



Reference No. EOI/GMP-Staff/2022-23/01 dated 23.09.2022

**Inviting Expression of Interest (EOI)**

& RFQ from Insurance Companies for Group Mediclaim Policy for Staff & Family members

(Excluding parents) at BIT MESRA, Ranchi for the Policy Period: 26<sup>th</sup> October 2022 – 25<sup>th</sup> October 2023

**Start Date of Expression of Interest (EOI): 23<sup>rd</sup> September 2022**

**Pre-bid Meeting: 28<sup>th</sup> September 2022 (2.30 PM)**

**Last Date & Time of submission of Expression of Interest (EOI): 11<sup>th</sup> October 2022 (03.00 PM)**

**Opening of the Technical Bid (tentative): 12<sup>th</sup> October 2022 (10.30 AM)**

**Opening of the financial bids of the successful / Qualified bidders in technical bids(tentative): 13<sup>th</sup> October 2022 (10.30 AM)**

BIRLA INSTITUTE OF TECHNOLOGY

Mesra, Ranchi 835215

RFQ Notice for Medclaim Policy

Request for Proposal – Group Medclaim Insurance Policy for Staff & Family.

Background: -

**We have taken Group Medi-claim Insurance Policy (tailor made with floater) for the benefit of our students and staff members for last several years.**

The period of existing policy is from 26-10-2021 to 25-10- 2022 and we would like to continue the said policy without break for a further period from 26-10-2022 to 25-10- 2023.

The details of the proposed group Medi-claim policy are given below: -

1. Insured: - Birla Institute of Technology, Mesra, Ranchi

2. Address: - Post: - Mesra, Ranchi – PIN- 835215

3. Nature of Business: - Education & Research

4. Type of Policy: - Floater Group Medi-claim for Staff members and their family consisting of Self, Spouse and up-to two Dependent Children upto the age of 23 years (**Dependent Parents are not covered in this policy**) whereas Family definition states Self, Spouse & only 2 dependent children

5. Insurable Interest: - Staff & Dependents (Except Parents)

6. Sum Insured: - (a.) For Staff Rs.3.00 lac per employee's family (Floater type – i.e. maximum risk cover per family is Rs.3.00 lac individually as well as jointly amongst all family members).

Total No of Employees to be covered 1325 & their 3185 Dependent family members.

*Note: - The numbers indicated are provisional and may vary. Arrangement for periodical inclusion and exclusion of insured persons during the policy period will be required to be done for which proportionate premium will be paid / refunded. The insurance company needs to clarify the risk cover date and the procedure to be adopted to cover new*

*employees and their family members and the procedure /arrangement to be made for payment of the premium of such new employees. (If needed the provisional premium as an advance may be deposited by the institute with the insurance company so that the periodical inclusion of new employees / beneficiaries may be done promptly.) / from the date of intimation to the insurance company.*

7. Additional Premium will be paid / refunded on account of changes in actual number of staff /students/dependent family members arising due to joining of new employees and leaving the employment due to their resignation etc as per list to be submitted by the institute from time to time on pro-rata basis. The manner of premium calculation for new employees or their additional family members along with applicable rate chart is to be clearly mentioned in the quotation / offer document itself. The Insurance Company will be required to cover Employees periodically as and when intimated by the institute.

**Other Terms & Conditions:**

1. The Insurance Companies need to confirm in writing acceptance of all the All the Terms & Conditions laid in this document. The policy will be effective in continuation of our existing Medi-claim policy which expires on the midnight of 25/10/2022.

2. All diseases including Pre-existing Diseases will be covered from day one without any exclusion. 30 days/9 months/1<sup>st</sup> year/ 2<sup>nd</sup> year / 3<sup>rd</sup> year/ 4<sup>th</sup> year etc waiting period should be waived off. No Waiting period for any disease. Day 1 coverage for additions as follows: Newly Married Spouse from the Date of Marriage, New Born Baby from Date of Birth, New Employee from date of joining and existing employee from the date of exit from ESI or any other scheme. (The effective date of risk cover can be acceptable from the date of Intimation; however, in the case of New Born Child, the cover will be along with the mother till 90 days in the Mother's Id). Reimbursement of Ambulance charges at INR 2000 / per hospitalization each side.

