GOVERNMENT OF ASSAM
অসম ৰাজ্যিক গ্ৰামীণ জীৱিকা অভিযান
ASSAM STATE RURAL LIVELIHOODS MISSION
NABAJYOTI NAGAR, SIVA NATH GOGOI PATH, GUWAHATI, ASSAM -781037

No : ASRLMS/MI/5186/2023-24/09 **Dated:- 02.08.2023**

INVITATION FOR PROPOSAL

Subject: Insurance Policy for ASRLMS Staff Group Mediclaim Policy and Personal Accident Insurance Policy.

1. Assam State Rural Livelihoods Mission Society (ASRLMS) invites Proposal from Insurance Companies for providing Insurance coverage(Group Mediclaim and Personal Accidental death benefit) to staff of ASRLMS working in State, District and Block Units.

2. The Assam SRLM is supported by the *Government of India* (hereinafter called "Borrower") who has received "Grant in Aid' toward the cost of the National Rural Livelihoods Mission (NRLM). The Assam State Rural Livelihoods Mission Society intends to apply a portion of the proceeds of this *Grant in Aid* to eligible payments under the contract for which this Request for Proposals is issued. The Client intends to apply the funds to eligible payments under the contract for which this Request for Proposals is issued.

3. The following documents are enclosed to enable you to submit your proposal:

a) Terms of reference (TOR) (Annexure A);
b) A Sample Form of Contract for Insurance Agency under which the services will be performed (Annexure C).

4. Eligibility Criteria in Technical Part:-

a) The Insurance Company should be registered with IRDAI. (Self-attested photocopy of registration certificate should be attached)
b) The Insurance Company should submit Certificate of Incorporation for operation of Business in India. (Self attested photocopy of registration certificate should be attached)
c) The Insurance Company should submit copy of GST and Pan Card. (Self attested photocopy of registration should be attached)
d) The Insurance Company should submit minimum Three (3) Order/Contract Agreement in providing Group Medi Claim facilities and Accidental Death Benefit Insurance to minimum 300 employees (Per Order/Contract Agreement) in Central/State Govt/PSUs/Public Companies during last 5 years in support of their experience. (Self attested photocopy of Order/Contract Agreement should be attached)
e) The Insurance Company should have hospital coverage for Mediclaim in atleast 30 hospitals across the state of Assam. Insurance Company must have network of hospitals atleast in 90% of the districts of Assam under the TPA for smooth treatment of ASRLMS employees. (Self attested photocopy of List of Hospitals including district-wise locations should be attached)

f) The Insurance Company must provide details of Supplementary Information as mentioned below:-

(i) Technical Approach/methodology proposed for carrying out the required work.

(ii) Prescribed time for grant of cashless facility by TPA– 2 Hours, for reimbursement claim 10 days on completion of documentation by the client.

(iii) Name and Designation of person who would be responsible for the service. (At least two).

5. <u>The Submission of Proposals</u>: The proposals shall be submitted in separate sealed envelope mentioning Technical Part-A and Financial Part-B. The Financial Proposal should include the Price Schedule in **Part B**.

6. The "**Technical**" and "**Financial**" proposals must be submitted online in separate mentioning Technical Part-A and Financial Part-B. The "**Technical proposal**" should furnish details of Eligibility Criteria, quality of the policy and benefit proposed under Insurance Policy, the description of the firm/organization, firm's general experience, the proposed work plan methodology and approach in response to suggested terms of reference. **The "Financial proposal"** should contain the detailed premium price offer for each employee with all taxes, if any.

7. Online submission of proposals (Technical & Financial)
The Interested Bidder must submit the EOI Proposal online in the e-Procurement Portal www.assamtenders.gov.in on or before **2:00 PM** of **16th August 2023.**

8. <u>Opening of Technical proposal</u>
The proposals will be opened online in e-procurement portal www.assamtenders.gov.in at **3.00 PM** on **16th August 2023.**

9. <u>Evaluation</u>
Technical and Financial evaluation will be done simultaneously. The technical proposals will be evaluated using the following criteria:

a) agency fulfilling the eligibility criteria;
b) agency's relevant experience for the assignment ;
c) the quality of the policy and benefit proposed ; and
d) best proposal quoting the lowest total unit rate.
e) Financial proposal will be evaluated after the Technical proposal.

