Request for Proposal (RFP)

INVITING BIDS FROM IRDAI REGISTERED INSURANCE COMPANIES FOR PROVIDING GROUP MEDICLAIM (FAMILY FLOATER) POLICY FOR OFFICERS/STAFF MEMBERS AND THEIR DEPENDANTS OF THE NATIONAL PENSION SYSTEM TRUST

> NATIONAL PENSION SYSTEM TRUST 14[™] FLOOR, IFCI TOWER, 61, NEHRU PLACE, NEW DELHI 110019

> > NPST/15/15/7/2021-HRD/2

23.06.2023

National Pension System Trust (NPS Trust) is established by Pension Fund Regulatory and Development Authority (PFRDA) as per the provisions of the Indian Trusts Act of 1882 for taking care of the assets and funds under the National Pension System (NPS) and other schemes as authorized by PFRDA in the best interest of the subscribers.

NPS Trust proposes to purchase a Group Mediclaim (Family Floater) policy for its officers/staff and their dependent family members tor a period of one year, i.e. 23.07.2023 to 22.07.2024

Important Dates:

Policy Period :	23.07.2023 to 22.07.2024		
RFP number / reference	NPST/15/15/7/2021-HRD/2		
Date of issue of the RFP	23.06.2023 Time : 4:30 PM		
Primary point of contact	Name: Sh. Anand Mishra Designation: Assistant Manager E-mail: am3-npst@npstrust.org.in Ph. No: 011 4720 7733		
Last date for submission of queries	30.06.2023		
Pre-bid meeting	03.07.2023 at 3:30 PM Place : National Pension System Trust, 14th Floor, IFCI Tower, 61, Nehru Place, New Delhi 110019		
Date of query clarification (if any)/ Publication of corrigendum(if any)	04.07.2023		
Last date of submission of bids (Bids to be submitted in sealed envelopes to NPS Trust office)	13.07.2023 4.30 PM		
Opening of bid	13.07.2023 4.40 PM		
Announcement of results	14.07.2023		
Place of submission and opening of Bid	National Pension System Trust, 14th Floor, IFCI Tower, 61, Nehru Place, New Delhi 110019		
Address for Communication	National Pension System Trust, 14th Floor, IFCI Tower, 61, Nehru Place, New Delhi 110019		

2. At present, the coverage under the GMC (family floater) policy is to be provided for existing 25 officers/ staff members and their dependents for a total sum insured of Rs. - 62,250,000 (Six crore twenty two lakhs fifty thousand only). The list of the officials/staff and their dependents along with the respective sum insured, date of birth, etc. is enclosed as Annexure - I.

The policy should provide comprehensive medical insurance coverage including maternity benefits, etc. on the similar terms and conditions as per the earlier Group Mediclaim policy of NPS Trust. The copy of the earlier GMC policy is enclosed herewith for reference as Annexure II. Further, the details of the amount claimed by NPST for the policy period 23.07.2022 – 22.07.2023 with Claim Dump for the said period is given at Annexure - III. The details of premium during the last two years is given at Annexure - IV.

The Bid should comply with the following terms and conditions:

- 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 the employee and are wholly dependent on the employee, provided their parents are either not alive or are themselves wholly dependent on the employee. The entire sum insured for the family should be available as floater.
- b) Maternity Benefit Cover Rs.1,00,000/-for Normal and for Rs. 1,50,000/- Caesarean delivery, without any waiting period for all existing and new employees or his spouse.
- c) Day one cover for New Born baby covered within Family Floater sum insured.
- d) Mid-term inclusion of spouse on account of marriage during the course of policy.
- e) Coverage for New joinees and their dependents from the date of joining.
- f) Pre-existing diseases to be covered
- g) 30 days and first year exclusions to be waived off (including for new joinees 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.
- I) 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 charge as per the actuals.
- o) 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 celling of Rs. 1,00,000/- Per person.
- p) Corporate buffer equal to sum insured may be limited to Rs. 35,00,000/-
- q) Premium coverage based on Mumbai Zone.
- r) Ayurvedic treatment from government hospital/institute recognized by the government as accredited by the quality council of India or NABH.

