



NPST/15/15/5/2022-HRD/2025/1

June 23, 2025

To,

Various Life Insurance Companies

Subject: - Inviting bids from IRDAI registered Insurance companies for provision of Group Mediclaim (Family Floater) Policy for officers/staff and their dependents of the National Pension System Trust (NPS Trust) - reg.

1. NPS Trust was established by the Pension Fund Regulatory and Development Authority (PFRDA) as per the provisions of the Indian Trusts Act, 1882 for taking care of the assets and funds under the National Pension System (NPS) and other schemes as authorised by PFRDA in the best interest of the subscribers. The powers, functions and duties of NPS Trust are laid down under the PFRDA (National Pension System Trust) Regulations 2015, besides the provisions of the Trust deed dated 27.02.2008. NPS Trust is the registered owner of all assets under the NPS architecture which is held for the benefit of the subscribers. For more information, please visit the website <https://npstrust.org.in>. NPS Trust proposes to avail a Group Mediclaim (Family Floater) Policy for its officers/staff and their dependents Group for a period of one year (**Policy starting from 23.07.2025**) from the date of inception of policy.
2. At present, the coverage under the GMC (Family Floater) is to be provided to a total of 91 members i.e. existing 29 officers/ staff members and their 62 dependents for a sum insured of **₹ 7,20,00,000/- (Seven Crore Twenty Lakh Rupees only)**. The list of officials/staff and their dependents along with respective sum insured, date of birth etc. is enclosed as **Annexure - I**.
3. The policy should provide comprehensive medical insurance coverage including maternity benefits, etc. on the similar terms and conditions as per the earlier Group Medi-claim policy of NPS Trust dated 02.04.2024. The copy of the earlier GMC policy is enclosed herewith for reference as Annexure-II. Further, the details of the amounts claimed under the earlier GMC policy(s) availed by NPS Trust for the periods 23.7.2022 to 22.07.2023, 23.07.2023 to 22.07.2024, and 23.07.2024 to 22.07.2025 along with claim dump is given at Annexure III. The details of premium paid during the last three years is given at Annexure-IV. The claim dump and MIS for current policy as on 30.05.2025 is enclosed as Annexure - V.
4. The bid should comply with the following terms and conditions broadly:
 - a. Family Floater Extension - Comprising of family composition as Self + Spouse + Dependent Children + 2 Dependent Parents+ unmarried minor



brothers as well as unmarried, divorced, abandoned, separated from their husbands or widowed sisters residing with and wholly dependent on the employee. The entire sum insured for the family should be available as floater.

- b. Maternity Benefit Cover - ₹ 1,00,000/- for Normal delivery and ₹ 1,50,000/- for Caesarean delivery, without any waiting period for all existing female employees and in respect of male employees, their dependent spouse, as the case may be.
- c. Day one cover for newborn baby covered overall within Family Floater sum insured.
- d. Mid-term inclusion of spouse on account of marriage during the course of policy.
- e. Coverage for new joiners and their dependents from the date of joining during the course of policy.
- f. Pre-existing diseases to be covered.
- g. 30 days and first year exclusions to be waived off (including for new joiners and their dependents).
- h. No capping/restriction on the room rent charges, cost of surgeries etc.
- i. Pre and Post Hospitalization expenses coverage for 30 and 60 days respectively.
- j. Co-payment clause, if any, to be waived off.
- k. Age bracket from 0 to 100 years, i.e., Maximum Age of any member in the group (now and future inclusions): 100 years.
- l. Refund of premium on account of Mid-term Deletion/separation of members to be allowed from the date of separation.
- m. Psychiatric Treatment subject to Hospitalisation.
- n. Ambulance Charges at actuals.
- o. Eye Treatment: Cataract Surgery to be covered up to 10% of sum assured, Refractive Eyesight Correction above ± 5 diopter, Cost/ Treatment for Injections (Avastin, Lucentis, etc.) with a ceiling of ₹ 1,00,000/- per person.
- p. Corporate Buffer equal to sum insured may be limited to ₹ 35,00,000/
- q. Premium coverage based on Mumbai Zone. Coverage to be extended pan India.
- r. Ayurvedic treatment from Government Hospital/ Institute recognized by Government/Accredited by Quality Council of India or NABH.
- s. Modern treatment methods and advancement in technologies: the following procedures shall be covered (wherever medically indicated) either as in patient or as part of Domiciliary Hospitalization or as part of day care treatment in a hospital upto 50% of sum insured, during the policy period:
 - i. Uterine Artery Embolization and HIFU (High intensity focused



- ultrasound)
- ii. Balloon Sinuplasty
 - iii. Deep Brain stimulation
 - iv. Oral chemotherapy
 - v. Immunotherapy- Monoclonal Antibody to be given as injection
 - vi. Intra vitreal injections
 - vii. Robotic surgeries
 - viii. Stereotactic radio surgeries
 - ix. Bronchial Thermoplasty
 - x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 - xi. IONM - (Intra Operative Neuro Monitoring)
 - xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered
5. You are requested to submit your bid considering the existing group size, capital sum insured and the terms and conditions mentioned above for premium payable by NPS Trust on an annual basis for the Group Medi-claim policy. The last date for bid submission is 14 days from the date of publication of this document.
6. The pre-bid meeting to be held virtually/ Physically on June 30, 2025 at 03:00 pm. The link to join the meeting is as under:

Meeting Link	https://npstrust.webex.com/npstrust/j.php?MTID=mo2899ddb354c52ac5c8dca28f77765c
Meeting Number	2513 208 4058
Meeting Password	ZwXFVrJw725
Address for Physical Meeting	NPS Trust, B-302, 3rd floor, Tower-B, World Trade Center, Nauroji Nagar, New Delhi -110029

7. For any queries, the prospective bidder(s) may write to NPS Trust at anand.mishra@npstrust.org.in and priyanka.meena@npstrust.org.in.
8. Bids shall only be submitted through Government e Marketplace (GeM) Portal.

9. General Terms & Conditions

- I. Identity Cards to all the officials/staff and their dependents to be provided within one month of the start of the insurance cover.
- II. There should be a dedicated helpline (24*7) of the TPA of the Insurance Company available and the contact details should be furnished after the start of the insurance



- cover.
- III. In case of reimbursement to the official/staff, the same should be paid to the official/staff within 15 working days from the submission of the claim documents.
 - IV. The response time by the TPA at the time of admission should be bare minimum but shall not exceed six hours.
 - V. The Claim Statement is to be furnished by the Insurance Company to NPS Trust on quarterly basis.
 - VI. The Insurance company shall maintain absolute confidentiality and not share the personal data of the employees and their dependents with any third party and shall not give any unauthorized access of the same to any of its employees or agents, other than those who are involved in submission of bid or servicing the policy, if bid is awarded. The details shall not be used for any targeted advertising or unsolicited advices and personal information shall be accorded highest protection in accordance with the prevalent laws in India, failing which the company shall be held liable.
- 10.** NPS Trust reserves the right to terminate this process at any point of time, pre or post selection and without their being any obligation owed to any person including the bidders or the successful bidder. There shall be no obligation to award the policy to any party much less the successful bidder. NPS Trust shall have the right to modify the terms and conditions of this invitation to offer at any time, based on its requirements. NPS Trust shall have the right to reject the bids which in its opinion are conditional.
- 11.** The Bid is to be submitted for the basic sum insured of **₹ 7,20,00,000/- (Seven Crore Twenty Lakh Rupees only)** as per the format given at Annexure-VI.
- 12.** Any of all matters arising out of this process or subsequently at any stage shall be subject to the exclusive jurisdiction of the courts in New Delhi only.

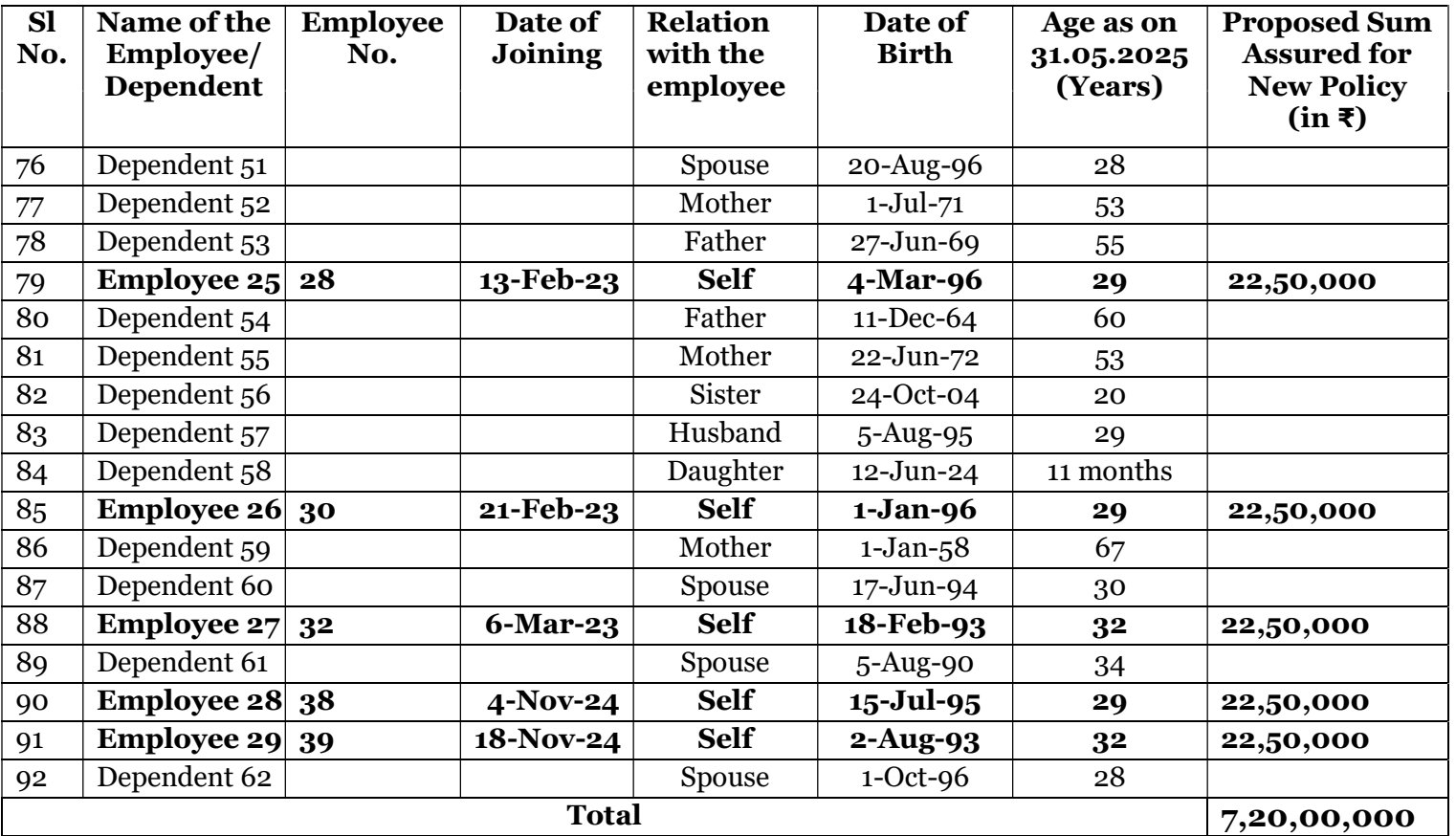


Annexure-I

Sl No.	Name of the Employee/ Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age as on 31.05.2025 (Years)	Proposed Sum Assured for New Policy (in ₹)
1	Employee 1	36	22-Jul-24	Self	5-Aug-65	59	37,50,000
2	Dependent 1			Spouse	24-Feb-64	61	
3	Employee 2	6	3-May-21	Self	14-Jan-77	48	30,00,000
4	Dependent 2			Daughter	15-Sep-06	18	
5	Dependent 3			Daughter	21-Jul-08	16	
6	Dependent 4			Spouse	10-Jul-80	44	
8	Employee 3	5	27-Apr-21	Self	17-Oct-75	49	30,00,000
9	Employee 4	8	7-May-21	Self	19-Mar-85	40	30,00,000
10	Dependent 5			Mother	28-Apr-58	67	
11	Dependent 6			Father	10-Jun-52	73	
12	Dependent 7			Daughter	1-Nov-15	9	
13	Dependent 8			Spouse	29-Oct-88	36	
14	Dependent 9			Daughter	7-May-20	5	
15	Employee 5	7	7-May-21	Self	7-Mar-81	44	30,00,000
16	Dependent 10			Spouse	25-Jul-81	44	
17	Dependent 11			Daughter	7-Mar-12	13	
18	Dependent 12			Son	27-Nov-09	15	
19	Employee 6	10	9-Jul-21	Self	10-Jul-75	49	30,00,000
20	Dependent 13			Spouse	26-Jun-74	50	
21	Dependent 14			Daughter	15-Sep-04	20	
22	Dependent 15			Son	1-Feb-07	18	
23	Employee 7	9	7-May-21	Self	13-Dec-85	39	30,00,000
24	Dependent 16			Spouse	4-May-84	41	
25	Dependent 17			Son	15-Jun-19	6	
26	Employee 8	34	22-Mar-24	Self	6-Jul-86	39	30,00,000
27	Dependent 18			Spouse	12-Sep-90	35	
28	Dependent 19			Father	24-Apr-65	60	
29	Dependent 20			Mother	1-Jan-66	59	
30	Dependent 21			Daughter	10-Aug-15	10	
31	Dependent 22			Daughter	30-Jul-20	5	
32	Employee 9	24	30-Mar-22	Self	6-Dec-90	34	22,50,000
33	Dependent 23			Spouse	27-Oct-93	31	
34	Dependent 24			Daughter	2-Jan-25	05 Months	
35	Employee 10	20	21-Dec-21	Self	18-Sep-93	31	22,50,000
36	Dependent 25			Spouse	17-Feb-92	33	
37	Dependent 26			Son	25-Mar-23	2	