10. <u>Deciding Award of Contract</u>
Quality of the policy and benefit proposal shall be considered as the paramount requirement. The decision of the award of the contract would be as under:

a) The evaluation committee will determine whether the Proposals are complete. The Client will select the most beneficial among the bidders and will invite them for negotiations.

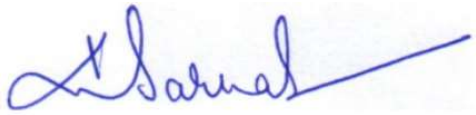
b) During negotiations with the selected Insurance Company, the Insurance Company must be prepared to furnish the detailed cost break-up and other clarifications to the proposals submitted by them, as may be required to adjudge the reasonableness of the price proposals. If the negotiation with this Company is successful, the award will be made and notified.

If negotiation fails with the selected Insurance Agency and if it is concluded that a contract with reasonable terms cannot be concluded with the Insurance Company, next Insurance Company will be invited for negotiations. This process will be repeated till an agreed contract is concluded.

11. **Bid Validity:-** The Bid Validity will be for period of 90 days from the date of submission without any change for your proposed price. The Assam State Rural Livelihoods Mission will make its best efforts to select insurance agency within this period.

12. The Joint venture/Consortium between the Firms **"shall not"** be allowed.

We look forward to receiving your Proposal and thank you for your interest in this project.



State Mission Director, ASRLMS.
Sivanath Gogoi Path, Panjabari.
Guwahati-37, Assam.

Annexure- A

TERMS OF REFERENCE

INSURANCE POLICY FOR ASRLMS STAFF GROUP MEDICLAIM POLICY & PERSONAL ACCIDENT INSURANCE POLICY.

1. Background.

Assam State Rural Livelihoods Mission Society (ASRLMS) is an autonomous body formed under the Panchayat and Rural Development Department, Govt. of Assam and registered under Societies Registration Act, 1860. It has been designated by Govt. of Assam to implement the Deen Dayal Antodya Yojana-National Rural Livelihoods Mission as well as the Deen Dayal Upadhaya Grameen Kaushalaya Yojana (DDU-GKY) – a programme for skill development and livelihoods opportunities for rural in the state.

The Assam State Rural Livelihoods Mission Society has been set up with the aim to reduce poverty among rural BPL households through building strong grassroots institution of the poor. ASRLMS has multi-pronged approach to strengthen livelihoods of the rural poor by promoting women SHGs, providing skill development and placement for youth for wage based occupations in different private/business organizations and imparting self-employment oriented training through banks.

Aajeevika – National Rural Livelihoods Mission (NRLM) was launched by the Ministry of Rural Development (MoRD), Government of India, in June 2011. The Mission aims at creating efficient and effective institutional platforms of the rural poor, enabling them to increase household income through sustainable livelihoods enhancements and improved access to financial services. Placement Linked Skill Development Training Program - Deen Dayal Upadhaya Grameen Kaushalaya Yojana (DDU-GKY) in Assam is also being implemented by the Assam State Rural Livelihoods Mission (ASRLMS) to cater to the challenges of creating a large number of Skill development and livelihood opportunities for the rural poor, occupational aspirations of the rural youth and to increase the income levels of rural poor in the State. ASRLMS is implementing NRLM in a phased manner. All total within 33 Districts, ASRLMS has covered 33 districts and 219 Blocks across state of Assam.

2. Objective of the Assignment

The objective of this assignment is Insurance Coverage of all employees of ASRLMS under Medi-claim Policy and Accidental Death Benefit from an Insurance Agency which could provide a well-designed and appropriate policy for the employees of ASRLM.