3. Pre-hospitalisation Expenses for 30 days and Post Hospitalisation Expenses for 60 days will be covered.

4. Capping on few procedures only as mentioned in the below annexure and NO Capping on any other diseases/procedures or Surgeries.

Refer the body of EOI – Special Instructions on Capping as under

| Ailment wise capping        | Capping |
|-----------------------------|---------|
| Cataract                    | 40000   |
| Appendicitis                | 45000   |
| Cholecystectomy - Lap chole | 60000   |
| Hernia                      | 45000   |
| Fistula & Piles             | 45000   |

|              |       |
|--------------|-------|
| Hydrocele    | 20000 |
| Hysterectomy | 60000 |

5. Floater Sum Insured- floating over all the four family members without sub sect limit like room rent, consultation charges, nursing care charges etc. **However, Limit of room rent @1.5% of sum insured** should be considered, but for ICU/ICCU there should be no limit. However, there will not be any Proportionate Deduction nor any Co Payment will be made by the insured beneficiary.

**6. Maternity Benefit subject to a maximum of Rs. 60,000/-. Pre & Post Natal Expenses not applicable. Maternity case less than 24 hours of hospitalisation shall also be payable.**

7. New Born child to be covered from day one automatically under the family sum insured. Intimation to add new born baby in the policy should be allowed until 90 days. Till that time the baby's claim shall be booked under Mother's ID for both cashless & reimbursement claims. The midterm inclusion of names of family members due to changes in the composition of the family (due to marriage, birth of the child etc.) will be done and the insurance company shall be liable to extend medical cover to such new members.

8. Claim Settlement Procedure: - No Deductible or Co Payment under the policy. The insurance company shall be liable to settle the claim within 15 days after submission of documents and in case of delay the reasons must be informed to the institute. If reasons are not found justified, then the Insurance company shall be liable to pay interest as per the latest IRDA notification / guidelines.

9. Claims submission: Claim Intimation Clause waived Off. Claim Documents to be submitted within 75 days from the date of discharge. Delayed submission of claims should be condoned based on the valid reason of late submission given by the claimant.

The delay in submission of claim should not be the reason for repudiation of claim. Hospitalization recommended by Registered Medical Practitioner is to be treated as final and should not be disputed and claim must be paid accordingly.

10. The Institute reserves its right to decide the TPA on its own discretion.

11. The draft policy document specifically confirming all the above-mentioned terms and conditions should be provided along with the bid. If any of the terms and conditions mentioned in this document are not acceptable to the insurance company the same must be highlighted in the bid document itself prominently

(bold and underlined). Otherwise it will be assumed that all the terms & conditions mentioned in this document are acceptable to the bidder insurance company.

12. Please mention the list of documents that will be required to be furnished to settle the Mediclaim bill apart from the Discharge summary and original payment receipts / cash memos & bills for medical expenses.
13. Guidelines issued by IRDA from time to time about Insurer's responsibility and liability towards insured, shall be automatically applicable to the insurance Company without any additional premium during the validity of the insurance policy.
14. During the validity of the policy, no revision of premium shall be considered by BIT Mesra based on actual claim ratio or enhancement in the premium, or changes in the tax rate like GST etc by the statutory or other authority.
15. Waiver of 24 hrs hospitalization requirement for any surgeries or any procedure or treatment hereafter referred as Day Care which requires less than 24 hrs of hospitalization due to advanced medical technology, the Insurance Company has to declare list of all such Day Care treatments for which the insured shall get benefits equivalent to Hospitalization benefits as per the above conditions mentioned in this document. For



any Day Care Treatment as declared by the Insurer & IRDA; the Insured shall be entitled to all the terms & conditions of this document.

#### 16. Medici claim Insurance Policy Cards:

Medici claim Insurance policy cards for availing cashless facility by all insured members to be provided within 30 days from the date of issue of the policy.