Sl No.	Name of the Employee/ Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age as on 31.05.2025 (Years)	Proposed Sum Assured for New Policy (in ₹)
38	Employee 11	22	23-Dec-21	Self	24-Apr-95	30	22,50,000
39	Dependent 27			Spouse	23-Aug-89	35	
40	Dependent 28			Mother-in-law	23-May-62	63	
41	Dependent 29			Father-in-law	6-Sep-55	69	
42	Employee 12	23	20-Jan-22	Self	7-Jul-95	29	22,50,000
43	Dependent 30			Father	1-Jul-61	63	
44	Dependent 31			Brother	20-Sep-09	16	
45	Dependent 32			Sister	10-Dec-92	32	
46	Dependent 33			Mother	1-Jul-62	62	
47	Employee 13	29	13-Feb-23	Self	10-Sep-92	32	22,50,000
48	Dependent 34			Spouse	6-Oct-95	29	
49	Employee 14	31	23-Feb-23	Self	25-May-94	31	22,50,000
50	Dependent 35			Father	29-Feb-68	57	
51	Dependent 36			Mother	7-Jul-71	53	
52	Dependent 37			Spouse	15-Dec-95	29	
53	Employee 15	37	23-Oct-24	Self	3-Aug-94	30	22,50,000
54	Dependent 38			Spouse	20-Sep-00	24	
55	Dependent 39			Father	1-Jan-70	55	
56	Dependent 40			Mother	1-Jan-73	52	
57	Dependent 41			Daughter	27-Jun-24	11 months	
58	Employee 16	11	16-Jul-21	Self	6-Jul-97	28	22,50,000
59	Dependent 42			Father	12-Jan-60	65	
60	Dependent 43			Mother	26-Mar-61	64	
61	Employee 17	12	16-Jul-21	Self	10-Oct-93	31	22,50,000
62	Dependent 44			Spouse	11-Sep-94	30	
63	Dependent 45			Daughter	23-Nov-23	1	
64	Employee 18	16	16-Jul-21	Self	22-Apr-91	34	22,50,000
65	Dependent 46			Spouse	30-Jun-90	35	
66	Employee 19	15	16-Jul-21	Self	7-Dec-92	32	22,50,000
67	Dependent 47			Spouse	21-Dec-93	31	
68	Employee 20	13	16-Jul-21	Self	27-Sep-95	30	22,50,000
69	Employee 21	25	7-Jul-22	Self	3-Sep-94	30	22,50,000
70	Dependent 48			Spouse	12-Sep-96	28	
71	Employee 22	18	20-Jul-21	Self	9-Feb-96	29	22,50,000
72	Employee 23	26	2-Feb-23	Self	22-Sep-94	30	22,50,000
73	Dependent 49			Father	5-Apr-61	64	
74	Dependent 50			Mother	12-May-66	59	
75	Employee 24	27	3-Feb-23	Self	28-Feb-93	32	22,50,000



ANNEXURE II

Current Policy (July 23, 2024 to July 22, 2025)

UIN Number : MAGHLGP21234V022021



DEVELOPMENT HOUSE, 24 Park Street , Kolkata -700016
(www.magmahdi.com)

IRDA REG NO. 149 DATED 22nd MAY, 2012

CIN: U66000WB2009PLC136327

In case of any query, assistance or claims, please contact us at 1800 266 3202

UIN: MAGHLGP21234V022021

Group Health Insurance

Date : 07/08/2024

To,
NATIONAL PENSION SYSTEM NPS TRUST
NATIONAL PENSION SYSTEM TRUST, ,3RD FLOOR, TOWER B,
WORLD TRADE CENTER, ,NAUROJI NAGAR, NEW DELHI
SOUTH WEST DELHI
DELHI 110029
Mobile:9004887225



Dear Sir/Madam,

Subject: Risk Assumption Letter

Thank you for choosing Magma-HDI General Insurance Company Limited as your preferred General Insurance Company. Please find attached herewith Policy No: P0025200002/6115/100098 which has been issued based on the information received from you and is reproduce in proposal attached with the Risk Assumption Letter and your proposal has been processed accordingly.

Coverage of risk is subject to realisation of the full premium post which, insurance coverage under the policy would commence. In case the premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

If you require physical policy or any changes in the certificate of insurance cum policy schedule, you are requested to contact us at customercare@magma-hdi.co.in or calling our toll free helpline on 1800 266 3202. Absence of any communication from you in this regard within a period of 20 days of date of this letter, would mean that issued policy is in order and as per proposal.

The Risk Assumption Letter is to be read in conjunction with the policy and shall be considered as null and void without the same.

Dear Customer , Magma HDI general Insurance Company may be storing your AML/KYC details and might require you to update the information submitted from time-to-time, in accordance with and requirements under the Master Guidelines on Anti-Money Laundering/ Counter Financing of Terrorism (AML/CFT), 2022 issued by the Insurance Regulatory Development Authority of India.

Thanking You,
Regards

For Magma HDI General Insurance Company Ltd

Authorised Signatory

GroupHealthInsurance

Group Health Insurance

Key Information Sheet

Disclaimer Note: The information mentioned below is illustrative and not exhaustive. The information must be read in conjunction with the policy wordings. In case of any conflict between the Key Information Sheet and the policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

Sl. No.	Title	Description	Refer to Policy Wordings
1.	Product Name	Group Health Insurance	
2.	What is covered under the policy?	The policy provides indemnification of medical expenses incurred by the Insured during the hospitalization or outpatient basis (as the case may be) for any illness or injury suffered during the Policy Period.	Policy Schedule
3.	Optional Add On Covers(As Opted)	<ul style="list-style-type: none"> Room Rent Capping Room category Limit Pre and Post Hospitalisation Expenses Ambulance Cover Domiciliary Hospitalisation AYUSH Treatment • Maternity Cover Baby Day 1 Cover Psychiatric treatment Cover Corporate Floater 30 day waiting period waiver cover Specific disease waiting period reduction cover Pre-existing Diseases cover Top Up Cover (Aggregate Deductible Cover) Co-Payment Disease Sub-limit Cover 	Benefits covered under the policy: Extension Covers
4.	Payout Basis	<ul style="list-style-type: none"> Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover. 	Specific Terms and clauses: Claim Procedure
5.	Terms of Renewal	<ul style="list-style-type: none"> The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years 	Standard General Terms and Conditions: Renewal of Policy
6.	Cancellation	<p>The Policyholder may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below: We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table, after deducting the amount spent on pre-policy medical check up by Us, provided that no claim has been made under the Policy by or on behalf of any Insured Person.</p> <p>We may cancel the Policy and refund the premium for the balance of the Policy Period on pro-rata basis, if specified so in Policy Schedule/Certificate of Insurance.</p> <p>Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any Benefit has been availed by the Insured person under the Policy. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p>	Standard General Terms and Conditions: Cancellation/ Termination (other than Free Look cancellation)



DEVELOPMENT HOUSE, 24 Park Street , Kolkata -700016

(www.magmahdi.com)

IRDA REG NO. 149 DATED 22nd MAY,2012

CIN: U66000WB2009PLC136327

In case of any query, assistance or claims, please contact us at 1800 266 3202

UIN: MAGHLGP21234V022021

Policy Schedule /TAX INVOICE

Group Health Insurance

Policy Details

Policy Issuing Office	UNIT NO. A-2, 2ND FLOOR, KIRTI NAGAR, NAJAFGARH ROAD, NEAR KALRA HOSPITAL, , NEW DELHI -110015 ,DELHI , PH: (1800) 2663202
Policy Number	P0025200002/6115/100098
Name of Insured	NATIONAL PENSION SYSTEM NPS TRUST
Address of the Insured	NATIONAL PENSION SYSTEM TRUST, ,3RD FLOOR, TOWER B, WORLD TRADE CENTER, ,NAUROJI NAGAR, NEW DELHI SOUTH WEST DELHI DELHI 110029 Mobile:9004887225
GST Number	Unregistered
Policy Period	
Start Date & time	00:01 00:01 Hrs on 23/07/2024 23/07/2024
End Date & time	23:59 hrs on 22/07/2025

Other Basic Details

No. of lives insured	77
Details of Persons Insured	As per Annexure
Total Sum Insured	61500000
Maximum Sum Insured	3000000
Sum Insured Type	Family Floater

Premium

Net Premium	1,160,000.00
CGST @ 9%	104,400.00
SGST @ 9%	104,400.00
Total Premium	1,368,800.00

Co-Insurance Details:-

Insurer	Share (%)
Magma HDI General Insurance Co. Ltd.	100

Details of Coverage and Sum Insured

Cover	Coverage Details
Family Definition	Employee+Spouse+Kids+Parents
Policy Type	GMC Non OTC â€ Indemnity Policy
Third Party Administrator	Family Health Plan Insurance TPA limited
Service Category	Both Cashless & Reimbursement
Pre-existing Disease	Covered
Specific disease waiting period	Waived off
30 Days waiting period	Waived off

Domiciliary Hospitalisation	Excluded
Family Definition	Self+ Spouse + 2 Dependent Children upto age of 25 years+ 2 Dependent Parents+ unmarried minor brothers as well as unmarried, divorce,abandoned, separated from their husbands or widowed sisters residing with and wholly dependent on the employee. The entire sum insured for the family should be available as floater." (Child upto 30 years under existing data covered as exception on continuity basis.)
Age Band	1 Day - 80 Years
Sum Insured	Sum Insured Per Family Rs.22.5L, 30L,37.5L during the policy period.
Pre - Post Hospitalisation	Pre Hospitalisation and Post Hospitalisation for 30 days & 60 days respectively are covered.
Room Rent	At actual for normal & ICUNote- Surcharges, service charges, miscellaneous charges and other non treatment related expenses are not payable
Day care procedures	Day care procedures are covered as per Magma HDI Day care list.
Maternity Benefit for Normal & C-Section	Maternity Benefit applicable for First two living children. Maternity Benefits for Normal Delivery :Rs 100,000 & C section Delivery: Rs 150,000, Maternity applicable for employee & spouse only.9 month waiting period waived off
Maternity waiting period	9 months waiting period is waived off.
Baby Day 1	Baby covered from 1 day upto Family Floater SI
Mid-Term Inclusion	Mid term inclusion of dependents will be possible only in case of: a) spouse (on account of marriage during the policy term), b) children (childbirth during the policy term but after the child has completed 91 days of age) subject to not more than two children being covered in the policy.
Pre/Post Natal Expenses	Not covered
Co-Payment	Not applicable
PPN Option	Not applicable
Add-Del of Lives	Premium to be charged on Pro-Rata for addition/deletion endorsement.
Ambulance Service	As per Actual
Corporate Floater	The Company shall reimburse the Insured Person such usual and necessary medical expense incurred in-hospital for a period of minimum 24 hours for the treatment , after the exhausting the Sum Insured as covered under the policy.The Company shall provide additional Sum Insured over and above Sum Insured for an amount of is maximum or equal to Rs. 5 Lac per family, as applicable. The Aggregate Liability of the Company in respect of all such claims for treatment relating to All Ailments shall not exceed Rs.35 Lac for all the Insured Families,as applicable during the period of insurance.Corporate Buffer is not applicable to Maternity."Note - In policy schedule it is mention just below the domiciliary hospitalization that Corporate Buffer is not covered. It due to printing mistake. Hence, CB is covered as per condition mention above.
OPD Cover	Not covered
Id cards	E-Cards to be issued
Special Condition	Liability for Nasal Sinus Surgeries upto Rs.35,000
Special Condition	Lasik surgery covered above +/- 7.5
Special Condition	NA
Special Condition	Internal Congenital disease is covered and external Congenital disease is covered under life threatening situation.
Special Condition	Hospitalization due to terrorism is covered under the policy.
Ailment/ Conditions not covered	Robotic surgery/treatment done using this technology/Robotically assisted Surgery, RFQMR - Rotational Field Quantum Magnetic Resonance Device - Cytotron, C3R, Balloon Sinuplasty, Bariatric surgery, Inj Avastin /Lucentis/Macugen, Ozone Therapy, Enhanced External Counter Pulsation Therapy (EECP), Rejuvenation therapy are not covered until specifically mentioned in terms & conditions
Ayurvedic treatment	Ayurvedic treatment from government hospital/institute recognized by the government as accredited by the quality council of India or NABH
Eye-Treatment	Cataract surgery to be covered upto 10% of sum assured, refractive eyesight correction above ± 5 diopter, cost/treatment for injections (Avastin, Lucentis etc.) with a ceiling of Rs. 1,00,000/- Per person
Special Condition	Portability/Migration benefit can be availed at the time of retirement or resignation from the services (Provided these events are falling within the policy period). Portability option is available as per IRDA guideline under the existing retail health products. Standard coverage, terms & conditions, prevailing underwriting guidelines of retail product would apply.
Claim Intimation and Submission of Documents	All reimbursement claims have to be intimated within 15 days of discharge. Claims have to be submitted for reimbursement within 30 days of date of discharge of the patient. However, the Company may at its absolute discretion consider waiver of this Condition in extreme cases of hardship where it is proved to the satisfaction of the Company 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 file claim within the prescribed time-limit. The claims would invite additional 10% co-payment over and above payable amount only in case of delay in submission of claims beyond 30 days.