3. Expectations from Insurance Agency.

a. The Agency will have to submit a detail Policy Proposal consisting the best Benefits and compensation for the employees of ASRLMS. This insurance coverage will be valid till the staff will remain working with ASRLMS/policy period whichever is earlier.
b. The Coverage of insurance for all employees of ASRLMS and their dependents.
c. The Agency will also declare the incremental benefits and its condition will be applicable as and when applied by IRDAI.

4. **Category wise Insurance benefit required by ASRLMS as hereunder:**

Details.	**Ceiling Amount.**	**Members covered under the Policy**	**Tentative Number of Employees to be covered across Assam**	**Age Group**
Mediclaim Coverage	2,50,000	Employee, Spouse and Two Children.	**Batch I (August, 2023): 956** Employees (comprising **672** Spouse and **568** Children). **Total:- 2196 Nos**. **Batch II (March, 2024): 416** Employees (comprising **298** Nos of Spouse and **235** Nos of Children) **Total :- 949 Nos**. **(This ongoing policy will be expired on 21.03.2024)**	Employees :- (Minimum Age 23 years and Maximum Age 50 years)
Group Personal Accidental Death Benefit.	5,00,000	Employee.	**Batch I (August, 2023): 956** Employees **Batch II (March, 2024): 416** Employees	

- **Commencement of Services of Insurance Policy: - Batch I-** August 2023, **Batch II-** March 2024.
- The Number of Employees to be covered under this Insurance Policy may be increased or decreased by 10%. depending on new recruitment process or resignation submitted by employees.
- The Group Personal Accidental Death benefit will be provided to employees while he/she is on official duty.

5. **Regulations:-**
   a) The Mediclaim policy must be governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016.
   b) The Mediclaim policy must be governed by IRDAI (Protection of Policy holders Interest) Regulations, 2017.

6. **Facilities required in Medi-claim Insurance Policy for maximum benefit for its employee which must include the following:**

   a. Benefit in case of Hospitalization.
   b. Benefit in case of continued treatment/Nursing during Post Hospitalization treatment for a maximum period of 60 days.
   c. Benefit in case of following expenses incurred in any type of Medical treatment i.e.
      i. Room, Boarding, Nursing Charges.
      ii. Visiting Doctors, Surgeons, Anesthetist, Physiotherapist, Consultants special fees.
      iii. Intensive Care Unit.
      iv. Surgical fees, OT charges, Anesthesia, Blood, Oxygen, Surgical appliances, Medicines, Any Diagnostic checkup charges, diagnostic

Material & X-ray, Dialysis, Chemotherapy, Radio Therapy, Physiotherapy, Cost of Pace Maker, Artificial limbs, Cost for organ transplant and its related expenses.

v. Drugs and Medicines consumed during hospitalization period.
vi. Dressing, Ordinary splints and plaster casts.
vii. Cost of prosthetics devices if implanted during surgical procedures.
viii. Physiotherapy while being treated as inpatient and being part of the treatment.
ix. Ambulance charges.

d. Any other facility provisions like cashless facility, ID card issuing process and others.
e. Coverage of preexisting diseases.

7. Definition

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

(a) "Accident" means a sudden, unforeseen and involuntary event caused by external and visible means.

(b) "Accidental Bodily Injury" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Medical Practitioner but does not include any sickness or disease.

(c) "Administrator" means any third party administrator engaged by the Insurer for providing Policy and claims facilitation services to the Insured as well as to the Insurer and who is duly licensed by IRDA for the said purpose.

(d) "Age" means completed years as at the Commencement Date of the Policy Period.

(e) "Any One Illness" means any continuous period of illness and which includes a relapse within 45 days from the date of discharge from the Hospital/Nursing Home where treatment may have been taken and for which a claim had been made with the Insurer. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this Policy.

(f) "Co-Payment" means the agreed share of the claim amount which is to be borne by the Insured for each Hospitalisation/claim.

(g) "Day Care Expenses" means the Reasonable and Customary Expenses incurred towards medical treatment for a Day Care Treatment /Procedure preauthorized by the Administrator and done in a Network Hospital / Day Care Centre to the extent that such cost does not exceed the Reasonable and Customary Expenses in the locality for the same Day Care Treatment / Procedure.