#### 17. AMENDMENT OF BID DOCUMENT

At any time prior to the deadline for submission of proposals, the institutions reserve the right to add/modify/delete any portion of this document by the issuance of a Corrigendum, which would be published on the website of the Institute and will also be made available to the all the Bidder who has been issued the tender document. The Corrigendum shall be binding on all bidders and will form part of the bid documents.

#### 18. Action against the Insurer

Furnishing incorrect information in the offer, failure to act according to tender condition, non-fulfilment of any or whole of the contract may entail blacklisting of Insurer in addition to taking other appropriate action against the Insurer.

#### 19. Pre-Bid Meeting

Pre-Bid meeting will be scheduled where necessary. Date and time of Pre-Bid Meeting will be intimated by the Institute through its website notification / tender section.

20. Escalation Matrix For Service, Support and Grievance Redressal:

Bidder must provide 3 Level Escalation Matrix of Telephone Numbers, Mobile Nos, Official Email Ids for Service, Support and Grievance Redressal.

21. The successful bidder shall at its own cost comply with the provision of orders and notifications issued by IRDA and Government from time to time.

22. Notwithstanding anything stated above, the Institute reserves the right to assess the insurer's capacity and capability to perform the Mediclaim insurance business, should the circumstances warrant such an assessment in the overall interest of Institute.

23. The Institute reserves the right to cancel or restructure the requirements. The Institute reserves the right to accept or reject any offer, or part thereof at its sole discretion, without assigning any reason thereof and /Or to negotiate with tenderer(s) in the manner it considers suitable. The Institute reserves the right to award and distribute the insurance business to one or more insurers.

24. The Institute takes no responsibility for delays, loss or non-receipt of the offers sent by the insurers.

25. The submission of offer shall have no cause of action or claim against the Institute for rejection of offer.

26. The insurer whose offer is not accepted shall not be entitled to claim any costs, charges, and expenses incidental to or incurred by them in connection with the submission of their offer.

## 27. Top Up:

Some of the employees would like to opt “Top up” policy over and above the basic sum insured provided by the Institute for additional coverage. It may be noted that the selection of bidder (in both the technical bids and financial bids) will be done by BIT and the decision of BIT in this regard will be final and binding. No representation/appeal will be entertained in this regard. The “Top UP” coverage will be mutually discussed and settled upon by BIT and the Successful Bidder, if needed. Top up policy may also be triggered for the amount deducted towards ailment capping defined in the base policy irrespective of balance sum insured in the base policy.

It may be noted that the decision for selecting the insurance company will be on the basis of premium quoted for the base policy of Rs. 3 Lakhs. The insurance company cannot refuse acceptance of the base policy even if top up policy is not awarded. The duration of the existing Top up policy is from 18.11.2022 to 17.11.2023. The Top up policy shall be taken in continuation of this policy.

No ailment wise capping shall be applicable in the “Top Up Plan”. The Institute reserves the right whether to opt or not to opt the “Top Up Plan” and this shall have no impact on the base policy.

## 28 . Disputes

In respect of all bid conditions, and / or any matter connected therewith the decision of BIT Mesra shall be final and binding. In the event of any dispute arising out of the bid, such dispute would be subject to the jurisdiction of the Ranchi Courts only. In case of dispute of any claim, a committee consisting of the representative of the insurance company and BIT Mesra will be set-up to resolve the dispute. However, this arrangement does not preclude the members to approach the regulatory authorities.

## 29. Jurisdiction

All disputes shall be subject to jurisdiction of Ranchi Courts only.

Please note that the insurance company getting Medclaim insurance business from BIT, Mesra, in respect of staff will be preferred for other general insurance policies (including Students Medclaim Policy, General Insurance policy for Building, Money Insurance, vehicles, and other assets) of the institute at the lowest quoted premium rates of the other insurance companies, even if the rates quoted by the selected insurance company is higher.

The Quotation for Medclaim as per details given below, should be submitted by email with password protected Technical, Financial/ Price Bid Sheet or in Hard Copy & should be couriered to the Registrar, Birla Institute of Technology, Mesra, Ranchi – 835215 (Jharkhand) superscribing “Quotation for Medclaim” /emailed to [registrar@bitmesra.ac.in](mailto:registrar@bitmesra.ac.in). *The institute accepts bids through E- Mail also, provided the Technical, Price Bid is submitted by a Password Protected file on or before the due date and time of submission of bids specified in this document.*

Only Successful bidder must submit Annexure 5 to 8, after intimation of final selection and before payment premium.