Exclusions

Exclusion	Exclusion Details
Exclusion	Septoplasty, Infertility & Related Ailments including Male sterility; Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy.

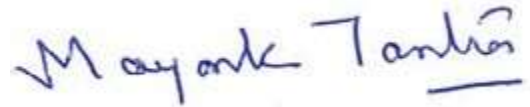
IN WITNESS WHEREOF the undersigned being duly authorized by and on behalf of the Company has/have here onto set his/their hands

Premium Amount in Word's (₹) :- Thirteen Lakhs Sixty-Eight Thousand Eight Hundred Only

Disclaimer:

- This Policy shall be null and voidable initio if the Premium cheque / the valid negotiable instrument as receipted by this company bearing the Collection No is dishonored by the bank.
- Issuance of the Premium receipt is not a proof of risk acceptance.

For and behalf of Magma HDI General Insurance Company Limited



DULY CONSTITUTED ATTORNEY(S)

GST Number of MHDI 07AAGCM1685C1ZL

GST Invoice Number - 0

Accounting Code for Service - 997133, Accident and health insurance services

Previous GST Invoice No. -POL0708250000762

Place of Supply:DELHI (07)

Whether Tax is payable on Reverse Charge - No

UIN : MAGHLGP21234V022021

This is a valid Tax invoice in terms of Sub-rule 2 of Rule 54 of CGST Rule 2017. Further, being an Insurance Company, issuing of e-invoice and QR Code are not applicable on us in terms of Notification No 13 and 14 of 2020 dated 21st March 2020 issued from Central Board of Indirect Taxes and Customs. I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 2250, dated 20/12/2023

Head Office Address: UNIT NO. 1B & 2B, 2ND FLOOR, EQUINOX BUSINESS PARK, TOWER 3, LBS MARG, KURLA (WEST), MUMBAI, MAHARASHTRA, 400070.

Registered Office address: Development House, 24, Park Street, Kolkata, Pincode - 700016

IRDA REG NO. 149 DATED 22nd MAY, 2012

CIN: U66000WB2009PLC136327

• 1800-266-3202 • customercare@magma-hdi.co.in • www.magmahdi.com

Group Health Insurance

Preamble

The insurance cover provided under this Policy up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy, (b) the receipt of premium, and (c) Disclosure to information and statements which the Policyholder/ Insured person has provided in the proposal form for all persons to be insured.

Please inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting any Insured Person.

If any claim arising as a result of an Illness or Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with the terms, conditions and exclusions of the Policy subject to availability of Sum Insured.

Definitions

The terms defined below have the meaning ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural, references to male include female and references to any statutory enactment include subsequent changes, replacements or amendments to the same:

i. Standard Definitions

Accident: An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/ Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with the following criterion: i) Having at least 5 in-patient beds; ii) Having qualified AYUSH Medical Practitioner in charge round the clock; iii) Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out; iv) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Hospitals referred above shall also obtain either pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/ parasurgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

- i) Having qualified registered AYUSH Medical Practitioner(s) in charge; ii) Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out; iii) Maintaining daily records of patient and making them accessible to the insurance company's authorized representative

Any One Illness: Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

Cashless facility: Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

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

Congenital Anomaly: Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body

Co-Payment: Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

Day Care Centre A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:-

- i) has qualified nursing staff under its employment; ii) has qualified medical practitioner/s in charge; iii) has fully equipped operation theatre of its own where surgical procedures are carried out; iv) maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Day Care Treatment Day care treatment means medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and ii. which would have otherwise required hospitalization of more than 24 hours.

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

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

Disclosure to information norm The policy shall be void and all premium paid hereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact.

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

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

Grace Period Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period

Hospital 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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under: i) Has qualified nursing staff under its employment round the clock; ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places; iii) has qualified medical practitioner(s) in charge round the clock; iv) has a fully equipped operation theatre of its own where surgical procedures are carried out; v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Hospitalization Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Illness Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment. (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

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

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

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

Inpatient Care Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

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.

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

Maternity expenses Maternity expenses means:

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization); b) expenses towards lawful medical termination of pregnancy during the policy period.

Medical Advice Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

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 and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medical Practitioner Medical Practitioner means 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 for Homeopathy setup by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of licence.

Medically Necessary Treatment Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which: i) is required for the medical management of the illness or injury suffered by the insured; ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; iii) must have been prescribed by a medical practitioner; iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer

Network Provider Network Provider means hospitals enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

New Born Baby New born baby means baby born during the Policy Period and is aged up to 90 days.

Notification of Claim Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Non-Network Provider Non-Network means any hospital, day care centre or other provider that is not part of the network.

OPD treatment OPD treatment means the 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.

Pre-Existing Disease Pre-Existing Disease means means any condition, ailment , injury or disease:

- a. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- b. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Pre-hospitalization Medical Expenses Pre- hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Post-hospitalization Medical Expenses Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are 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.

Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Reasonable and Customary Charges Reasonable and Customary 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.

Renewal Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

Surgery or Surgical Procedure 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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Unproven/Experimental treatment Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Break in policy: means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, preexisting diseases and specific waiting periods from one insurer to another insurer.

Specific waiting period: means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

Complaint or Grievance: means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel. Explanation: An inquiry or service request would not fall within the definition of the "complaint" or "grievance".

Complainant: means a policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer and /or distribution channel.

Mis-selling : includes sale or solicitation of policies by the insurer or through distribution channels, directly or indirectly by

- exercising undue influence, use of dominant position or otherwise, or
- making a false or misleading statement or misrepresenting the facts or benefits, or
- concealing or omitting facts, features, benefits, exclusions with respect to products, or
- not taking reasonable care to ensure suitability of the policy to the prospects/policyholders.

Proposal form: means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages terms and conditions of the cover to be granted.

NATIONAL PENSION SYSTEM NPS TRUST

NATIONAL PENSION SYSTEM TRUST, 3RD FLOOR, TOWER B,
WORLD TRADE CENTER, NAUROJI NAGAR, NEW DELHI
SOUTH WEST DELHI
DELHI 110029

Mobile:9004887225: means a document either in physical or electronic format issued by the insurer to sell or promote the insurance product.

Critical Illness for the purpose of this policy means

1. Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded-

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; • All tumors in the presence of HIV infection.

2. Kidney Failure Requiring Regular Dialysis

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

3. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells.

The undergoing of a transplant has to be confirmed by a specialist medical practitioner. The following are excluded:

- Other stem-cell transplants
- Where only islets of Langerhans are transplanted
- Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or diseaseaffected cardiac valve(s).

The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy /valvuloplasty are excluded.

- Open Chest CABG (Coronary Artery Bypass Graft)

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

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

- Stroke resulting in Permanent Symptoms

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

- Transient Ischemic Attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

- Permanent Paralysis of Limbs

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

- First Heart Attack of Specified Severity (Myocardial Infarction)

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis should be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponins I or T
- Other acute Coronary Syndromes
- Any type of Angina Pectoris
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
- ii. Specific

Definitions

Act of God Perils means and includes lightening, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano and other similar calamities.

Adventure Sport means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes without limitation stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighting/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type and Professional Sports (Professional sports mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).

Age or Aged means age as on last birthday

Annexure means the document attached and marked as Annexure to this Policy

Cover Start Date means the date on which the coverage under the Policy starts for respective Insured person.

Certificate of Insurance means the certificate issued by Us to the insured person confirming the coverage under the Policy.

Diagnostic Tests: Investigations, such as X-Ray or blood tests, to find the cause of the Insured Person's symptoms and medical condition.

Emergency means a severe Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

Family Floater Policy means a policy named as a Family Floater Policy in the Policy Schedule in terms of which, two or more persons of Insured Person's family are covered as dependents to Insured Person. The definition of Family shall be as mentioned in Policy Schedule/Certificate of Insurance. For a Floater policy, Sum Insured is available on Floater basis for the covered family members. Insurer's liability for any and all claims with respect to all family members is limited to the Sum Insured.

Hospital Only for the purposes of any claim or treatment permitted to be made or taken outside India Hospital (outside India) means an institution (including nursing homes) established outside India for indoor medical care and treatment of Illness and/or Injuries which has been registered and licensed as such with the appropriate local or other authorities in the relevant area, wherever applicable, and is under the constant supervision of a medical practitioner. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, and old age home.

IRDAI means the Insurance Regulatory and Development Authority of India.

Insured Person means the person(s) named in the Policy Schedule/ Certificate of Insurance who are covered under this Policy and in respect of whom the appropriate premium has been received.

Policy means this Policy document, any annexures thereto and the Policy Schedule including endorsements, if any, Your statements in the proposal form and the Information Summary Sheet as applicable.

Policy Start Date means the start date of the Policy as specified in the Policy Schedule.

Policy Expiry Date means the date on which the Policy expires as specified in the Policy Schedule.

Policy Period means the period between the Policy Start Date and the Policy Expiry Date as shown in the Policy Schedule.

Policy Year means a period of twelve consecutive months commencing from the Policy Start Date as specified in the Policy Schedule or any anniversary thereof.

Policy holder means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

Primary Insured member means Policyholder's employee or a member of covered group who satisfies and continues to satisfy the eligibility criteria as specified in Policy Schedule and Certificate of Insurance.

Rehabilitation includes treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

Policy Schedule means the schedule issued by Us along with this Policy mentioning the details of the Policyholder and Insured person, period of Policy and other details. Any changes made to it shall be issued as Endorsement Schedule and shall be considered a part of this Policy. Shared

Accommodation means a Hospital room with two or more patient beds

Sum Insured means :

- i) For an Individual Policy, the sum shown in the Policy Schedule/ Product Benefits Table against an Insured Person which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of that Insured Person.
- ii) For a Family Floater Policy, the sum shown in the Policy Schedule/ Product Benefits Table which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of any and all Insured Persons.

Terrorism/Terrorist Activity means an act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or Government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

TPA or Third Party Administrator means a company registered with the Authority, and engaged by an insurer, for a fee, by whatever name called and as may be mentioned in the agreement, for providing health services

We/Our/Us means MAGMA HDI General Insurance Company Ltd.

You/Your/Policyholder means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us.

Benefits covered under the policy Base

Covers:

The Benefits under this Policy are subject always to the Sum Insured, any subsidiary limit specified in the Policy Schedule/ Certificate of Insurance, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for or as shown in the Policy Schedule/Certificate of Insurance.

Following covers are available as Base covers under the policy. Following Base covers are applicable to your Policy as mentioned in Policy Schedule/ Certificate of Insurance.

Our maximum liability under each of the opted Base Covers will be a part of and up to Sum Insured as specified in Policy Schedule/Certificate of Insurance for these covers.

1. Inpatient Care

We shall cover the Reasonable and Customary Charges for the following Medical Expenses incurred by Insured Person if during the Policy Period, he/she requires Hospitalization on the written Medical Advice of a Medical Practitioner, for any Illness or Injury which is contracted or sustained during the Policy Period and is covered under this Policy:

- a) Medical Practitioners' fees
- b) Room Rent and other boarding charges
- c) ICU Charges
- d) Operation theatre charges
- e) Diagnostic procedures' charges
- f) Medicines, drugs and other consumables as prescribed by the Medical Practitioner
- g) Qualified Nurses' charges
- h) Intravenous fluids, blood transfusion, injection administration charges
- i) Anaesthesia, Blood, Oxygen, operation theatre charges, surgical appliances
- j) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure

Day Care Treatment

Under this section, We will also cover the Medical Expenses incurred for Day Care Treatment on the written medical advice of a Medical Practitioner following an Illness or Injury which occurs during the Policy Period, up to the limits specified in the Policy Schedule/Certificate of Insurance. Any OPD treatment undertaken in a Hospital/Day Care Centre will not be covered under this Benefit. Please refer to Annexure for list of Day Care Treatments.

2. Hospital Cash

If an Insured Person is Hospitalized during the Policy Period then We shall pay the daily cash amount specified in the Policy Schedule /Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalization provided that:

- a. We shall not make any payment under this Benefit to You for more than the number of days of Hospitalisation as specified in Policy Schedule /Certificate of Insurance
- b. A deductible in terms of number of days per Hospitalization event will be applicable if and as specified in Policy Schedule /Certificate of Insurance
- c. We shall not make any payment under this Benefit for any diagnosis or treatment arising from or related to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post-natal care of the New Born Baby.

3. Outpatient Cover

We will cover the Reasonable and Customary Charges incurred for availing following services on an out-patient basis to assess Insured Person's health condition for any Illness or injury as specified in Policy Schedule/Certificate of Insurance - medically necessary consultations with a Medical Practitioner

- undergoing any Diagnostic Tests prescribed by the Medical Practitioner
- medicines purchased under and supported with a Medical Practitioner's prescription.
- Non surgical and minor surgical procedures which are neither in-patient nor day care procedures

The waiting periods as defined in Section III of this Policy will not be applicable for this Cover. The amount payable under this Benefit shall be up to the limit shown in the Policy Schedule/Certificate of Insurance.