(h) "Day Care Hospital/Centre" means a special facility, or an arrangement within a Hospital setting, that enables the patient to come to the Hospital for treatment during the day and return home or to another facility at night. "Day care Treatments" Day care treatment refers to medical treatment, and/or surgical procedure which is: - undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hrs because of technological advancement, and - which would have otherwise required a Hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

(i) "Diagnostic Centre" means the diagnostic centers which have been empanelled by Insurer or Administrator as per the latest version of the Schedule of diagnostic centers maintained by Insurer or Administrator, which is available to Insured on request.

(j) "Dependent Child/Children" means children / a child (natural or legally adopted), who are/is financially dependent on the Insured or Proposer aged between 3 months and twenty three (23) years and who are unmarried.

(k) "Disease / Illness" means a condition affecting the general well being and health of the body that first manifests itself in the Policy Period and which requires treatment by a Medical Practitioner.

(l) "Domiciliary Hospitalisation" means Medical treatment for a period exceeding three days for such Illness/Disease/Injury which in the normal course would require care and treatment at a Hospital/nursing home but actually taken whilst confined at home in India under any of the following circumstances namely :

- The condition of the patient is such that he/she cannot be removed to the Hospital/nursing Home or
- The patient cannot be removed to Hospital/nursing home for lack of accommodation therein subject however that domiciliary Hospitalisation benefits shall not cover:-
    - Expenses incurred for pre and post Domiciliary Hospitalisation treatment or
    - Expenses incurred for treatment for any of the following Diseases.
        - Asthma
        - Bronchitis
        - Chronic Nephritis and Nephritic Syndrome
        - Diarrhea and all type of Dysenteries including Gastro-enteritis
        - Diabetes Mellitus and Insipidus .
        - Epilepsy
        - Hypertension
        - Influenza, Cough and Cold
        - All Psychiatric or Psychosomatic Disorders
        - Pyrexia of unknown Origin for less than 10 days
        - Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharingitis
        - Arthritis, Gout and Rheumatism.

(m) "Eligible Hospitalisation Expenses" means the expenses which the Insured/Insured Person is entitled for applicable room rent and other charges as given in the scope of cover under the policy.

(n) "Epidemic Disease" means a Disease which occurs when new cases of a certain Disease, in a given human population, and during a given period, substantially exceed what is the normal "expected" Incidence Rate based on recent experience (the number of new cases in the population during a specified period of time is called the "Incidence Rate").

(o) "Excess" means the % of sum insured/claim or amount up to which all Expenses covered by this Policy are to be borne by the Insured for which the Policy benefits will not be available and before the liability of the Insurer is commenced.

(p) "External Congenital Anomaly" means a condition(s) which is present since birth, in the Visible and an accessible part of the body and which is abnormal with reference to form, structure or Position.

(q) "Family" means and includes Insured Person/Insured Person's legal Spouse, Insured Person's legal & dependent children and dependent parents.

(r) "Grace Period" means the specified period of 15 days immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing condition / Diseases. Coverage is not available for the period for which no premium is received.

(s) "Hospital/Nursing Home": means any institution established for inpatient care and day care treatment of sickness and / or injuries and which has been registered as a Hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner OR must comply with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;

- has qualified nursing staff under its employment round the clock;
- has qualified Medical Practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the Insurer's authorized personnel.

(t) "Hospitalisation" means the Insured's admission into Hospital for a continuous period of not less than 24 hours.

(u) "Insured" means You/Your/Self/the person named in the Schedule, who is a citizen and resident of India and for whom the insurance is proposed and appropriate premium paid.

(v) "Insured Person" means the person named in the Schedule/who is a resident of India and for whom the insurance is proposed and appropriate premium paid. This includes Insured Person's family inclusive of dependent parents

(w) "Insurer" means Insurance Company.

(x) "Inpatient Care" means care or treatment for which the Insured Person has to be hospitalized for more than 24 hours.

