

ANNEXURE-I**TENDER FORM****(Group Health Insurance Scheme for the employees & their family of the Bank)**

Details of the Company		
	Name	
	Address of Corporate Head quarter	
	Date of Incorporation	
	IRDA Accreditation Certificate	
	Date of Commencement of health Insurance Business	
	All India, claim to settlement ratio of the company for health insurance cases	
	Solvency ratio	
	Address and contact numbers of its Branch office	
	Name and contact number details of Branch Head	
	Email ID	
	PAN (Please enclosed attested photocopy)	
	GST No (Please enclosed attested photocopy)	
Particulars of the Authorised signatory of the Bidder		
	Name	
	Designation	
	Address	
	Mobile No	
	Email id	
Particulars of Point of Contact person : (At least two persons)		
	Person 1	Person 2
	Name	
	Designation	
	Address	
	Mobile no	
	Email id	

Particulars for Financial Transaction	
Details of Bank along with certified extracts containing transaction during last three years. (Please enclosed attested photocopy)	Name of Bank: Name of Branch: Account No.: IFSC Code. :
ANNUAL TURNOVER FOR THE LAST 3 YEARS (Please enclose copy of documents)	2022-23: . 2023-24: 2024-25: (Please enclose photocopies of audited balance sheet and P&L A/C).
Acceptance of Terms & Condition and declaration of Authorized Person of firm/company.	Attached as per Annexure-3
Certified Details of Bank Account with where Insurance Premium to be remitted	Name of Bank: Name of Branch: Account No.: IFSC Code. :
Details of NEFT	UTR No : Date: Amount:
Any other relevant document(s) not listed above (please mention and attached)	

Name & Signature of Authorized Signatory with Seal

**GENERALISED PLAN FOR GROUP HEALTH INSURANCE POLICY FOR
TAMLUK GHATAL CENTRAL COOPERATIVE BANK LTD EMPLOYEES AND RETIRED EMPLOYEES
AND THEIR FAMILY MEMBERS**

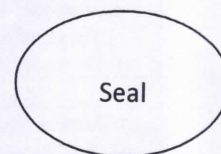
Technical Bid

Technical Details				Remarks	Comments of the Insurer
Group Name	Tamluk Ghatal Central Coop. Bank Ltd			This is a requisite plan/scheme for the said group health insurance. However, the interested insurance company may provide a dummy copy of its group health insurance scheme which must satisfy all the requisite of this proposed group health insurance plan.	
Location	Tamluk :: Purba Medinipur				
Commencement Date	31.12.2025	Period	One year		
Insured Group Details					
Employee Strength as on		31.12.2025 (Projected)		Actual number beneficiaries to be finalized before Award of contract	
No. of employees Family Unit		1049			
Family Definition		Structurally the family size will be of 6(six) members [1 Primary member +1 spouse + 2 Children (sons unmarried dependent upto 25 years/Daughters(unmarried/dependent widowed or divorced without age limit) +dependent parents]			
Coverage Age		Child upto 25 years(sons unmarried dependent upto 25years/Daughters (unmarried /dependent widowed or divorced without age limit) Existing employee till in employment of the Bank. Retired employees from 01.04.2025 may be continued with own contribution. Dependent Parents are covered without age limit.			
Floater/Individual		Floater			
Sum Insured		₹6,00,000-00 per family floater basis			
Help line		There should be a dedicated helpline (24 x 7) from the Insurance Company available and the contact details should be furnished in the tender.			