Extension covers:

Following extension covers are applicable to each insured person under this Policy. The coverage limits are specified in the Policy Schedule/ Certificate of Insurance. The limits for these covers are applicable for each Insured Person and are included within the Sum Insured limit, unless specified otherwise. All the waiting periods and Exclusions are applicable to these Extension Covers as well unless specified otherwise.

Corporate Floater:

We will provide coverage for any and all claims in aggregate, under this Policy, up to the amount specified against this Extension Cover, subject to following:

- 1. This Sum insured can be utilized only after exhaustion of individual member's sum insured
- 2. The maximum aggregate payable amount to an Insured Person from this Extension Cover will be as specified in Policy Schedule/certificate of Insurance
- 3. Only the medical condition and/or injuries as defined in Policy Schedule/Certificate of Insurance will be covered under this Extension Cover
- 4. Any sub-limit if and as applicable to Extension Cover and Base covers will also be applicable for payment of claim under this Extension Cover

Exclusions

i. Standard Exclusions

Waiting Periods: Following waiting periods will be applicable to each Insured Person under this Policy.

- First Thirty Days Waiting Period (Code- Excl03)
 - i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
 - iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- Specific Diseases Waiting Period (Code- Excl02):
 - a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident. b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
 - d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of these diseases is:

- 1. Cataract
- 2. Stones in biliary and urinary systems
- 3. Hernia / Hydrocele
- 4. Hysterectomy for any benign disorder
- 5. Lumps / cysts / nodules / polyps / internal tumours
- 6. Gastric and Duodenal Ulcers
- 7. Surgery on tonsils / adenoids

8. Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse
9. Fissure / Fistula / Haemorrhoid
10. Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
11. Benign Prostatic Hypertrophy
12. Knee/Hip Joint replacement
13. Dilatation and Curettage
14. Varicose veins
15. Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
16. Chronic Renal Failure or end stage Renal Failure
17. Internal congenital anomalies/diseases/defects
18. HIV, AIDS

• Pre-Existing disease (Code- Excl01):

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of above defined months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

We will not be liable to make any payment under this Policy under any circumstances, for any claim in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following permanent exclusions. In case extension covers are opted, respective permanent exclusion(s) stand deleted to the extent of coverage as per terms and conditions of that Extension cover.

- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code- Excl12)
- Hazardous or Adventure sports: (Code- Excl09): Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnoea
 - iv. Uncontrolled Type2 Diabetes

• Cosmetic or Plastic Surgery (Code Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

• Refractive Error (Code Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

- Treatment received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13.
- Sterility and Infertility (Code Excl17)

Expenses related to sterility and infertility. This includes: i) Any type of contraception, sterilization ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iv) Gestational Surrogacy

iv) Reversal of sterilization

• Maternity expenses (Code Excl18)

i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

• Change of Gender treatment (Code Excl07):

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

• Excluded Providers (Code Excl11):

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. List of these have been provided on Our website • Investigation & Evaluation (Code Excl04):

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

• Rest Cure, Rehabilitation and respite Care (Code Excl05)

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

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

• Breach of Law (Code Excl10)

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

- Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

• Unproven treatments (Code Excl16): Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness

ii. Specific Exclusions

- Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.
- Treatment of any sexual problem including impotence (irrespective of the cause) or erectile dysfunction.

- Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
- Treatment for sleep apnoea, snoring, or any other sleep-related breathing problem.
- Any treatment received outside India.
- Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.
- X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization.
- Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.
- Any treatment arising from and/or taken for Crohn's Disease, Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Haemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis.
- Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization.
- Drugs or treatment not supported by prescription.
- Issue of fitness certificate and fitness examinations
- External and/ or durable medical/non-medical equipment of any kind used for diagnosis and/ or treatment, CPAP, CAPD, infusion pump.
- Ambulatory devices, walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and also any medical equipment which is subsequently used at home.
- OPD treatment is not covered. However this exclusion does not apply for Outpatient Cover.
- All preventive care, vaccination including inoculation and immunizations, except if it is certified and recommended by the attending Medical Practitioner as part of in-patient treatment. However, this exclusion does not apply for Outpatient Cover.
- Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint. This exclusion does not apply for Outpatient Cover
- EXCEPTION: We will pay for a Surgical Procedure wherein the Insured Person Hospitalized as a result of an Accident and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner.
- Any expenses for OPD treatment, or any expenses for drugs or dressings not prescribed for Insured Person's intake within hospitalization period, except as included in Post-hospitalization Medical Expenses Extension cover. This exclusion does not apply to Outpatient Cover.
- We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth. This exclusion does not apply for Outpatient Cover.
- Any treatment modality other than Allopathic Treatment
- Charges related to a Hospital stay not expressly mentioned as being covered. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in Annexure II of this Policy. The list is available on our website www.magmaahdi.com
- Artificial life maintenance, including life support machine used to sustain a person, incurred after confirmation by the treating doctor that the patient is in vegetative state.
- Any charges incurred to procure any medical certificate, medical records, treatment or Illness/Injury related documents pertaining to any period of Hospitalization/Day Care Treatment undertaken for any Illness or Injury.
- Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.
- Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, participation in riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity)
- Treatment for any External Congenital Anomaly.

General Terms and clauses

Standard General Terms and Conditions

• Disclosure to Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

• Condition Precedent to admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy • Claim Settlement (Provision for penal interest)

- (i) The Company shall settle or reject a claim, as may be the case, within 30 days from the date of receipt of last necessary document.
- (ii) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- (iii) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- (iv) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.

• Material Change

It is a Condition Precedent to the Our liability under the Policy that the Policyholder/ Insured Person shall immediately notify Us in writing of any material change in the risk on account of change in the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/or the premium payable, accordingly, in line with our board approved underwriting policy. The Policyholder/Insured Person must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. The Policy terms and conditions may be altered accordingly.

• Multiple Policies

In case of multiple policies which provide fixed benefits, on the occurrence of insured event in accordance with the terms & conditions of the policies, each insurer shall make the claim payment independent of payment received under similar health policies.

1. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

2. Insured Person having multiple policies shall also have the right to prefer claim under this policy for the amounts disallowed under any other policy/policies, even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

3. If the amount to be claimed exceeds the sum insured under a single policy the insured Person shall have the right to choose insurers from whom he/she wants to claim the balance amount.

4. Where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

• Free Look Provision

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured shall be allowed a free look provision of thirty (30) days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

• Cancellation/ Termination (other than Free Look cancellation)

a. The Policyholder may cancel this Policy by giving 15 day's written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.:

We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below, after deducting the amount spent on prepolicy medical check up by Us, provided that no claim has been made under the Policy by or on behalf of any Insured Person.

We may cancel the Policy and refund the premium for the balance of the Policy Period on pro-rata basis, if specified so in Policy Schedule/Certificate of Insurance.

Cancellation refund grid for non-credit linked Policy:

Covered up to Days	Refund of Premium
7	Up to 90.00%
30	Up to 75.00%
60	Up to 65.00%
90	Up to 50.00%
120	Up to 40.00%
180	Up to 25.00%
240	Up to 15.00%
Exceeding 240	Nil

Cancellation refund grid for credit linked Policy : If policy is taken as linked to loan, following grid will be applicable

Policy Tenure 1 Yr		Policy Tenure 2 Yrs		Policy Tenure 3 Yrs		Policy Tenure 4 Yrs		Policy Tenure 5 Yrs	
Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %
Up to 1 month	75%	Up to 3 month	75%	Up to 6 month	75%	Up to 1 yr	75%	Up to 1 yr	80%
> 1 month to 3 months	50%	> 3 months to 6 months	50%	> 6 months to 1 year	50%	> 1 year to 2 years	50%	> 1 year to 2 years	60%
> 3 months to 6 months	25%	> 6 months to 1 year	25%	> 1 year to 2 years	25%	> 2 years to 3 years	25%	> 2 years to 3 years	40%
> 6 months	Nil	> 1 year	Nil	> 2 year	Nil	> 3 year	Nil	> 3 years to 4 years	20%
> 4 years									Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any Benefit has been availed by the Insured person under the Policy.

(ii) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 day's written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

• Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any

fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any Benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited. .

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/ policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent, or the hospital/doctor/any other party acting on behalf of the insured person with intent to deceive the insurer or to induce the insurer to issue an insurance policy: a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;

b) the active concealment of a fact by the insured person having knowledge or belief of the fact; c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and/or forfeit the policy benefits, on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

- **Renewal of Policy**

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

- The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.
- No loading shall apply on renewals based on individual claim experience.

- **Withdrawal of Policy;**

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

- **Redressal of Grievance**

In case of any grievance, the insured person may contact the Company through

Website: www.magmahdi.com

Toll free: 1800 266 3202

E-mail: Gro@magma-hdi.co.in

Fax: 91 033 4401 7471

Courier: Any of Our branch offices or corporate office during business hours

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance

officer at: Magma HDI General Insurance Co Ltd

EQUINOX BUSINESS PARK,

UNIT NO. 1B & 2B, 2ND FLOOR,

TOWER 3, LBS MARG, KURLA (WEST),

Mumbai - Maharashtra 400070

For updated details of grivance officer, kindly refer the link <https://www.magmahdi.com/grivance-redressal>.

If Insured Person is not satisfied with the redressal of grievance through above methods, insured person may may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules, 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I

Grievance may also be lodged at IRDAI Integrated Grievance management System: <https://bimabharosa.irdai.gov.in>

- **Complete Discharge**

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

- **Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

- **Possibility of Revision of Terms of the Policy Including the Premium Rates**

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

- **Moratorium Period:**

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

- **Migration:**

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

- **Portability**

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

• **Premium payment in Instalments:**
If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- During such grace period, coverage will not be available from the due date of instalment premium payment till the date of receipt of premium by Company.
- The insured person will get the accrued continuity benefits in respect of the "Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- No interest will be charged If the instalment premium is not paid on due date.
- In case of instalment premium due not received within the grace period, the policy will get cancelled.
- In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- The Company has right to recover and deduct all the pending instalments from the claim amount due under the policy.

- Specific Terms and clauses

- Endorsements:

Insured Person/the Policyholder should request for any endorsement in writing. Any endorsement that is accepted by Us shall be effective from the date of the request as received from Insured Person /the Policyholder, or the date of receipt of premium, whichever is later.

We reserve the rights to do underwriting in case of any such endorsement requests which has a bearing on the premium and/or material risk. • Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to: a. To Us, at the address as specified in Policy Schedule and Certificate of Insurance

b. The Policyholder's, at the address as specified in Policy Schedule OR to the Insured Person, at the address as specified in Certificate of Insurance

c. No insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us

d. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

- Limitation of Liability

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

- Records to be maintained

The Policyholder or the Insured Person, as the case may be shall keep an accurate record containing all relevant and accurate medical records like in-patient records, Discharge summary, medical certificates, medical prescriptions, diagnostic reports and reports confirming the need for treatment (if any) and shall allow Us or our representative(s) to inspect such records. The Policyholder or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all claims under this Policy.

- Geographical Scope

The geographical scope of this Policy applies to events within India unless specified otherwise for any of the Base and/or Extension Covers.

- Policy Disputes

Any and all disputes or differences under or in relation to this Policy herein shall be determined by Indian law and shall be subject to the jurisdiction of the Indian Courts.

- Assignment

The payment due under any Benefit under this Policy can be assigned in accordance with provisions of applicable law.

- Alteration to the Policy

This Policy constitutes the complete contract of insurance. Subject to the provisions of applicable law, no change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

- No Constructive Notice

Any knowledge or information of any circumstances or condition in relation to the Policyholder/Insured Person which is in Our possession and not specifically informed by the Policyholder/ Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

Claim Procedure

Provided that due adherence/observance and fulfilment of the terms and conditions of this Policy (conditions and all endorsements, Annexures hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by You and / or any Insured Person be a Condition Precedent to admission of Our liability under this Policy.

On the occurrence or the discovery of any Illness or Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the following procedure shall be complied with:

1. For Availing Cashless Facility (Procedure for Domestic Claims)

Cashless facility can be availed only at Our Network Providers. The complete list of Network Providers is available on Our website and can also be obtained by contacting Us over the telephone. The updated list of TPA containing complete details is available on Our website www.magmaahdi.com.

Cashless facility will be availed through the TPA. The TPA will be contacted on its helpline and must be provided with the membership number, Policy Number and the name of the Insured Person at least 72 hours before admission to the Hospital for planned Hospitalization and within 24 hours of admission to the Hospital in case of Emergency Hospitalization. The TPA will also, by fax or e-mail, be provided with details of Hospitalization like diagnosis, name of the Hospital, duration of stay in the Hospital, estimated expenses of Hospitalization etc. in the prescribed form available with the insurance help desk at the Hospital. Any additional information as may be required by the medical panel of the TPA must also be furnished. After establishing the admissibility of the claim under the Policy, the TPA shall provide a preauthorisation to the Hospital guaranteeing payment of the Hospitalization expenses subject to the Sum Insured, terms conditions and limitations of the Policy. The authorization shall be issued to the Network Provider within 24 hours of receiving the complete information.