**Minimum Eligibility Criteria: -**

1. Bidders must be approved for Medical Insurance business from Insurance Regulatory and Development Authority (IRDA) and its registration should be valid for the insurance period.
2. The bidders must have at least three years of experience in Health Insurance business with annual turnover in terms of Premium earned of Rs. Fifty Crores or more in each of the past three financial years (viz. 2019-20, 2020-21 and 2021-22) in Health Insurance sector only.
3. Bidders must have at least three years' experience in catering to Health Insurance of 500 or more insured families under one group Health Scheme in each of the last three financial years (viz. 2019-20, 2020-21 and 2021-22) for reputed organizations.
4. Quotes have to be submitted directly by only those Insurance Companies having Office (Regional/Division/Branch/Zonal) at Ranchi (Jharkhand, India).
5. Adequate experience in providing Group Health Insurance during past 10 years

(On office letter head)

**Annexure-1**

**DETAILS OF TENDERER**

Name of the tenderer/agency:

Business Address for Communication:

Phone No :

Email id :

Name of the Authorized Person on behalf of the company to deal related tender matter:

Mobile No. of the Authorized Person on behalf of the company to deal related tender matter:

Email id of the of the Authorized Person on behalf of the company to deal related tender matter:

**Seal of the Bidder's Firm**

(Certified by the Authoriser)

Name of the Authoriser:

Designation of the Authoriser:

Mobile No:

Official Email id:

Business Address:

(On office letter head)

**Annexure-2**

Date: .....

To

**The Registrar,**

Birla Institute of Technology, Mesra

Ranchi – 835215 (Jharkhand)

Sub: Notice Inviting Tender for Group Mediclaim Policy for BIT Employees and their dependents with Declaration

Ref: Tender No .....dated .....

Dear Sir,

With reference to the above, I am/ We are enclosing Notice Inviting Tender for Group Mediclaim Policy for BIT.

I/ We hereby reconfirm and declare that I/ We have carefully read and understood the above referred Tender document including instructions, terms & conditions and all the contents stated therein, and all subsequent corrigendum published on Institute website of BIT Mesra.

I/we have not tampered/modified the tender forms in any manner. In case, if the same is found to be tampered/modified, I /we understand that my/our tender will be summarily rejected, and I /we are liable to be banned from doing business with BIT Mesra and/or prosecuted.

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

I/we, further certify that my company meets all the conditions of qualification criteria laid down to take part in the bid.

I/we also declare that any Government body or any private Company / Agency has not declared us ineligible or blacklisted us on charges of engaging in corrupt, fraudulent, collusive, or coercive practices or any other failure/lapses of serious nature. If this declaration is found to be incorrect, then without prejudice to any other action that may be taken.

I/we undertake, to enter into agreement as per the terms and conditions of the bidding document and bear all expenses including charges for stamps etc and agreement will be binding on us. I/we also accept all the terms and conditions of this bidding document and undertake to abide by them, including the condition that you are not bound to accept the lowest bid or any other bid that you may receive.

I/we certify that, our this bid against tender notification no. \_\_\_\_\_, dated \_\_\_\_\_ does not amount to any breach of IRDA guidelines. I/we further confirm that in the event of disclosure at a later stage that the same are not in line with IRDA Guidelines and BIT Mesra is put to any disadvantage or face cancellation of the Policy or any claim becomes substandard/untenable, the whole liabilities arising out of this shall lie squarely on us.