Coverage & Benefits Details		Remark	Comments of the Insurer
Coverage of Pre existing diseases	To be covered		
Cashless facility	To be applicable		
Reimbursement facility	To be applicable		
Waiting Period	To be waived		
Pre and post hospitalization expenses	60 days pre and 90 days post hospitalization Expenses to be covered.		
Room Rent Capping	To be covered		
AYUSH Treatment	Applicable, treatment in Govt. Hospitals/Medical Corporations recognized by NABH to be covered in the scheme.		
Day Care Procedures	Applicable. List to be provided by Insurer.		
Coverage of consumables	Covered as per IRDA guidelines.		
Mid-term Addition	New Employees and family shall be included in policy immediately upon joining, on pro-rata payment basis. No additional premium to be provided for mid-term addition of new members into the family. Pro rata premium shall be adjusted/ refunded on exit of an employee.		
Ambulance charges	To be covered.		
Copayment	Nil		
Any other Benefit	Any other benefit that the insurance company may have in its fold and want to provide may please be declared in tender. 1. Annual Health checkup of the employee. 2. Individual top up on sum assured.		
Day care coverage	To be covered		
Critical illness cover	To be covered		
Sub limit of diseases, if any	list to be submitted		
Exclusion of diseases, if any	list to be submitted		
Any deductibles	list to be submitted		
Robotic surgery	To be covered		
TPA	IRDAI approved TPA services Involved (if any) and Name and contact details to be submitted. The authorized representative of the corporation will participate in the screening process of TPA. List of Network of Authorized hospitals to be provided.		
Any Service Charges on Medical Bills	Should not be deducted from the individual claim.		

Company Information		Remarks	Comments of the Insurer
Experience in Health Insurance Business	10 years	Submit a copy	
Whether Blacklisted to participate in Govt. tenders	(yes/no)	Declaration under annexure-v to be submitted	
Solvency ratio	Above 1.5		
Claim settlement ratio	Above 90%		
Incurred ratio	Above 80%		
Hospital Presence	PAN India	No. of Cashless hospitals tied up	

Name and Signature of Authorised Person



Annexure - III

TAMLUK GHATAL CENTRAL COOPERATIVE BANK LTD

**FINANCIAL BID FOR GROUP HEALTH INSURANCE POLICY FOR
EMPLOYEES AND THEIR FAMILY MEMBERS**

Sr. No.	Particulars	Premium Amount in Rs. (Both figure and word)
A.	Sum insured amount per family on floater basis for period of one year - ₹6,00,000-00	
	GST	
	Total	
B.	Out of total premium paid , Premium amount for coverage of Parents for a period of one year	

Date:.....

Signature of Bidder:.....

ANNEXURE - V

DECLARATION FOR NON-BLACK LISTING

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

I, further certify that I am the duly authorized representative of the under mentioned tenderer.

I, further certify that my company meets all the conditions of eligibility criteria laid down to take part in the tender.

I, further specifically certify that my company meets/is having Medical Insurance participation in minimum three major companies/institutions/organizations etc in the last five years details of which are attached.

I, further specifically certify that my company has not been Black Listed/Delisted or put to any Holiday by any Institutional Agency/Govt. Department/Public Sector undertaking in the last three years.

(Signature of the Tenderer with seal)

ANNEXURE-VI

TENDER SUBMISSION UNDERTAKING

To,
The Chief Executive Officer
Tamluk-Ghatal Central Co-op Bank Ltd.
Tamluk, Purba Medinipur, PIN-721636

Date:

Sub: Acceptance of Terms & Conditions of Tender.

Tender Reference No:

Name of Tender / Work:

Dear Sir,

1. I/We have downloaded/obtained the tender document(s) for the above mentioned 'Tender/Work' from the web site(s) namely: as per your advertisement, given in the above mentioned website(s).
2. I/We hereby certify that I/we have read the entire terms and conditions of the tender documents which form part of the contract agreement and I/we shall abide hereby by the terms / conditions / clauses contained therein.
3. I/We hereby unconditionally accept the tender conditions of above mentioned tender document(s)/ corrigendum(s) in its totality/entirety.
4. In case any provisions of this tender are found violated, then your organization shall without prejudice to any other right or remedy be at liberty to reject this tender/bid including the forfeiture of the full said earnest money deposit absolutely along with taking action as per other remedies available under law.

Yours Faithfully,

(Signature of the Bidder, with Official Seal)