2. For admission in Non-Network Provider or into Network Provider if Cashless facility is not availed (Re-imbursment Claims)

a. Intimation of claim: Preliminary intimation of claim with particulars relating to Policy Number, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Hospital, must be provided to Us at least 72 hours before admission to the Hospital in case of planned Hospitalization, and within 24 hours of admission in the Hospital, in case of Emergency Hospitalization

3. Submission of claim: The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later than 30 days from the date of discharge from the Hospital.

Mandatory documents

- a. Duly completed claim form

b. Test reports and prescriptions relating to first / previous consultations for the same or related illness.

c. Case history / admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc. issued by the Hospital.

d. Death summary in case of death of the Insured Person at the Hospital.

e. Post Mortem Report, if applicable & if conducted

f. Hospital receipts / bills / cash memos in original (including advance and final Hospital settlement receipts).

g. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including the Medical Practitioner's prescription advising such tests/investigations (CDs of angiogram, surgery etc. need not be sent unless specifically sought).

h. Medical Practitioner's prescriptions with cash bills for medicines purchased from outside the Hospital.

i. F.I.R./MLC. in the case of Accidental Injury and English translation of the same, if in any other language.

j. Legal heir certificate in the absence of nomination under the Policy, in case of death of the Insured Person. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.

k. For a) maternity claims, discharge summary mentioning LMP, EDD & Gravida b) Cataract claims - IOL sticker c) PTCA claims - Stent sticker.

l. Copies of health insurance policies held with any other insurer covering the Insured Person(s).

m. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that original claim documents are retained at their end.

Documents to be submitted if specifically sought:

- a. Copy of indoor case records (including Qualified Nurse's notes, OT notes and anaesthetists' notes, vitals chart).
- b. Copy of extract of inpatient register.
- c. Attendance records of employer/educational institution.
- d. Complete medical records (including indoor case records and OP records) of past Hospitalization/treatment, if any.
- e. Attending Medical Practitioner's certificate clarifying
 - i. reason for Hospitalization and duration of Hospitalization
 - ii. history of any self-inflicted Injury
 - iii. history of alcoholism, smoking
 - iv. history of associated medical conditions, if any
- f. Previous master health check-up records/pre-employment medical records, if any.
- g. Any other document necessary in support of the claim on case-to-case basis.

For AYUSH Claims:

- a. AYUSH claims would be payable as per the guidelines determined by Ministry of AYUSH, Government of India or any such committee of experts constituted to determine in-patient admissibility of claims, treatment modalities and corresponding treatment cost for providing AYUSH Coverage as defined from time to time.
- b. In patient admissibility of AYUSH claims would be determined in line with reasonable admissibility and its reasonable claim cost, as under allopathy or modern medicine for the same ailment or medical condition.

The claim documents should be sent to:

Magma HDI General Insurance Co Ltd
 Office No. 516 and 517, 5th Floor,
 Neelkanth Corporate Park,
 Plot no. 240, 2401/1-8,
 Kirol Road, Vidyavihar (West),
 Mumbai, Maharashtra 400086

Payment of Claim

- No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.
- The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.
- If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expense.
- If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense.
- All claims under this Policy shall be payable in Indian Currency.
- Claims under this Policy shall be settled or rejected, as the case may be, within 30 days of the receipt of the last necessary document.

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Ombudsman Offices

Areas of Jurisdiction	Addresses of the Ombudsman Offices
Gujarat, Dadra & Nagar Haveli, Daman and Diu.	<p>AHMEDABAD</p> <p>Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD â€" 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.inAHMEDABAD</p> <p>Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD â€" 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>
Karnataka	<p>BENGALURU</p> <p>Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru â€" 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.inBENGALURU</p> <p>Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru â€" 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>
Madhya Pradesh, Chhattisgarh.	<p>BHOPAL</p> <p>Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal â€" 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.inBHOPAL</p> <p>Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal â€" 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>
Odisha	<p>BHUBANESWAR</p> <p>Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar â€" 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.inBHUBANESWAR</p> <p>Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar â€" 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>

Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	<p>CHANDIGARH</p> <p>Mr Atul Jerath Insurance Ombudsman Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 â€" D, Chandigarh â€" 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.inCHANDIGARH</p> <p>Mr Atul Jerath</p>
	<p>Insurance Ombudsman Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 â€" D, Chandigarh â€" 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	<p>CHENNAI</p> <p>Shri Segar Sampathkumar Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI â€" 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.inCHENNAI</p> <p>Shri Segar Sampathkumar Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI â€" 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in</p>
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	<p>DELHI</p> <p>Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi â€" 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.inDELHI</p> <p>Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi â€" 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	<p>GUWAHATI</p> <p>Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati â€" 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.inGUWAHATI</p> <p>Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati â€" 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>

Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	<p>HYDERABAD</p> <p>Shri N. Sankaran Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.inHYDERABAD</p> <p>Shri N. Sankaran Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>
Rajasthan	<p>JAIPUR</p> <p>Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi â€" II Bldg., Gr. Floor, Bhawani Singh Marg,</p> <p>Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.inJAIPUR</p> <p>Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi â€" II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	<p>ERNAKULAM</p> <p>Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.inERNAKULAM</p> <p>Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in</p>
West Bengal, Sikkim, Andaman & Nicobar Islands.	<p>KOLKATA</p> <p>Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.inKOLKATA</p> <p>Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in</p>

Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	<p>LUCKNOW</p> <p>Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.inLUCKNOW</p> <p>Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in</p>
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).	<p>MUMBAI</p> <p>Shri Bharatkumar S. Pandya Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.inMUMBAI</p> <p>Shri Bharatkumar S. Pandya Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in</p>
State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	<p>NOIDA</p> <p>Shri Bimbardhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>
Bihar, Jharkhand.	<p>PATNA</p> <p>Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).	<p>PUNE</p> <p>Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>

Address and contact number of Governing Body of Insurance Council
Council for Insurance Ombudsmen,
3rd Floor, Jeevan Seva
Annexe, S. V. Road, Santacruz
(W), Mumbai - 400 054.
E-mail: inscoun@cioins.co.in

022 - 69038800/69038812

Annexure

List I - Item for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT

44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II - Items that are to be subsumed into Room Charges

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP

19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMER CHARGES

List III - Items that are to be subsumed into Procedure Charges

SI No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

SI No	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Branch List

ZONE	REGION/STATE	LOCATIONS	MAILING ADDRESS
CENTRAL	CHATTISGARH	BILASPUR	1ST FLOOR, INDIRA TOWER, VYAPAR VIHAR, MAIN ROAD,,BILASPUR,CHATTISGARH,PIN-495001
CENTRAL	CHATTISGARH	BHILAI	BLOCK NO. 28, 1ST FLOOR, SHIVANTH COMPLEX, G E ROAD, BESIDES BHILAI NAGAR NIGAM,SUPELA, BHILAI,,DURG,CHATTISGARH,PIN-490023
CENTRAL	CHATTISGARH	KORBA	1ST FLOOR, MOTI BHAVAN, PLOT NO. 60, WARD NO. 9, TRANSPORT NAGAR, KORBA,KORBA,CHATTISGARH,PIN-495677
CENTRAL	CHATTISGARH	RAIPUR	1ST FLOOR, PUJARI CHAMBER, BLOCK A1, DHARAM NAGAR,TAGORE NAGAR, ABHANPUR ROAD,,RAIPUR,CHATTISGARH,PIN-492001
CENTRAL	MADHYA PRADESH	JABALPUR	3RD FLOOR, IC TOWER, 1810, NARMADA ROAD, NEAR KATANGA SQUARE,PANDIT BANARSIDAS BHANOT WARD,,JABALPUR,MADHYA PRADESH,PIN-482001
CENTRAL	MADHYA PRADESH	BHOPAL	OFFICE NO. 9, 5TH FLOOR, MAPLE HIGH STREET, VIDYA NAGAR PHASE 2,HOSHANGABAD ROAD,,BHOPAL,MADHYA PRADESH,PIN-462026
CENTRAL	MADHYA PRADESH	GWALIOR	UNIT NO. 34, 3RD FLOOR, PACIFIC TOWER,KAILASH VIHAR, CITY CENTRE,GWALIOR,MADHYA PRADESH,PIN-474011
CENTRAL	MADHYA PRADESH	INDORE	OFFICE NO. 511, 5TH FLOOR, BENCHMARK BUSINESS PARK, BLOCK A3 PU4,SCH NO. 54, BOMBAY HOSPITAL LINK ROAD, VIJAY NAGAR,,INDORE,MADHYA PRADESH,PIN-452010
CENTRAL	CHATTISGARH	AMBIKAPUR	1ST FLOOR, NEELKANTH COMPLEX, KHASRA NO. 243/218,MG ROAD, OPP. PG COLLEGE, AMBIKAPUR,,SURGUJA,CHATTISGARH,PIN-497001
EAST	WEST BENGAL	SILIGURI	SHOP NO. 28, 2ND FLOOR, CITY PLAZA, SEVOKE ROAD,OPP. PAYEL CINEMA, JALPAIGURI,,DARJEELING, WEST BENGAL,PIN-734001
EAST	WEST BENGAL	KOLKATA-ANUJ CHAMBERS	4TH FLOOR, ANUJ CHAMBER, 24 PARK STREET,KOLKATA, WEST BENGAL,PIN-700016
EAST	WEST BENGAL	KOLKATA ZONE	4TH FLOOR, ANUJ CHAMBER, 24 PARK STREET,KOLKATA, WEST BENGAL,PIN-700016
EAST	WEST BENGAL	KOLKATA-DCPL	4TH FLOOR, DEVELOPMENT HOUSE,24 PARK STREET,KOLKATA, WEST BENGAL,PIN-700016
EAST	WEST BENGAL	MALDA	2ND FLOOR, IIFL BUILDING, 308/198/246, WARD NO. 18, R K PALLY (S),OPPOSITE BIG BAZAR, NH-34, RATHBARI,,MALDA, WEST BENGAL,PIN-732101
EAST	WEST BENGAL	KHARAGPUR	1ST FLOOR, NEW SAI COMPLEX, BESIDE KHARAGPUR COLLEGE, INDIA OT ROAD,,WEST MEDINIPUR, WEST BENGAL,PIN-721305
EAST	ASSAM	GUWAHATI	2ND FLOOR, F FORT, SOUTH SARANIAULUBARI, G S ROAD, GUWAHATI, ASSAM,KAMRUP,ASSAM,PIN-781007
EAST	BIHAR	GAYA	2ND FLOOR, 45/79 SWARAJYA PURI ROAD, ABOVE STATE BANK OF INDIA, PO AND GPO,,GAYA,BIHAR,PIN-823001
EAST	BIHAR	MUZAFFARPUR	1ST FLOOR, BOB BUILDING, KALAMBAGH ROAD CHOWK, ABOVE BANK OF BARODA,P. O. MUZAFFARPUR HPO,,MUZAFFARPUR,BIHAR,PIN-842001
EAST	BIHAR	PATNA	UNIT 508, 5TH FLOOR, PATNA ONE MALL, DAKBUNGLA, CHAURAHA,PATNA,BIHAR,PIN-800001
EAST	ORISSA	BERHAMPUR	1ST FLOOR, "RUPAVATI COMPLEX", OPPOSITE ICICI BANKDHARMA NAGAR, MAIN ROAD,GANJAM,ORISSA,PIN-760001
EAST	ORISSA	BHUBANESHWAR	1ST FLOOR, PLOT NO-1207/2777, ANAND PLAZA, ANAND BRAHMESWAR BAG,TANKAPANI ROAD,,KHORDHA,ORISSA,PIN-751018
EAST	ORISSA	JEYPURE	R.K.TOWERS, 1ST FLOOR, M.G.ROADDIST- KORAPUT, P.O.: -JEYPURE,KORAPUT,ORISSA,PIN-764001
EAST	ORISSA	SAMBALPUR	3RD FLOOR, PLATINUM CHAMBER, BUDDHA RAJA, SAMBALPUR,,SAMBALPUR,ORISSA,PIN-768004
EAST	TRIPURA	AGARTALA	2ND FLOOR, OM NIVASH, NETAJI CHOWMUHANI, AGARTALA (WEST),,WEST TRIPURA,TRIPURA,PIN-799001
EAST	JHARKHAND	DHANBAD	2ND FLOOR, SUN RISE HOTEL COMPLEX, BANK MORE, KATRAS ROAD, OPP. BARA GURUDWARA,,DHANBAD,JHARKHAND,PIN-826001
EAST	JHARKHAND	JAMSHEDPUR	3RD FLOOR, PADMALAYA BUILDING, H. NO. 17 AND 18,RAM MANDIR GARAGE AREA, BISTUPUR,EAST SINGHBHUM,JHARKHAND,PIN-831001
EAST	JHARKHAND	RANCHI	OFFICE NO. 303, 3RD FLOOR, JOKHIRAM CHAMBERS, MAIN ROAD, OPPOSITE GEL CHURCH COMPLEX,,RANCHI,JHARKHAND,PIN-834001
EAST	WEST BENGAL	HOWRAH	6TH FLOOR, PARMAR HOUSE, P-4 DOBSON LANE,NEW HOWRAH BRIDGE APPROACH ROAD, POLICE STATION GOLABARI,,HOWRAH, WEST BENGAL,PIN-711101
EAST	WEST BENGAL	BARASAT	1ST FLOOR, RAHMANIA BUILDING, 87 JESSORE ROAD (NORTH),NORTH 24 PARGANAS,NORTH 24 PARGANAS, WEST BENGAL,PIN-700124
EAST	WEST BENGAL	KOLKATA-ECOSPACE	5TH FLOOR, BLOCK 4A, UNIT NO. 501, , ECOSPACE BUSINESS PARK,AMBUJA REALTY CAMPUS,ACTION AREA-II, NEW TOWN, RAJARHAT,KOLKATA, NEW TOWN, NORTH 24 PARGANAS,NORTH 24 PARGANAS, WEST BENGAL,PIN-700160
EAST	WEST BENGAL	DURGAPUR	2ND FLOOR, KAWALITY HOTEL COMPLEX, NEAR BHIRINGI MORE,,BARDHAMAN, WEST BENGAL,PIN-713213
EAST	WEST BENGAL	ASANSOL	UNIT B401, 4TH FLOOR, B BLOCK, BUILDING P. C. CHATTERJEE MARKET, RAMBHANDHU TALA,BARDHAMAN, WEST BENGAL,PIN-713303
NORTH	DELHI	NEW DELHI-KIRTI NAGAR	UNIT NO. A-2, 2ND FLOOR, KIRTI NAGAR, NAJAFGARH ROAD, NEAR KALRA HOSPITAL,,NEW DELHI,DELHI,PIN-110015
NORTH	UTTARAKHAND	DEHRADUN	UNIT F-2, 112/88, 1ST FLOOR, NCR PLAZA, NEW CANTT ROAD, DEHRADUN,DEHRADUN,UTTARAKHAND,PIN-248001