(y) "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.

(z) Internal Congenital Anomaly" means Disease not manifested externally resulting from congenital disorder due to defects in or damage to a developing fetus. It may be the result of genetic abnormalities, the intrauterine (uterus) environment, errors of morphogenesis, or a chromosomal abnormality.

(aa) Medical Expenses" mean reasonable & customary Expenses unavoidably and reasonably incurred by the Insured for medical treatment of Disease, illness or injury that may be the subject matter of claim as an In-patient in a Hospital / Nursing Home/Day Care Centre, and includes the costs of a bed; treatment and care by medical staff; medical procedures; Medical Practitioner's fees; medicines and consumables including cost of pacemaker, implants, as long as these are recommended by the attending Medical Practitioner.

(bb) **"Medical Practitioner**": means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term Medical Practitioner would include Physician, Specialist and Surgeon. The registered Medical Practitioner should not be the Insured or any one of the close family members of the Insured.

(cc) "**Mental Illness/Disease"** means any mental Disease or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual regardless of its cause or origin.

(dd) **"Network Hospital"** means the institutions (Hospitals/Nursing Homes as defined earlier) Network Hospital means hospital that has agreed with the TPA to participate for providing cashless health services to the insured persons. The list is maintained by and available with the TPA and the same is subject to amendment from time to time.

(ee) **"Non Network Hospital"** are those Hospitals/Nursing Homes which are outside the network of Hospitals/Nursing Homes as maintained on the list and made available by the Administrator and the Insurer.

(ff) **Out Patient Department**" means a department where patient is not Hospitalized and who is being treated in an office, clinic, or other ambulatory care facility by Medical Practitioner for illness/Disease.

(gg) **"Pre-existing Condition"** means any condition, ailment or injury or related condition(s) for which Insured had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first Policy issued by the Insurer.

(hh) **"Policy Period"** means the period commencing with the commencement date of the Policy & terminating with the expiry date of the Policy as stated in the Policy Schedule.

(ii) **"Post - Hospitalisation Expenses**" means relevant Medical Expenses incurred during period up to 60 days after Hospitalisation on Disease/Illness/Accidental Bodily Injury sustained. Such Expenses will be considered as part of claim limited to treatment which is continued after discharge for an ailment / Disease / Accidental Bodily Injury not different from the one for which Hospitalisation was necessary.

(jj) **"Pre - Hospitalisation Expenses**" means relevant medical Expenses incurred during period up to 30 days prior to Hospitalisation on Disease/Illness/Injury sustained. Such Expenses will be considered as part of claim limited to treatment which is taken before Hospitalisation for an ailment / Disease / injury not different from the one for which Hospitalisation was necessary.

(kk) **"Proposal**" means the written application or a standard form which the Insured duly fills and signs in with complete details seeking insurance are provided by him and includes any other information Insured provides to the insurer in the said form or in any communication with the Insurer seeking such insurance.

(ll) **"Proposer"** means the person furnishing complete details and information in the Proposal form for availing the benefits either for himself or towards the person to be covered under the Policy and consents to the terms of the contract of Insurance by way of signing the same.

(mm) **"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.

(nn) **"Reasonable and Customary Expenses"** means a charge which: a) is charged for medical treatment, supplies or medical services that are medically necessary to treat Insured's condition; and b) does not exceed the usual level of Expenses for similar medical treatment, supplies or medical services in the locality where the expense is incurred; and c) does not include Expenses that would not have been made if no insurance existed.

(oo) **"Schedule"** means that portion of the Policy which sets out Insured details, the type of Insurance cover in force, the Policy Period and the Sum Insured. Any Annexure and/or Endorsement to the Schedule shall also be a part of the Schedule.

(pp) **"Sum Insured"** means the specified amount mentioned in the Schedule to this Policy which represents the Insurer's maximum liability for any or all claims under this policy during the currency of the Policy subject to terms and conditions as stated in the Policy.