Thanking you  
Yours faithfully,

(Signature of the Authorized Person)

Date:

**Seal of the Bidder's Firm**

**Name** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

*(On office letter head)*

**Annexure 3**

**Format for Technical Bid**

[ To be used by the bidder for submission of the bid]

| <b>SL. No.</b> | <b>Particulars</b>   | <b>Complied (Yes /No)</b> | <b>Supporting Documents Enclosed (Yes /No)</b> |
|----------------|--|---------------------------|--|
| 01             | Name of the Insurance company  |                           |  |
| 02             | Registration details<br>( attach self attested copies of certificates/<br>Registrations/License etc. mandatorily)  |                           |  |
|                | a) IRDA Reg. No.   |                           |  |
|                | b) PAN No.   |                           |  |
|                | c) GST Reg. No.  |                           |  |
| 03             | Audited annual turnover of past three financial years. (viz., 2019-20, 2020-21 and 2021-22)  |                           |  |
| 04             | Empanelled Multispeciality Hospitals in Ranchi, Patna, Deoghar, Kolkata, Jaipur, Delhi/Noida, Allahabad & other cities. All transactions with these hospitals should be totally cashless |                           |  |
| 05             | Adequate experience in providing Group Health Insurance during past 10 years   |                           |  |
| 06             | Tenders document duly signed and stamped on each page  |                           |  |

**DECLARATION**

I/ We have carefully read and understood all the terms and conditions of the tender and here by accept the same. The information/document furnished along with the above application is true and authentic to the best of my / our knowledge and belief.

(Signature of the Authorized Person)

Date:

**Seal of the Bidder's Firm**

**Name** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_



**Documents to be attached with the Technical Bid: -**

- Pan Card and GST certificate of the Organisation
- Proof of IRDA approval /registration and office at Ranchi.
- Audited annual turnover of past three financial years. (viz., 2019-20, 2020-21 and 2021-22)
- A copy of this tender document must be attached with the technical bid confirming that all the contents, terms & conditions of this tender document are acceptable to the bidder. In the absence of duly signed copy of this tender document with the technical bid, the bid will be treated as non-responsive and hence liable for rejection.
- A dummy copy of Group Health Insurance policy with detailed terms and conditions

***(On office letter head)***

**Annexure 4**

**Format for Financial Bid (Sum Assured)**

[ To be used by the bidder for submission of the bid]

Providing Group Mediciam Policy for the period 26/10/2022 to 25/10/2023 as per the details of Insurance Scheme for Sum insured per family Rs.3,00,000/-:

| (a)     | (b)  | (C)                    | (d)                                   | (e)                  | (f)                 |
|---------|--|------------------------|---------------------------------------|----------------------|---------------------|
| Sr. No. | Particulars                                | Tentative No. of Lives | Average Premium amount per Live (Rs.) | Total premium Amount | In Words and Figure |
| 01      | Premium for Employees and their Dependents |                        |                                       |                      | Rupees _____        |
| 02      | GST as applicable, is extra                |                        |                                       |                      | Rupees _____        |
|         | Total                                      |                        |                                       |                      |                     |

**DECLARATION**

I/ We have carefully read and understood all the terms and conditions of the tender and here by accept the same. The information/document furnished along with the above application is true and authentic to the best of my / our knowledge and belief.

(Signature of the Authorized Person)

Date:

**Seal of the Bidder's Firm**

**Name** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

**Note:**

Policy will be acquired for actual number of employees and their dependents after award of the contract. The number shown in the table below are tentative.

**UNDERTAKING**  
**(Notarized Affidavit to be executed on non-judicial stamp paper of Rs. 100/-)**

1. I/we, the undersigned certify that I have gone through all the terms and conditions mentioned in the bid document No. .... dated ..... and undertake to comply with them unconditionally.
2. That the rates quoted by me are valid and binding upon me for the entire period of contract and it is certified that the rates quoted are the lowest rates as quoted in any other Institution in India.
3. That I/We give the rights to the Competent authority of the Birla Institute of Technology to take action and for blacklisting my/ our agency
  - a. in case of breach of conditions of Contract and for blacklisting my/ our agency.
  - b. in case our agency fails to accept the work order and / or execute the contract agreement, or in cases of negligence in executing the contract, or in case of breach of contract.
4. That I / We also declare that any Government body or any private Company / Agency has not declared us ineligible or blacklisted or debarred us on charges of engaging in corrupt, fraudulent, collusive or coercive practices or any failure / lapses of any nature.
5. That I / We hereby undertake to provide the service as per the direction given in the bid documents / contract agreement.