NORTH	HARYANA	GURGAON	SCO-386, 1ST FLOOR, SECTOR-29, OPP. IFFCO CHOWK, METRO STATION,,GURGAON,HARYANA,PIN-122001
NORTH	PUNJAB	AMRITSAR	4TH FLOOR, NAGPAL TOWER 1, SITUATED AT SCO-128, DISTRICT SHOPPING CENTER, RANJEET AVENUE,,AMRITSAR,PUNJAB,PIN-143001
NORTH	PUNJAB	JALANDHAR	SCO NO. 28-29, PUDA COMPLEX, OPP. TEHSIL COMPLEX, NEAR AXIS BANK LIMITED,,JALANDHAR,PUNJAB,PIN-144001
NORTH	PUNJAB	LUDHIANA	UNIT NO. FUF-6 & 7, 4TH FLOOR, KUNAL TOWER, B-XIX/88, MALL ROAD,,LUDHIANA,PUNJAB,PIN-141001
NORTH	RAJASTHAN	JAIPUR	1ST FLOOR, GEM TOWER, PLOT NO. 42-A, BARWARA HOUSE COLONY,CIVIL LINES, JAIPUR,,JAIPUR,RAJASTHAN,PIN-302006
NORTH	RAJASTHAN	JODHPUR	TOP FLOOR, ADARSH SOCIETY, PLOT NO. 27/39, 40,ITI CHORAHA, SHASTRI CIRCLE,,JODHPUR,RAJASTHAN,PIN-342003
NORTH	RAJASTHAN	UDAIPUR	OFFICE NO. 205, 2ND FLOOR, RAJ TOWER 222/21, SAHELI MARG,NEAR UIT CIRCLE,,UDAIPUR,RAJASTHAN,PIN-313001
NORTH	UTTAR PRADESH	ALLAHABAD	SHOP NO. 28, 3RD FLOOR, KHARBANDA COMPLEX, NAWAB YUSUF ROAD,KHARBANDA CHAURAHA, CIVIL LINES, PRAYAGRAJ,,ALLAHABAD,UTTAR PRADESH,PIN-211001
NORTH	UTTAR PRADESH	NOIDA	1ST FLOOR, PLOT NO. H-1A/14, ABOVE BURGER KING, SEC 63, NOIDA,,NOIDA,UTTAR PRADESH,PIN-201307
NORTH	UTTAR PRADESH	LUCKNOW	UNIT 302 & 303, 3RD FLOOR, CYBER HEIGHTS, VIBUTI KHAND, GOMTI NAGAR,LUCKNOW,UTTAR PRADESH,PIN-226010
NORTH	UTTAR PRADESH	VARANASI	2ND FLOOR, KUSH COMPLEX, D. 58/9-A-1-K, SIGRA,VARANASI,UTTAR PRADESH,PIN-221010
NORTH	CHANDIGARH	CHANDIGARH	2ND FLOOR, SCO 147-148, SECTOR 9C, MADHYA MARG,,CHANDIGARH,CHANDIGARH,PIN-160017
NORTH	RAJASTHAN	BIKANER	2ND FLOOR, G K TOWER, NEAR BHARAT PETROL PUMP, AMBEDKAR CIRCLE,,BIKANER,RAJASTHAN,PIN-334001
NORTH	DELHI	NEW DELHI-SANT NAGAR	3RD FLOOR, M/53, LAJPAT NAGAR II,SOUTH DELHI,DELHI,PIN-110024
SOUTH	ANDHRA PRADESH	RAJAHMUNDRY	OFFICE NO. SF B, 2ND FLOOR, PILLI MUNAYYA ENCLAVE,75-6-26, PRAKASH NAGAR MAIN ROAD, DANAVIPETA,,EAST GODAVARI,ANDHRA PRADESH,PIN-533103
SOUTH	KERALA	TRIVANDRUM	3RD FLOOR, U. K. EDIFICE, T/C NO. 43/657(3),VALIYASALA CHALAI POST, THIRUVANANTHAPURAM,THIRUVANANTHAPURAM,KERALA,PIN-695036
			UNIT NO. 11, 1ST FLOOR, AL BARKATH CITY CENTER,I. B. CHOWRASTA, SAWARAN

SOUTH	TELANGANA	KARIMNAGAR	STREET,KARIMNAGAR,TELANGANA,PIN-505001
SOUTH	TELANGANA	KHAMMAM	1ST FLOOR, SRI LAXMI NILAYAM, H. NO. 5_5_189/36,SAMBANI NAGAR, KHAMMAM MUNICIPAL CORPORATION,,KHAMMAM,TELANGANA,PIN-507001
SOUTH	ANDHRA PRADESH	VIJAYAWADA	UNIT NO. 125, 1ST FLOOR, SIR VIDHYANAILAYAM, FUN TIME CLUB ROAD,, TEACHERS COLONY, DOOR NO. 59 A17/2-6A,,KRISHNA,ANDHRA PRADESH,PIN-520010
SOUTH	ANDHRA PRADESH	NELLORE	2ND FLOOR, BJ TOWERS 2, VRC CENTRE, JAWAHARLAL NEHRU ROAD,OPPOSITE YES BANK, ABOVE TAMIL NADU BANK,Sri Potti Sriramulu Nellore,ANDHRA PRADESH,PIN-524001
SOUTH	ANDHRA PRADESH	VISAKHAPATNAM	SHOP NO. 3, 2ND FLOOR, SRI PRASADI POLAYYA COMPLEX, 48-14-92TULASIPETA, SRI NAGAR, RAMA TALKIES JUNCTION,,VISAKHAPATNAM,ANDHRA PRADESH,PIN-530013
SOUTH	TELANGANA	WARANGAL	SHOP NO 7, BLOCK C, 2ND FLOOR, KANDAKATLA SQUARE, 5-11,5-4 & 504, KUC X ROAD, NAIMNAGAR, Warangal (urban),TELANGANA,PIN-506009
SOUTH	KARNATAKA	BANGALORE-J C ROAD	1ST FLOOR, JANARDHAN TOWERS, 133/2, RESIDENCY ROAD,,BANGALORE,KARNATAKA,PIN-560025
SOUTH	KARNATAKA	MANGALORE	UNIT NO. 308 & 309, 3RD FLOOR, JANVI PLAZA, K.R.R. RAO ROAD, KARANGALPADY,MANGALORE,DAKSHINA KANNADA,KARNATAKA,PIN-575003
SOUTH	KARNATAKA	HUBLI	1ST FLOOR, CENTRAL BUILDING, CTS NO. 4614, B/2B-1, VIDYANAGAR,HUBLI,,DHARWAD,KARNATAKA,PIN-580021
SOUTH	KARNATAKA	MYSORE	2ND FLOOR, CHANDRODAYA COMPLEX, PROPERTY NO. 5 & 5/1,MAIN ROAD, FIRST BLOCK, JAY LAXMI PURAM,,Mysuru,KARNATAKA,PIN-570012
SOUTH	KERALA	COCHIN	1ST FLOOR, PALLIPATT ILLOM, NO. 62/6451 B1, KOSHY AVENUE ROAD,ERNAKULAM,KERALA,PIN-682011
SOUTH	KERALA	KOTTAYAM	3RD FLOOR, PULIMOOTTIL ARCADE, P.B. NO. 194, K.K. ROAD, KANJIKUZH, KOTTAYAM,KOTTAYAM,KERALA,PIN-686004
SOUTH	KERALA	CALICUT	UNIT NO. C2, 2ND FLOOR, TRINITY ARCADE, 65/2216, SURVEY NO. 19/3, NEAR CHRISTIAN COLLEGE,KANNUR ROAD, NADAKKAVE, KALATHINKUNNU DESOM, KOZHICODE,KOZHICODE,KERALA,PIN-673011
SOUTH	KERALA	TRISSUR	2ND FLOOR, GLOBAL PLAZA, OLD BUILDING NO. 458 AND OLD WARD NO. 19NEW BUILDING NO. 941, NEW WARD NO. 38, VANICHIKULAM ROAD, POOTHOLE, THRISSUR,,THRISSUR,KERALA,PIN-680004
SOUTH	TAMILNADU	CHENNAI 1	1ST FLOOR, GRACE BUILDING, DOOR NO. 25/3, MC NICHOLAS ROAD, CHETPET,CHENNAI,TAMILNADU,PIN-600031
SOUTH	TAMILNADU	CHENNAI 2	1ST FLOOR, GRACE BUILDING, DOOR NO. 25/3, MC NICHOLAS ROAD, CHETPET,,CHENNAI,TAMILNADU,PIN-600031