(qq) **"Surgical Operation"** means manual and/or operative procedures required for treatment of a Disease / Illness or Accidental Bodily Injury, correction of deformities and defects, diagnosis and cure of Diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

(rr) **"Waiting Period:"** No benefit shall be payable during the term of the Policy for the claim which occurs or where the hospitalisation for the claim has occurred within 30 days of first Policy issue Date. Waiting period is not applicable for the subsequent continuous uninterrupted renewals and hospitalisation due to accidents.

(ss) **Period of Policy**: This insurance policy is issued for a period of one year as shown in the schedule.

(tt) **Third Party Administrators (TPA)** means a Third Party Administrator, who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the Company, for the provision of health services.

(uu) **ID card** means the card issued to the insured person by the TPA to avail cashless facility in the Network Hospitals. It will not have the photograph printed on it. The patient at the time of hospitalization will have to submit the photo-ID proof along with the copy of the card. In case photo-ID proof of the dependent is not available the ID card copy along with the primary card holder's photo ID proof will be accepted.

(vv) **Cashless Facility** means the TPA may authorize upon the insureds' request for direct settlement of admissible claim as per agreed charges between Network Hospitals & the TPA. In such cases the TPA will directly settle all eligible amounts with the Network Hospitals and the insured person may not have to pay any bills after the end of the treatment at hospital to the extent the claim is covered under the policy.

(ww) **Limit of Indemnity:** means the amount stated in the schedule against the name of each insured person which represents maximum liability for any and all claims made during the policy period in respect of that insured person with regard to hospitalisation taking place during currency of the policy.

8. Scope of Services. Insurer shall pay the expenses reasonably and necessarily incurred by or on behalf of the Insured Person under the following categories but not exceeding the Sum Insured and subject to deduction of any excess as reflected in the policy schedule in respect of such Insured person as specified in the Schedule**:**

(a)	**Room, Boarding, Nursing expenses as charged by the Hospital/Nursing Home Excluding Registration and Services Expenses.** 2% of Sum Insured per day subject to a maximum of Rs.5,000/- for room rent per day. If admitted in ICU unit- 4% of Sum Insured per day subject to maximum of Rs.10,000/- per day. All admissible claims under room, boarding and nursing expenses including ICU during the policy period are restricted maximum upto capping of 25% of the sum insured.
(b)	Medical Practitioner:- Surgeon, Anesthetist Medical Practitioner, Consultants Specials fees.
(c)	Anesthesia, Blood, Oxygen, OT charges, Surgical appliances, Medicines, drugs, Diagnostic Material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of pacemaker, artificial limbs and cost of stent and implant. All admissible claims under this section during the policy period restricted maximum up to 40% of the Sum Insured per illness/injury.
(d)	Expenses of Hospitalization for minimum period of 24 hours are admissible. However this time limit is not applied to specific treatments i.e. Dialysis, Parenteral Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney Stone removal), D & C, Tonsillectomy, Dental Surgery due to accidents, Hysterectomy, Coronary Angioplasty, Coronary Angiography, Surgery of Gall Bladder, Pancreas & Bile duct, Surgery of Hernia, Surgery of Hydrocele, Surgery of Prostate, Gastrointestinal surgery, Genital Surgery, Surgery of Nose, Surgery of Ear, Nose and Throat, Surgery of Appendix, Surgery of Urinary System, Arthroscopic Knee Surgery, Laparoscopic Therapeutic Surgeries, Any surgery under Anesthesia, Treatment of Fractures/Dislocation excluding hairline fracture, Contracture releases & minor reconstructive procedures of limbs which otherwise require hospitalization taken in the Hospital/Nursing Home under the network of TPA and the Insured is discharged on the same day. The treatment will be considered under Hospitalization Benefit.
(e)	Surgery Expenses of the diseases like Cataract, Hernia, Kidney Stone, Fistula & Fissure sinsuit/Bilateral Hydrocele/Appendicitis/Gall Bladder & Prostate will be covered in the Policy. The Pre and Post expenses will also be settled.