Place:

(Signature of the Authorized Person)

Date:

**Seal of the Bidder's Firm**

**Name** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

## UNDERTAKING

Annexure-6

(Notarized Affidavit to be executed on non-judicial stamp paper of Rs. 100/-)

1. That I/We, the undersigned undertake that I have fully adhered to minimum eligibility criteria as per the requirements of the bid documents No. .... dated .....
2. That my / our agency M/s ..... has at-least three years' experience for providing of the similar services / products as stated in the Bid Documents in Government / Semi Government / PSU / Central Universities / Autonomous / Deemed to be University / Reputed Private Organisations .The details of work experience and work completion certificates have been enclosed, with signature and seal of the competent authority of my agency.
3. That my agency also has carried out at-least one similar work of providing services / product the costing Rs. .... for entire one in the last three years in Government / Semi Government / PSU / Central Universities / Autonomous / Deemed to be University / Reputed Private Organisations
4. That I, the undersigned undertake that this bid against tender notification no. \_\_\_\_\_, dated \_\_\_\_\_ does not amount to any breach of IRDA guidelines. I/we further confirm that in the event of disclosure at a later stage that the same are not in line with IRDA Guidelines and BIT Mesra is put to any disadvantage or face cancellation of the Policy or any claim becomes substandard/untenable, the whole liabilities arising out of this shall lie squarely on my agency. \_\_\_\_\_.

Place:

(Signature of the Authorized Person)

Date:

**Seal of the Bidder's Firm**

Name \_\_\_\_\_

Mobile No. \_\_\_\_\_

**UNDERTAKING**  
**(Notarized Affidavit to be executed on non-judicial stamp paper of Rs. 100/-)**

Annexure-7

1. That I, the undersigned that my firm/ agency has not been convicted of an offence under the Prevention of Corruption Act. 1988.
2. That my firm has not been convicted under the Indian penal Code or any other law for the time being in force, for causing any loss of life or property or causing a threat to public health as part of execution of a public procurement contract / any procurement contract.
3. The I hereby certify that none of my relative(s) is / are employed in Birla Institute of Technology, Mesra and it's Off-Campuses.

Place:

(Signature of the Authorized Person)

Date:

**Seal of the Bidder's Firm**

**Name** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

(On office letter head)

Annexure 8

**Format for Financial Bid for (Top up/Additional Insurance over and above of a base coverage of 3 Lakhs)**

[ To be used by the bidder for submission of the bid]

Top up/Additional Insurance Offer for \_\_\_\_\_ no of employees (to be submitted along with the financial bid)

| Age Band (if applicable) of Employees / Primary Insured | Number of Lives | PREMIUM PER PERSON FOR TOP UP ABOVE BASE INSURANCE OF RS. 3 LAKHS IN STEPS OF Rs. 3 LAKH (Inclusive of GST) |            |            |
|---|-----------------|---|------------|------------|
|   |                 | Rs. 3 LAKH  | Rs. 6 LAKH | Rs. 9 LAKH |
| 18-30   |                 |   |            |            |
| 31-35   |                 |   |            |            |
| 36-40   |                 |   |            |            |
| 41-45   |                 |   |            |            |
| 46-50   |                 |   |            |            |
| 51-55   |                 |   |            |            |
| 56-60   |                 |   |            |            |
| 61-65   |                 |   |            |            |
| 65-70   |                 |   |            |            |
| <b>Grand Total</b>                                      |                 |   |            |            |

**DECLARATION**

I/ We have carefully read and understood all the terms and conditions of the tender and here by accept the same. The information/document furnished along with the above application is true and authentic to the best of my / our knowledge and belief.

Place: (Signature of the Authorized Person)

Date:

**Seal of the Bidder's Firm**

**Name** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

Note: Policy will be acquired for actual number of employees and their dependents after award of the contract. The number shown in the table below are tentative.

