the proposal form, declaration, and the policy issued shall constitute the complete contract of insurance.
- 5.2 Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated to the office of the Bank, dealing with Medical Claims, and/or the THIRD PARTY ADMINISTRATOR office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.
- 5.3 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.

- 5.4 Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the Bank or Regional Office or THIRD PARTY ADMINISTRATOR named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalisation/Domiciliary Hospitalisation .
- 5.5 All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or THIRD PARTY ADMINISTRATOR within 30 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 90 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 days after completion of such treatment.
- Note: Waiver of these Conditions 5.4 and 5.5 may be considered in extreme cases of hardship where it is proved to the satisfaction of the Bank that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or deliberate or file claim within the prescribed time-limit. The same would be waived by the TPA without reference to the Insurance Company.
- 5.5.1 The Insured Person shall obtain and furnish to the office of the Bank dealing with the claims / THIRD PARTY ADMINISTRATOR with all original bills, receipts and other documents upon which a claim is based and shall also give such additional information and assistance as the Bank through the THIRD PARTY ADMINISTRATOR/Company may require in dealing with the claim.
- 5.5.2 Any medical practitioner authorised by the Bank / Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalisation, if so required.
- 5.6 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 5.7 DISCLOSURE TO INFORMATION NORM
- The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 5.8 Claims will be managed through the same Office of the Bank from where it is managed at present. The Insurance Companies 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.
- 5.9 In case of rejection of claims it would go through a Committee set up of the Bank, Third Party Administrator and United India Insurance Co Ltd. Unless rejected by the committee in real time the claim should not be rejected.
- 5.10 There would be a continuity of this Scheme / benefits to the Retiring Officers / employees and their family and also to the Retired Officers / employees and their family.