SOUTH	TAMILNADU	COIMBATORE	UNIT NO. 218/2-2, 2ND FLOOR, BRINDABAN BUILDING, T V SWAMY ROAD,R S PURAM, COIMBATORE,COIMBATORE,TAMILNADU,PIN-641002
SOUTH	TAMILNADU	MADURAI	1ST FLOOR, PKN RESIDENCY, OLD NO. 218A, NEW NO. 27,THENI MAIN ROAD, PP CHAVADI,,MADURAI,TAMILNADU,PIN-625016
SOUTH	TAMILNADU	SALEM	3RD FLOOR, SHANTHI PLAZA, NO. 1/5, BRINDAVAN ROAD, NEAR SKS HOSPITALFAIRLANDS, SALEM,SALEM,TAMILNADU,PIN-636004
SOUTH	TAMILNADU	TRICHY	GROUND FLOOR, KINGSTONE PARK, 19/1, PUTHAR HIGH ROAD, RAMALINGA NAGAR, WORALYUR,,TIRUCHIRAPPALLI,TAMILNADU,PIN-620017
SOUTH	TAMILNADU	TIRUNELVELI	UNIT 43R, 1ST FLOOR, JEYAM COMPLEX, TRIVANDRUM ROADKULVANIGARPURAM, PALAYAMKOTTAI,,TIRUNELVELI,TAMILNADU,PIN-627002
SOUTH	PONDICHERRY	PONDICHERRY	2ND FLOOR,SARABAR PLAZA,NO 110,VILLIANUR MAIN ROAD,PONDICHERRY,PONDICHERRY,PIN-605010
SOUTH	TELANGANA	HYDERABAD ZONE	G-2, GROUND FLOOR, MANDHANA TOWERS, 7-1-59/2 & 59/6,AMEERPET,HYDERABAD,TELANGANA,PIN-500016
SOUTH	TELANGANA	HYDERABADAMEERPET	G-2, GROUND FLOOR, MANDHANA TOWERS, 7-1-59/2 & 59/6,AMEERPET,,HYDERABAD,TELANGANA,PIN-500016
SOUTH	TELANGANA	HYDERABAD-LB NAGAR	2ND FLOOR, SWARNA PLAZA, PLOT NO. 64/B,SR. NO. 141 TO 144, NAGOLE MAIN ROAD,,HYDERABAD,TELANGANA,PIN-500029
SOUTH	ANDHRA PRADESH	KURNOOL	SHOP NO. 10 & 11, DOOR NO. 40-384-10 AND 40-384-113RD FLOOR, U CON PLAZA, PARK ROAD,,KURNOOL,ANDHRA PRADESH,PIN-518001
SOUTH	ANDHRA PRADESH	GUNTUR	1ST FLOOR, SRI NILAYAM, DR NO. 6-10-27, 10/1, ARUNDALPET,,GUNTUR,ANDHRA PRADESH,PIN-522002
WEST	GOA	PANJIM	UNIT 218, 2ND FLOOR, GERA IMPERIUM II, PATTO, PANJIM,NORTH GOA,GOA,PIN-403001
WEST	GUJARAT	MEHSANA	S/1, 2ND FLOOR, SIGMA OASES, NEAR HDFC BANK, MEHSANA,AHMEDABAD HIGHWAY, NEAR RAJKUMAR PETROL PUMP,MEHSANA,GUJARAT,PIN-384001
WEST	GUJARAT	BHUJ	2ND FLOOR, SHAH COMMERCIAL, OPP. ARYA SAMAJ MANDIR, LAL TEKRI,,KUTCH,GUJARAT,PIN-370001
WEST	GUJARAT	RAJKOT	OFFICE NO. 308, 3RD FLOOR, TWIN STAR, SOUTH BLOCK,150 FEET RING ROAD, NANA MAVA CHOWK, NEAR SILVER HEIGHTS,,RAJKOT,GUJARAT,PIN-360005
WEST	GUJARAT	SURAT	OFFICE NO. 306, 3RD FLOOR, VASHUPUJYA RIO EMPIRE, OPP. PAL ADAJAN,,SURAT,GUJARAT,PIN-394510
WEST	GUJARAT	VADODARA	UNIT NO. 201/B, 2ND FLOOR, NEPTUNE PRIME, NEXT TO ABS TOWER, OLD PADRA ROAD,,VADODARA,GUJARAT,PIN-390020
WEST	MAHARASHTRA	AURANGABAD	1ST FLOOR, EAST SIDE OF H.S. KANDI CENTER,(CTS NO: 1300D & 1300I), JALNA ROAD,,AURANGABAD,MAHARASHTRA,PIN-431001
WEST	MAHARASHTRA	MUMBAI-NAHUR	UNIT NO. 63, 6TH FLOOR, DER DEUTSCHE PARKZ, NEAR NAHUR RAILWAY STATION, BHANDUP,,MUMBAI,MAHARASHTRA,PIN-400078
WEST	MAHARASHTRA	MUMBAI-GHATKOPAR	KHODAL CHAMBERS, 2ND FLOOR, UNIT 203 & 204 R B MEHTA MARGNR. DHANJI DEVSHI MUNICIPAL SCHOOL, GHATKOPAR (E),MUMBAI,MAHARASHTRA,PIN-400077
WEST	MAHARASHTRA	MUMBAI-MALAD	OFFICE NO. 301, 3RD FLOOR, KALPATARU PLAZA,CHINCHOLI BUNDER ROAD, NADIAWALA COLONY 2, MALAD (WEST),,,MUMBAI,MAHARASHTRA,PIN-400064
WEST	MAHARASHTRA	MUMBAI-EQUINOX-(HO)	UNIT NO. 1B & 2B, 2ND FLOOR, EQUINOX BUSINESS PARK, TOWER 3, LBS MARG,KURLA (WEST),,,MUMBAI,MAHARASHTRA,PIN-400070
WEST	MAHARASHTRA	NAGPUR	2ND FLOOR, AMBAR, 22/B, TILAK NAGAR NAWAB AREA,HOUSE NO 736,,NAGPUR,MAHARASHTRA,PIN-440010
WEST	MAHARASHTRA	NASHIK	4TH FLOOR, AVDHOT ADHAAR, GANGAPUR ROAD, OLD GANGAPUR NAKA,NASIK,MAHARASHTRA,PIN-422005
WEST	MAHARASHTRA	PUNE	5TH FLOOR, BUILDING AMAR AVINASH CORPORATE CITY, BUND GARDEN ROAD, ABOVE HSBC BANK,,PUNE,MAHARASHTRA,PIN-411001
WEST	MAHARASHTRA	MUMBAI-PANVEL	MUNOTH EMPRESS, 3RD FLR, OFFICE NO: 312, FINAL PLOT NO.189,NEAR ABEDKAR STATUE, OPP PANVEL BUS STAND,RAIGAD,MAHARASHTRA,PIN-410206
WEST	MAHARASHTRA	SOLAPUR	2ND FLOOR, "JAGJIVAN DAS COMPLEX", 940/1A NORTH SADAR BAZAR,SOLAPUR,MAHARASHTRA,PIN-413003
WEST	MAHARASHTRA	MUMBAI-THANE	UNIT 207, 2ND FLOOR, SAI PLAZA COMMERCIAL CO-OP SOCIETY, OPP. CINE WONDER MALL,,THANE,MAHARASHTRA,PIN-400607
WEST	MAHARASHTRA	MUMBAI-VASHI	3RD FLOOR, APEEJAY EXPRESS, PLOT NO. 87,SECTOR 17, VASHI, NAVI MUMBAI,THANE,MAHARASHTRA,PIN-400703
WEST	MAHARASHTRA	MUMBAI-KALYAN	UNIT NO. 310, 3RD FLOOR, TULSI PARK, BEHIND WAYLE NAGAR BUS STOPNEAR BANK OF MAHARASHTRA, KHADAKPADA BRANCH,THANE,MAHARASHTRA,PIN-421301
WEST	MAHARASHTRA	MUMBAI-MIRA ROAD	6TH FLOOR, UNIT NO-604, SAI ARPAN, B-11,SAI COMPLEX, P G VORA ROAD, OPP: SHANTI VIHAR, MIRA ROAD EAST,THANE,MAHARASHTRA,PIN-401107
WEST	GUJARAT	AHMEDABAD	OFFICE NO. 202, 2ND FLOOR, AURUM AVENUE, MITHAKHALI SIX ROAD, NAVARANGPURA,AHMEDABAD,GUJARAT,PIN-380006



ANNEXURE III

Policy Period: 23.07.2022 to 22.07.2023

Policy Number : 130132228120000074		Start Date	End Date
		23-Jul-22	22-Jul-23
Status		No.	Amount (₹)
Incurred	CL Paid with settlement Letter	6	445,263
	CL Paid - Payment Details Awaited From SAP	0	0
	CL Approved	0	0
	CL Queried	0	0
	CL WIP	1	365,541
	AL Approved	0	0
	AL Queried	0	0
	AL WIP	0	0
	Open Intimations	0	0
	Sub Total	7	810,804
Closed/Rejected	CL Rejected	0	0
	CL Closed	0	0
	AL Closed	0	0
	AL Rejected	0	0
	Intimation Closed	0	0
	Sub Total	0	0
Grand total		7	810,804

Policy Period: 23.07.2023 to 22.07.2024

Policy No	H1256366
Name of the Client	NATIONAL PENSION SYSTEM TRUST
Name of the TPA	ITG
ITGI Branch Code	GHI
ITGI Share (in case of Coinsurance)	
Period of Insurance - From	7/23/2023
To	7/22/2024
Statement As on	28-May-25



Description	No	Amount	Projected
Paid	4	399036	220,679
Outstanding	0	0	0
Claims Closed /Rejected	1	142773	
Total Liability	4	399,036	220,679
TPA Fee	0.00%	0	0
Incurred Claims	5	399,036	220,679
Earned Premium		2,505,797	1,354,986
Incurred Claims Ratio		15.9%	16.3%
Average Claim Amount		99,759	

Policy Period: 23.07.2024 to 22.07.2025

Family Health Plan Insurance TPA Limited FHPL-MI-FT-01					
Corporate Name:		National Pension System NPS Trust : 98			
Policy No :		P0025200002/6115/100098			
Policy Plan Period		23 Jul 2024 to 22 Jul 2025			
Claim Analysis Report As on		30-May-25			
CLAIM STATUS WISE ANALYSIS					
Status	Number	Amount	Number %	Amount %	ACS
REPORTED	6	561,657			93610
SETTLED	4	462,661	66.7 %	88.2 %	115665
OUTSTANDING	0	0	0.0 %	0.0 %	0
Under Process	0	0	0.0 %	0.0 %	0
Document Pending from Member	0	0	0.0 %	0.0 %	0
Document Pending from Hospital	0	0	0.0 %	0.0 %	0
For Verification	0	0	0.0 %	0.0 %	0
Refer to Insurer	0	0	0.0 %	0.0 %	0
For Payment	0	0	0.0 %	0.0 %	0
For Settlement	0	0	0.0 %	0.0 %	0
Open Preauths	0	0	0.0 %	0.0 %	0
REJECTED & CLOSED	2	61,810	33.3 %	11.8 %	30905



ANNEXURE IV

S. No.	Policy Period	Initial Premium Quoted/Paid (In ₹)
1	2022-23	14,40,780
2	2023-24	17,11,000
3	2024-2025	13,68,800



ANNEXURE V

Family Health Plan Insurance TPA Limited FHPL-MI-FT-01					
Corporate Name:		National Pension System NPS Trust : 98			
Policy No :		P0025200002/6115/100098			
Policy Plan Period		23 Jul 2024 to 22 Jul 2025			
Claim Analysis Report As on		30-May-25			
CLAIM STATUS WISE ANALYSIS					
Status	Number	Amount	Number %	Amount %	ACS
REPORTED	6	561,657			93610
SETTLED	4	462,661	66.7 %	88.2 %	115665
OUTSTANDING	0	0	0.0 %	0.0 %	0
Under Process	0	0	0.0 %	0.0 %	0
Document Pending from Member	0	0	0.0 %	0.0 %	0
Document Pending from Hospital	0	0	0.0 %	0.0 %	0
For Verification	0	0	0.0 %	0.0 %	0
Refer to Insurer	0	0	0.0 %	0.0 %	0
For Payment	0	0	0.0 %	0.0 %	0
For Settlement	0	0	0.0 %	0.0 %	0
Open Preauths	0	0	0.0 %	0.0 %	0
REJECTED & CLOSED	2	61,810	33.3 %	11.8 %	30905



ANNEXURE VI

FORMAT FOR SUBMITTING BID BY THE INSURANCE COMPANIES

A. BASIC DETAILS

S. No.	Particulars	Details
1.	Name of the Insurance Company	
2.	Complete details of the Office	
	a) Address	
	b) Telephone No.	
	c) Email ID	
	d) IRDAI Registration No.	
	e) PAN No.	
	f) GSTIN	
3.	Name & Designation of the Office Head (with contact details)	
4.	Complete Details of Third Party Administrators (TPAs). If more than one TPA is available, all TPAs to be indicated	

B. FINANCIAL BID

The premium quotation for sum insured of **₹ 7,20,00,000/- (Seven Crore Twenty Lakh Rupees only)** for 91 members as per list given as **Annexure I** of tender document is submitted as under:

S. No.	Particulars	Amount (in Rs.)
1.	Basic Premium	
2.	Taxes @ %	
3.	Total	

C. DECLARATION

- I/We have carefully read and understood all the terms and conditions of the tender document and hereby accept the same.
- The information furnished above is true and authentic to the best of knowledge and belief.

Date:
Place:

Authorized Signatory

Name:

Designation:

बिड दस्तावेज़ / Bid Document

बिड विवरण/Bid Details	
बिड बंद होने की तारीख/समय /Bid End Date/Time	07-07-2025 17:00:00
बिड खुलने की तारीख/समय /Bid Opening Date/Time	07-07-2025 17:30:00
बिड पेशकश वैधता (बंद होने की तारीख से)/Bid Offer Validity (From End Date)	30 (Days)
मंत्रालय/राज्य का नाम/Ministry/State Name	Ministry Of Finance
विभाग का नाम/Department Name	Department Of Financial Services
संगठन का नाम/Organisation Name	N/a
कार्यालय का नाम/Office Name	Delhi
वस्तु श्रेणी /Item Category	Group Mediclaim Insurance Service - Permanent Employees; As per the terms outlined in RFP Document, Hospitalization for accident & emergency Treatments, OPD, Domiciliary treatment, Maternity, All pre-existing illness; Yes
अनुबंध अवधि /Contract Period	1 Year(s) 1 Day(s)
वर्षों के अनुभव एवं टर्नओवर से एमएसई को छूट प्राप्त है / MSE Exemption for Years Of Experience and Turnover	Yes Complete
स्टार्टअप के लिए अनुभव के वर्षों और टर्नओवर से छूट प्रदान की गई है / Startup Exemption for Years Of Experience and Turnover	Yes Complete
विक्रेता से मांगे गए दस्तावेज़/Document required from seller	Additional Doc 1 (Requested in ATC) *In case any bidder is seeking exemption from Experience / Turnover Criteria, the supporting documents to prove his eligibility for exemption must be uploaded for evaluation by the buyer
क्या आप निविदाकारों द्वारा अपलोड किए गए दस्तावेजों को निविदा में भाग लेने वाले सभी निविदाकारों को दिखाना चाहते हैं? संदर्भ मेनू है/Do you want to show documents uploaded by bidders to all bidders participated in bid?	No
बिड से रिवर्स नीलामी सक्रिय किया/Bid to RA enabled	No
बिड का प्रकार/Type of Bid	Single Packet Bid
तकनीकी मूल्यांकन के दौरान तकनीकी स्पष्टीकरण हेतु अनुमत समय /Time allowed for Technical Clarifications during technical evaluation	2 Days

बिड विवरण/Bid Details	
मूल्यांकन पद्धति/Evaluation Method	Total value wise evaluation
मूल्य दर्शाने वाला वित्तीय दस्तावेज ब्रेकअप आवश्यक है / Financial Document Indicating Price Breakup Required	Yes
मध्यस्थता खंड/Arbitration Clause	No
सुलह खंड/Mediation Clause	No

ईएमडी विवरण/EMD Detail

आवश्यकता/Required	No
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ईपीबीजी विवरण /ePBG Detail

आवश्यकता/Required	No
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विभाजन/Splitting

बोली विभाजन लागू नहीं किया गया/ Bid splitting not applied.