You are requested to submit the bids considering the existing group size, sum insured and the terms and conditions (as per previous policy enclosed herewith) for premium payable by NPST on annual basis for the Group Mediclaim policy (Annexure VI). The bids in a sealed cover super scribed "Quotation for Group Mediclaim Policy" should reach at the following address by 13.07.2023 4.30 PM: -

The General Manager National Pension System Trust 14th Floor, IFCI Tower 61, Nehru Place New Delhi- 110019

Other Terms & Conditions

- a. Identity Cards to all the officials/staff and their dependents to be provided within one month of the start of the insurance cover.
- b. 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.
- c. 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.
- d. The response time by the TPA at the time of admission should be maximum six hours.
- e. The Claim Statement is to be furnished by the Insurance Company to NPST on quarterly basis.
- f. All matters pertaining to this shall be subject to the jurisdiction of the courts in New Delhi only.
- g. The Bid is to be submitted for the basic sum insured of Rs. 62,250,000/- (Six crore twenty two lakhs fifty thousand only) as per format given in annexure VI.
- h. The bidder will be selected based on the lowest quote (L1) offered in the financial bid. The bid submitted by the bidder should be complete in all respect and conform to the conditions specified in this RFP. The bidder must not quote any alternative proposals or plan designs and must quote only the desired coverages as per this RFP. Any deviation from the said coverages will make the bidder liable to be disqualified.
- i. The tenure of policy will be for one year from the date of issuance i.e. the date on which the cover starts. Bid submitted for a lesser tenure or shorter period shall be rejected as non-responsive.
- j. The bid submitted should be unconditional without containing any provision relating to "Premium/Claims Review/Waiting Period" or any other conditions at any time prior or during the tenure of policy.
- k. The bidder will have to extend the Group Mediclaim (Family Floater) Policy cover without any medical examination/medical test of the employees of NPS Trust and their dependents at any time prior or during the tenure of policy.
- I. NPS Trust reserves the right to modify whole or in part or to terminate this RFP or reject any or all bids at any stage without assigning any reason.
- n. The Bids once submitted cannot be modified or withdrawn.
- m. The decision taken by NPS Trust for all matters concerning this RFP will be final and binding in all regards.
- o. The total price quoted should be inclusive of applicable duties, levies and charges, GST etc. All costs should be given in Figures and Words. No cost escalation will be permitted other than on account of levy of statutory taxes, if any. Any upward revision in applicable taxes will be borne by NPS Trust and benefit of downward revision of taxes shall be passed by the bidder.

Annexure I: List of Officers and Dependent

S No.	Name of the Employee	Employee No-	Date of Joining	Designation	Relation with the employee	Date of Birth (MM/DD/YYYY)	Age as on 01-06- 2023	Proposed Sum Assured for the new policy
1	Employee 1	004	28-Jan-21	Chief Executive Officer	Self	27-Mar-1961	62	3,750,000
2	Dependent 1				Son	17-Jul-1998	24	
3	Dependent 2				Mother	5-Aug-1936	86	
4	Dependent 3				Spouse	23-Jan-1966	57	
5	Employee 2	006	03-May-21	General Manager	Self	14-Jan-1977	46	3,000,000
6	Dependent 4				Daughter	15-Sep-2006	16	
7	Dependent 5				Daughter	21-Jul-2008	14	
8	Dependent 6				Spouse	10-Jul-1980	42	3,000,000
9	Employee 3	005	27-Apr-21	General Manager	Self	17-Oct-1975	47	
10	Employee 4	008	07-May-21	Deputy General Manager	Self	19-Mar-1985	38	3,000,000
11	Dependent 7				Mother	28-Apr-1958	65	
12	Dependent 8				Father	10-Jun-1952	71	
13	Dependent 9				Daughter	1-Nov-2015	7	
14	Dependent 10				Spouse	29-Oct-1988	34	
15	Dependent 11				Daughter	7-May-2020	3	
16	Employee 5	007	07-May-21	Deputy General Manager	Self	07-Mar-1981	42	3,000,000
17	Dependent 12				Spouse	25-Jul-1981	41	
18	Dependent 13				Daughter	7-Mar-2012	11	
19	Dependent 14				Son	27-Nov-2009	13	
20	Employee 6	010	09-Jul-21	Deputy General Manager	Self	10-Jul-1975	47	3,000,000
21	Dependent 15				Spouse	26-Jun-1974	48	
22	Dependent 16				Daughter	15-Sep-2004	18	
23	Dependent 17				Son	1-Feb-2006	17	
24	Employee 7	009	07-May-21	Deputy General Manager	Self	13-Dec-1985	37	3,000,000