The window period for submission of application from the members covered in base policy to opt Top up policy shall be opened for another 30 days from the date of inception of the policy.

|  |                          | <b><u>Tentative Total No. of Lives (Base Policy)</u></b> |               |                           |             |
|--|--------------------------|--|---------------|---------------------------|-------------|
| <b>No. of Employees</b>                |                          | <b>1141 M</b>  | <b>184 F</b>  | <b>Total Employees</b>    | <b>1325</b> |
| <b>No. of Dependents</b>               |                          | <b>1240 M</b>  | <b>1945 F</b> | <b>Total Dependents</b>   | <b>3185</b> |
| <b>No. of Lives</b>                    |                          | <b>2381M</b>   | <b>2129 F</b> | <b>Total No. of Lives</b> | <b>4510</b> |
| <b>Primary Member (Self +Age Band)</b> | <b>No. of Employees</b>  | <b>Male</b>  | <b>Female</b> |                           |             |
| 18-30                                  | 4                        | 3  | 1             |                           |             |
| 31-35                                  | 78                       | 57   | 21            |                           |             |
| 36-40                                  | 226                      | 196  | 30            |                           |             |
| 41-45                                  | 288                      | 243  | 45            |                           |             |
| 46-50                                  | 311                      | 272  | 39            |                           |             |
| 51-55                                  | 224                      | 203  | 21            |                           |             |
| 56-60                                  | 162                      | 141  | 21            |                           |             |
| 61-65                                  | 32                       | 26   | 6             |                           |             |
| <b>Grand Total</b>                     | <b>1325</b>              | <b>1141</b>  | <b>184</b>    |                           |             |
| <b>Dependents Age Band</b>             | <b>No. of Dependents</b> | <b>Male</b>  | <b>Female</b> |                           |             |
| 0-5                                    | 163                      | 88   | 75            |                           |             |
| 6-10                                   | 344                      | 181  | 163           |                           |             |
| 11-15                                  | 462                      | 248  | 214           |                           |             |
| 16-20                                  | 449                      | 261  | 188           |                           |             |
| 21-25                                  | 350                      | 197  | 153           |                           |             |
| 26-30                                  | 243                      | 121  | 122           |                           |             |
| 31-35                                  | 183                      | 5  | 178           |                           |             |
| 36-40                                  | 276                      | 20   | 256           |                           |             |
| 41-45                                  | 292                      | 36   | 256           |                           |             |
| 46-50                                  | 197                      | 28   | 169           |                           |             |
| 51-55                                  | 136                      | 22   | 114           |                           |             |
| 56-60                                  | 61                       | 13   | 48            |                           |             |
| 61-65                                  | 23                       | 14   | 9             |                           |             |
| Above 65                               | 6                        | 6  |               |                           |             |
| <b>Grand Total</b>                     | <b>3185</b>              | <b>1240</b>  | <b>1945</b>   |                           |             |

Policy will be acquired for actual number of employees and their dependents after award of the contract. The number shown in the table are tentative.

**Tentative Total No. of Employees / Lives (Top Up Policy)**

**Tentative No. of Employees - 545**

|  | <b>TOP UP ABOVE BASE INSURANCE OF RS. 3 LAKHS IN STEPS OF RS. 3 LAKH</b> (The list of employees currently covered) |                   |                   |                             |
|--|--|-------------------|-------------------|-----------------------------|
| <b>Primary Member (Self +Age Band)</b> | <b>Rs. 3 Lakh</b>  | <b>Rs. 6 Lakh</b> | <b>Rs. 9 Lakh</b> | <b>NUMBERS OF EMPLOYEES</b> |
| 18-30                                  |  |                   |                   |                             |
| 31-35                                  | 14   |                   | 5                 | 19                          |
| 36-40                                  | 67   | 2                 | 14                | 83                          |
| 41-45                                  | 78   | 2                 | 31                | 111                         |
| 46-50                                  | 102  | 10                | 48                | 160                         |
| 51-55                                  | 60   | 4                 | 32                | 96                          |
| 56-60                                  | 32   | 3                 | 21                | 56                          |
| 61-65                                  | 6  | 3                 | 11                | 20                          |
| <b>Grand Total</b>                     | <b>359</b>   | <b>24</b>         | <b>162</b>        | <b>545</b>                  |

Policy will be acquired for actual number of employees and their dependents after award of the contract. The number shown in the table are tentative.