एमआईआई अनुपालन/MII Compliance

एमआईआई अनुपालन/MII Compliance	Yes
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एमएसई खरीद वरीयता/MSE Purchase Preference

एमएसई खरीद वरीयता/MSE Purchase Preference	Yes
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1. If the bidder is a Micro or Small Enterprise as per latest orders issued by Ministry of MSME, the bidder shall be exempted from the eligibility criteria of "Experience Criteria" as defined above subject to meeting of quality and technical specifications. The bidder seeking exemption from Experience Criteria, shall upload the supporting documents to prove his eligibility for exemption.
2. If the bidder is a Micro or Small Enterprise (MSE) as per latest orders issued by Ministry of MSME, the bidder shall be exempted from the eligibility criteria of "Bidder Turnover" as defined above subject to meeting of quality and technical specifications. If the bidder itself is MSE OEM of the offered products, it would be exempted from the "OEM Average Turnover" criteria also subject to meeting of quality and technical specifications. The bidder seeking exemption from Turnover, shall upload the supporting documents to prove his eligibility for exemption.
3. If the bidder is a DPIIT registered Startup, the bidder shall be exempted from the the eligibility criteria of "Experience Criteria" as defined above subject to their meeting of quality and technical specifications. The bidder seeking exemption from Experience Criteria, shall upload the supporting documents to prove his eligibility for exemption.
4. If the bidder is a DPIIT registered Startup, the bidder shall be exempted from the the eligibility criteria of "Bidder Turnover" as defined above subject to their meeting of quality and technical specifications. If the bidder is DPIIT Registered OEM of the offered products, it would be exempted from the "OEM Average Turnover" criteria also subject to meeting of quality and technical specifications. The bidder seeking exemption from Turnover shall

upload the supporting documents to prove his eligibility for exemption.

5. Purchase preference to Micro and Small Enterprises (MSEs): Purchase preference will be given to MSEs as defined in Public Procurement Policy for Micro and Small Enterprises (MSEs) Order, 2012 dated 23.03.2012 issued by Ministry of Micro, Small and Medium Enterprises and its subsequent Orders/Notifications issued by concerned Ministry. If the bidder wants to avail the Purchase preference for services, the bidder must be the Service provider of the offered Service. Relevant documentary evidence in this regard shall be uploaded along with the bid in respect of the offered service. If L-1 is not an MSE and MSE Service Provider (s) has/have quoted price within L-1+ 15% of margin of purchase preference /price band as defined in the relevant policy, then 100% order quantity will be awarded to such MSE bidder subject to acceptance of L1 bid price. The buyers are advised to refer to the [OM No.1 4 2021 PPD dated 18.05.2023](#) for compliance of Concurrent application of Public Procurement Policy for Micro and Small Enterprises Order, 2012 and Public Procurement (Preference to Make in India) Order, 2017. Benefits of MSE will be allowed only if the credentials of the service provider are validated on-line in GeM profile as well as validated and approved by the Buyer after evaluation of submitted documents.

6. If L-1 is not an MSE and MSE Service Provider (s) has/have quoted price within L-1+ 15% of margin of purchase preference /price band as defined in the relevant policy, then 100% order quantity will be awarded to such MSE bidder subject to acceptance of L1 bid price.

7. Estimated Bid Value indicated above is being declared solely for the purpose of guidance on EMD amount and for determining the Eligibility Criteria related to Turn Over, Past Performance and Project / Past Experience etc. This has no relevance or bearing on the price to be quoted by the bidders and is also not going to have any impact on bid participation. Also this is not going to be used as a criteria in determining reasonableness of quoted prices which would be determined by the buyer based on its own assessment of reasonableness and based on competitive prices received in Bid / RA process.

अतिरिक्त योग्यता /आवश्यक डेटा/Additional Qualification/Data Required

Details of Buyer (Insured):[1750669568.pdf](#)

Scope of Work (inclusion/Exclusions) Advisory- With reference to Order F.No. 14017/64/2020-Ins. II issued by the Department of Financial Services under Ministry of Finance, it is advised not to include Net-Worth as a criterion for Public Sector General Insurance Companies in General Insurance tenders.:[1750669594.pdf](#)

Pre Bid Detail(s)

मूल्य भिन्नता खंड दस्तावेज़/Pre-Bid Date and Time	प्री-बिड स्थान/Pre-Bid Venue
30-06-2025 15:00:00	Virtual link provided in RFP document

Group Mediclaim Insurance Service - Permanent Employees; As Per The Terms Outlined In RFP Document, Hospitalization For Accident & Emergency Treatments, OPD, Domiciliary Treatment, Maternity, All Pre-existing Illness; Yes (1)

तकनीकी विशिष्टियाँ /Technical Specifications

विवरण / Spec ificat ion	मूल्य/ Values
कोर / Core	
Type of People being Insured	Permanent Employees

विवरण / Spec ificat ion	मूल्य/ Values
Cover age	As per the terms outlined in RFP Document , Hospitalization for accident & emergency Treatments , OPD , Domiciliary treatment , Maternity , All pre-existing illness
Famil y Mem bers (depe ndant s) to be Cover ed	Yes
Depe ndent mem ber(s) to be cover ed	Spouse , Children , Parents / Parents-In-Law
Co- Paym ent Perce ntage	NA
Top- Up Cover to be Provi ded	Yes
Buffer Sum Insur ed for Grou p Medic laim to be used at the discre tion of the Buyer	Yes

विवरण / Spec ificat ion	मूल्य/ Values
Amt of Buffer Sum Insur ed to be provis ioned at the organ izatio n level (in INR)	as per RFP Document
Premi um Paym ent Optio ns	Single Premium
List of Insur er from wher e insur ance to be taken (can indica te multi ple servic e provi ders)	Acko General Insurance Ltd. , Aditya Birla Health Insurance Co. Ltd. , Agriculture Insurance Company of India Ltd. , Bajaj Allianz General Insurance Co. Ltd , Bharti AXA General Insurance Co. Ltd. , Cholamandalam MS General Insurance Co. Ltd. , Manipal Cigna Health Insurance Company Limited , Edelweiss General Insurance Co. Ltd. , ECGC Ltd. , Future Generali India Insurance Co. Ltd. , Go Digit General Insurance Ltd. , HDFC ERGO General Insurance Co.Ltd. , ICICI LOMBARD General Insurance Co. Ltd. , IFFCO TOKIO General Insurance Co. Ltd. , Kotak Mahindra General Insurance Co. Ltd. , Liberty General Insurance Ltd. , Magma HDI General Insurance Co. Ltd. , Niva Bupa Health Insurance Co Ltd. , National Insurance Co. Ltd. , Raheja QBE General Insurance Co. Ltd. , Reliance General Insurance Co. Ltd. , Reliance Health Insurance Ltd. , Care Health Insurance Ltd , Royal Sundaram General Insurance Co. Ltd. , SBI General Insurance Co. Ltd. , Shriram General Insurance Co. Ltd. , Star Health & Allied Insurance Co. Ltd. , Tata AIG General Insurance Co. Ltd. , The New India Assurance Co. Ltd. , The Oriental Insurance Co. Ltd. , United India Insurance Co. Ltd. , Universal Sompo General Insurance Co. Ltd.
एडऑन /Addon(s)	
अतिरिक्त विवरण /Additional Details	
Insur ance Start Date	23-07-2025
Insur ance End Date	22-07-2026

विवरण / Spec ificat ion	मूल्य/ Values
Age Grou p of Insur ee	0-100

अतिरिक्त विशिष्टि दस्तावेज़ /Additional Specification Documents

परेषिती/रिपोर्टिंग अधिकारी /Consignees/Reporting Officer and Quantity

क्र.सं./S.N o.	परेषिती/रिपोर्टिंग अधिकारी /Consignee Reporting/Officer	पता/Address	संसाधनों की मात्रा / Lumpsum/Pr oject based Service	अतिरिक्त आवश्यकता /Additional Requirement
1	Vaibhav Jain	110029,NATIONAL PENSION SYSTEM TRUST, B-302, 3RD FLOOR, WTC BUILDING, NAUROJI NAGAR , NEW DELHI- 110029	1	<ul style="list-style-type: none"> Total Sum Insured : 72000000 Total number of people to be Insured : 91

क्रेता द्वारा जोड़ी गई बिड की विशेष शर्तें/Buyer Added Bid Specific Terms and Conditions

1. Generic

OPTION CLAUSE: The buyer can increase or decrease the contract quantity or contract duration up to 25 percent at the time of issue of the contract. However, once the contract is issued, contract quantity or contract duration can only be increased up to 25 percent. Bidders are bound to accept the revised quantity or duration

2. Buyer Added Bid Specific ATC

Buyer uploaded ATC document [Click here to view the file.](#)

अस्वीकरण/Disclaimer

The additional terms and conditions have been incorporated by the Buyer after approval of the Competent Authority in Buyer Organization, whereby Buyer organization is solely responsible for the impact of these clauses on the bidding process, its outcome, and consequences thereof including any eccentricity / restriction arising in the bidding process due to these ATCs and due to modification of technical specifications and / or terms and conditions governing the bid. If any clause(s) is / are incorporated by the Buyer regarding following, the bid and resultant contracts shall be treated as null and void and such bids may be cancelled by GeM at any stage of

bidding process without any notice:-

1. Definition of Class I and Class II suppliers in the bid not in line with the extant Order / Office Memorandum issued by DPIIT in this regard.
2. Seeking EMD submission from bidder(s), including via Additional Terms & Conditions, in contravention to exemption provided to such sellers under GeM GTC.
3. Publishing Custom / BOQ bids for items for which regular GeM categories are available without any Category item bunched with it.
4. Creating BoQ bid for single item.
5. Mentioning specific Brand or Make or Model or Manufacturer or Dealer name.
6. Mandating submission of documents in physical form as a pre-requisite to qualify bidders.
7. Floating / creation of work contracts as Custom Bids in Services.
8. Seeking sample with bid or approval of samples during bid evaluation process. (However, in bids for [attached categories](#), trials are allowed as per approved procurement policy of the buyer nodal Ministries)
9. Mandating foreign / international certifications even in case of existence of Indian Standards without specifying equivalent Indian Certification / standards.
10. Seeking experience from specific organization / department / institute only or from foreign / export experience.
11. Creating bid for items from irrelevant categories.
12. Incorporating any clause against the MSME policy and Preference to Make in India Policy.
13. Reference of conditions published on any external site or reference to external documents/clauses.
14. Asking for any Tender fee / Bid Participation fee / Auction fee in case of Bids / Forward Auction, as the case may be.
15. Any ATC clause in contravention with GeM GTC Clause 4 (xiii)(h) will be invalid. In case of multiple L1 bidders against a service bid, the buyer shall place the Contract by selection of a bidder amongst the L-1 bidders through a Random Algorithm executed by GeM system.
16. Buyer added ATC Clauses which are in contravention of clauses defined by buyer in system generated bid template as indicated above in the Bid Details section, EMD Detail, ePBG Detail and MII and MSE Purchase Preference sections of the bid, unless otherwise allowed by GeM GTC.
17. In a category based bid, adding additional items, through buyer added additional scope of work/ additional terms and conditions/or any other document. If buyer needs more items along with the main item, the same must be added through bunching category based items or by bunching custom catalogs or bunching a BoQ with the main category based item, the same must not be done through ATC or Scope of Work.

Further, if any seller has any objection/grievance against these additional clauses or otherwise on any aspect of this bid, they can raise their representation against the same by using the Representation window provided in the bid details field in Seller dashboard after logging in as a seller within 4 days of bid publication on GeM. Buyer is duty bound to reply to all such representations and would not be allowed to open bids if he fails to reply to such representations.

All GeM Sellers / Service Providers are mandated to ensure compliance with all the applicable laws / acts / rules including but not limited to all Labour Laws such as The Minimum Wages Act, 1948, The Payment of Wages Act, 1936, The Payment of Bonus Act, 1965, The Equal Remuneration Act, 1976, The Payment of Gratuity Act, 1972 etc. Any non-compliance will be treated as breach of contract and Buyer may take suitable actions as per GeM Contract.

This Bid is governed by the [सामान्य नियम और शर्तें/General Terms and Conditions](#), conditions stipulated in Bid and [Service Level Agreement](#) specific to this Service as provided in the Marketplace. However in case if any condition specified in सामान्य नियम और शर्तें/General Terms and Conditions is contradicted by the conditions stipulated in Service Level Agreement, then it will over ride the conditions in the General Terms and Conditions.

जेम की सामान्य शर्तों के खंड 26 के संदर्भ में भारत के साथ भूमि सीमा साझा करने वाले देश के बिडर से खरीद पर प्रतिबंध के संबंध में भारत के साथ भूमि सीमा साझा करने वाले देश का कोई भी बिडर इस निविदा में बिड देने के लिए तभी पात्र होगा जब वह बिड देने वाला सक्षम प्राधिकारी के पास पंजीकृत हो। बिड में भाग लेते समय बिडर को इसका अनुपालन करना होगा और कोई भी गलत घोषणा किए जाने व इसका अनुपालन न करने पर अनुबंध को तत्काल समाप्त करने और कानून के अनुसार आगे की कानूनी कार्यवाई का आधार होगा।/In terms

of GeM GTC clause 26 regarding Restrictions on procurement from a bidder of a country which shares a land border with India, any bidder from a country which shares a land border with India will be eligible to bid in this tender only if the bidder is registered with the Competent Authority. While participating in bid, Bidder has to undertake compliance of this and any false declaration and non-compliance of this would be a ground for immediate termination of the contract and further legal action in accordance with the laws.

---धन्यवाद/Thank You---