25	Dependent 18				Spouse	4-May-1984	39	
26	Dependent 19				Son	15-Jun-2019	4	
27	Employee 8	024	30-Mar-22	Manager	Self	06-Dec-1990	32	2,250,000
28	Employee 9	020	21-Dec-21	Manager	Self	18-Sep-1993	29	2,250,000
29	Dependent 20				Spouse	17-Feb-1992	31	
30	Dependent 21				Son	25-Mar-2023	0.2	
31	Employee 10	022	23-Dec-21	Manager	Self	24-Apr-1995	28	2,250,000
32	Dependent 22				Spouse	23-Aug-1989	33	
33	Employee 11	023	20-Jan-22	Manager	Self	07-Jul-1995	27	2,250,000
34	Dependent 23				Father	1-Jul-1961	61	
35	Dependent 24				Brother	20-Sep-2009	13	
36	Dependent 25				Sister	10-Dec-1992	30	
37	Dependent 26				Mother	01-Jul-1962	60	
38	Employee 12	029	13-Feb-23	Manager	Self	10-Sep-1992	30	2,250,000
39	Dependent 27				Spouse	06-Oct-1995	27	
40	Employee 13	031	23-Feb-23	Manager	Self	25-May-1994	29	2,250,000
41	Dependent 28				Father	29-Feb-1968	55	
42	Dependent 29				Mother	07-Jul-1971	51	
43	Employee 14	011	16-Jul-21	Assistant Manager	Self	06-Jul-1997	25	2,250,000
44	Employee 15	012	16-Jul-21	Assistant Manager	Self	10-Oct-1993	29	2,250,000
45	Dependent 30				Spouse	11-Sep-1994	28	
46	Employee 16	016	16-Jul-21	Assistant Manager	Self	22-Apr-1991	32	2,250,000
47	Dependent 31				Spouse	30-Jun-1990	32	
48	Employee 17	015	16-Jul-21	Assistant Manager	Self	07-Dec-1992	30	2,250,000
49	Dependent 32				Spouse	21-Dec-93	29	
50	Employee 18	013	16-Jul-21	Assistant Manager	Self	27-Sep-1995	27	2,250,000
51	Employee 19	025	07-Jul-22	Assistant Manager	Self	03-Sep-1994	28	2,250,000
52	Dependent 33				Wife	12-Sep-1996	26	
53	Employee 20	018	20-Jul-21	Assistant Manager	Self	09-Feb-1996	27	2,250,000
54	Employee 21	026	02-Feb-23	Assistant Manager	Self	22-Sep-1994	28	2,250,000

55	Employee 22	027	03-Feb-23	Assistant Manager	Self	28-Feb-1993	30	2,250,000
56	Employee 23	028	13-Feb-23	Assistant Manager	Self	04-Mar-1996	27	2,250,000
57	Dependent 34				Father	11-Dec-1964	58	
58	Dependent 35				Mother	22-Jun-1972	50	
59	Dependent 36				Brother	11-Feb-1999	24	
60	Dependent 37				Sister	24-Oct-2004	18	
61	Dependent 38				Husband	05-Aug-1995	27	
62	Employee 24	030	21-Feb-23	Assistant Manager	Self	01-Jan-1996	27	2,250,000
63	Dependent 39				Mother	01-Jan-1958	65	
64	Dependent 40				Wife	17-Jun-1994	29	
65	Employee 25	032	06-Mar-23	Assistant Manager	Self	18-Feb-1993	30	2,250,000
66	Dependent 41				Spouse	05-Aug-1990	32	
		_	_				Total	62250000

Annexure II: Previous Policy



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74004 22200 (WhotsApp) (S)

GROUP MEDICLAIM SCHEDULE

Policy Issuing Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off	Flat No-10-15 14th Floor, Vijaya Building, 17, Barakhamba Road,DELHI
Western Express Highway, Goregaon (East), Mumbai - 400 063. Issuing Branch Code: 9201	

Policyholder Details				
Policy Number: 130132228120000074	Proposal No: P072622100633			
Name: M/S NATIONAL PENSION SYSTEM TRUST	Policy Issue Date: 27/07/2022			
Correspondence Address & Place of Supply: 4TH FLOOR,IFCI TOWER,61,NEHRU PLACE DELHI NEW DELHI 110019	Email ld: am3-npst@npstrust.org.in			
Period of Insurance: From 23/07/2022 to mid night on 22/07/2023	Contact No: 9004887225			
Tax Invoice No. & Date: P072622100633 & 27/07/2022	Date of proposal: 27/07/2022			
GSTIN/UIN of Policyholder:	Policy Branch Office Code: 1301			

Details of previous policy (in case of renewal)	
Previous policy No: H0729273	Date of expiry: 22/07/2022

Co-Insurance Details			
Co-Insurance Company	Company Status	Company Branch and Branch Code	Company Share (%)
RELIANCE GENERAL INSURANCE CO LTD.	Own	Corporate Group - Delhi, 1301	100.00

Risk details				
Total No of Employees Covered	19			
Total No of Lives Covered	44			
Basis of Sum Insured	Family Floater			
Family Covered	As Per Annexure			
Total Sum Insured (Rs)	32500000.00			
Pauarana Dataile and Liet of mambare coursed se par Scharbula attached				

Premium Details	Amount (Rs)
Premium (Rs)	1221000.00
CGST (@9.00%)	109890.00
SGST (@9.00 %)	109890.00
Total Premium (Rs)	1440780.00

Branch GSTIN:07AABCR6747B1ZI;HSN Code:997133;Description Of Services:Accident and Health Insurance Service;
Consolidated Stamp duty Paid vide Letter of Authorisation No "LOA NO.CSD/411/2022/(Validity Period from Dt. 21/07/2022 to Dt. 15/07/2023)/3178
DT.21 JUL 2022" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.

Coverage Details

Reliance General Insurance Company Limited. IRDAI Registration No. 103

An ISO 9001:2015 Certified Company
Registered Office & Corporate Office/Policy Issuing Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi
Garden City, Off Western Express Highway, Goregaon (East), Mumbai -400 063.

Corporate Identity No: U66603MH2000PLC128300. MEDICLAIM GROUP INSURANCE - EMPLOYEE EMPLOYEE GROUP. UIN: RELHLGP21523V022021

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Cover Name	Sum insured	Co-pay	Special Conditions
Hospitalization			Covered. Minimum 24 hours hospitalization
Pre Hospitalization			30 days prior from date of admission to hospital.
Post Hospitalization			60 days from date of discharge from hospital
Maternity Cover			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.
Waiver of Maternity waiting period			9 months waiting period waived off
Corporate buffer			"For Corporate buffer, please incorporate the condition mentioned below. 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. j. Corporate Buffer is not applicable to Maternity."
Ambulance charges			Ambulance charge as per the actuals.
Baby cover from Day1			Day one baby cover within family floater SI (enrolment up to 30 days from date of birth)
Pre-existing illness cover			Pre-existing diseases to be covered
Cover for first year excluded diseases			First year excluded diseases covered
Cover for first 30 days Exclusion			30 days waiting period waived off
Family Definition			"It is agreed that only the following members & Relationships are covered under the policy.Self+ Spouse + Dependent Children + 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."
Member Addition and Deletion Process			Addition-deletion will be done on pro-rata premium basis for employees along with dependants once in a month only, subject to all relevant details being forwarded to insurer before 7th day of succeeding month.
Room Rent			At actual for normal & ICU.

Reliance General Insurance Company Limited. IRDAI Registration No. 103

An ISO 9001:2015 Certified Company
Registered Office & Corporate Office/Policy Issuing Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi
Garden City, Off Western Express Highway, Goregaon (East), Mumbai -400 063.

Corporate Identity No: U56603MH2000PLC128300. MEDICAIM GROUP INSURANCE - EMPLOYEE EMPLOYEE GROUP. UIN: RELHLGP21523V022021

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General Conditions: 1.Psychiatric treatment subject to hospitalisation.

- 2.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 celling of Rs. 1,00,000/- Per person.
- Ayurvedic treatment from government hospital/institute recognized by the government as accredited by the quality council of India or NABH.

 4.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 specificly mentioned in terms & conditions 5.Mid-term increase in sum insured is not permitted
- 6 Addition of existing employees will not be allowed after policy inception.
 7.It shall be a condition precedent to the Companys liability under this policy that all supporting documents relating to the claim must be submitted to the TPA within thirty (00) days from the date of discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the TPA within seven (7) days after completion of such treatment.
- 8.It is hereby agreed between the Proposer and the Company that any addition / deletion to the list of insured members shall be communicated to the Insurer in writing within a reasonable time but not later than 30 days from the date of the employee joining or being relieved from the organization. 9."Claim intimation:
- a.Planned Hospitalization, the policyholder/Insured person with intimate such admission at least 48 hr prior to the planned date of admission b.Emergency hospitalization, the policy holder / insured person will intimate such admission within 24 hrs of such admission. Claim submission:

It shall be a condition precedent to the Companys liability under this policy that all supporting documents relating to the claim must be submitted to the TPA within thirty (00) days from the date of discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the TPA within seven (7) days after completion of such treatment. Violation of above clause (claim Intimation & claim

Submission), will liable of 10% co-payment on all admissible claim amounts."

10.Surcharges, service charges, miscellaneous charges and other non treatment related expenses are not payable.

Rest all other terms & conditions strictly as per Reliance's Group mediclaim policy attached with this Policy schedule &/or with the Policy wording along with terms and condition, Endorsement, and Annexure. If you (Policyholder) have not received any of these, please E-mail/write to the company at rgicl.services@relianceada.com or contact us on 1800 3009 (foll free) within 15 days of receipt of this policy. This policy Schedule in original must be surrender to the company. In case of cancellation of the policy. In the event of any incorrect representation, the liability shall be upon the policy holder.

Warranted that the exclusions mentioned below stand deleted:

Maternity
Maternity waiting period
Pre- existing illness
First Year exclusion
30 day Exclusion

Direct	Direct	
Intermediary Code	Intermediary Name	Intermediary Contact No.

Annexure III: Claim Dump

NATIONAL PENSION SYSTEM TRUST			
Policy Number : 130132228120000074		Start Date	End Date
		23-Jul-22	22-Jul-23
Status		No.	Amount(Rs.)
	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
Incurred	CL WIP	1	365,541
incurred	AL Approved	0	0
	AL Queried	0	0
	AL WIP	0	0
	Open Intimations	0	0
	Sub Total	7	810,804
	CL Rejected	0	0
	CL Closed	0	0
Classed/Parkerd	AL Closed	0	0
Closed/Rejected	AL Rejected	0	0
	Intimation Closed	0	0
	Sub Total	0	0
Grand total		7	810,804

Annexure IV: The details of premium during the last two years

Policy period	Premium Paid
2021-22	1,298,000
2022-23	14,40,780

Annexure V: Pre-Bid Query Format

S.No	Page No #	Point / Section #	Query

Annexure VI - Format for submitting bid by the bidder

A. Basic Details:

S.No.	Particulars	Details
1.	Name of the bidder (Insurance Company)	
2.	Complete details of the Office	
	a) Address	
	b) Telephone No.	
	c) Email ID	
	d) IRDAI Registration / License No.	
	e) PAN No.	
	f) GSTIN	
3	Name, Designation of the office head (with contact details)	
4	Name and 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 a capital sum insured of Rs. Rs. 62,250,000/- (Six crore twenty two lakhs fifty thousand only) for employees of NPS Trust and their dependents as per list given as Annexure I of the RFP document is submitted as under;

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

C. Declaration

a. I/we have carefully read and understood all the terms and conditions of the RFP document and hereby accept the same.

b. The information furnished above is true and authentic to the best of knowledge and belief.

Authorized :	Signatory
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Designation:		
Name:		
Date:		
Place:		