(f)	Relaxation to 24 hours minimum duration for hospitalization will be applicable: 1) If they are carried out in day care center networked by TPAs where requirement of minimum number of beds are overlooked but it must have (a) Fully equipped Operation Theatre (b) Fully qualified Day care staff (c) Fully qualified Surgeons/Post-Operative attending Doctors. 2) If it necessitates hospitalization & involves specialized infrastructural facilities available only in hospital but due to technological advancement hospitalization is required for less than 24 hours and/or the surgical procedure involved has to be done under General anesthesia. 3) Procedures/treatments usually done in Out Patient Department (OPD) are not payable under the policy even if converted to Day Care Surgery Procedure or as inpatient in hospital for more than 24 hours. 4) Pre Hospitalization: Relevant Medical Expenses incurred during period up to 30 days prior to hospitalization/domiciliary hospitalization on disease/illness/injury sustained will be considered as part of claim. 5) Post Hospitalization: Relevant Medical Expenses incurred up to 60 days after hospitalization/ domiciliary hospitalization on disease/illness/injury sustained will be considered as part of claim. 6) **Day Care Expenses:** Insurer shall pay for Day Care Expenses incurred on technological surgeries and procedures requiring less than 24 hours of Hospitalisation as per **Annexure A** (day care procedure in the Policy), forming part of this Policy up to the Sum Insured.
(g)	**Ayurvedic Medicine:** Ayurvedic Treatment covered up to maximum 15% of Sum Insured per Policy Period up to a maximum of INR 37500 subject to treatment taken at a Ayurvedic hospital confirming with our definition of hospital and which is registered with any of the local Government bodies for the said purpose. **Homeopathic and Unani system of medicine:** Homeopathy and Unani Treatment covered up to maximum 10% of Sum Insured per Policy Period up to a maximum of INR 25000 subject to treatment taken at a Homeopathic / Unani hospital confirming with our definition of hospital and which is registered with any of the local Government bodies for the said purpose.

(g)	**Maternity Expenses Benefits:** **The Maternity Expenses Benefits will be applicable only if the Primary Members or Spouse of Primary Members are admitted in Government Hospital.** 1) The maximum benefit allowable under this clause will be up to Rs.25,000/- for Normal and Rs-50,000/-for Caesarean. 2) These benefits are applicable only if the expenses are incurred in hospital/nursing home as inpatient in India. 3) A waiting period of nine months will not be applicable. Claims relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy will be covered from Day 1. 4) Claims in respect of deliveries for only first two children and/or operations associated therewith will be considered in respect of any one Insured person covered under the policy or any renewal thereof. Those insured persons who are already having two or more living children will not be eligible for this benefit. 5) Expenses incurred in connection with voluntary medical termination of pregnancy during the first twelve (12) weeks from the date of conception are not covered. 6) Waiver of 9 months waiting period for maternity benefit. 7) Pre-natal and post-natal expenses are not covered unless admitted in hospital/nursing home and treatment is taken there. 8) Expenses incurred on new born baby will be covered from Day 1 with a cap of Rs-10,000/-.
(h)	Organ Donor: The Medical Expenses incurred for extraction of the required organ from the organ donor are covered under the policy subject to Insurer accepting the inpatient Hospitalisation claim made by the Insured and further provided that: i) The organ donor is the Insured Person's blood relative or is an individual who can donate the organ as per the local law and as approved by the medical board of the hospital where the organ extraction is taking place and the organ donated is for the use of the Insured Person, and ii) The Insurer will not pay the donor's pre- and post-Hospitalisation expenses or any other medical treatment for the donor consequent on the organ extraction. iii) All the expenses incurred on the donor/donee, as above would be within the overall Sum Insured of the Insured Person under the Policy and as specified in the policy Schedule.
(i)	Free medical check-up: For every claim-free years during which policyholder has been Insured with Insurer without any break in insurance, Insurer may arrange a free medical check-up for Insured in Insurer's empanelled diagnostic centre or Insurer shall reimburse the cost incurred by Insured for the check-up subject to maximum 1% of Sum Insured up to a maximum of INR 2500. The medical check up required will be only for the primary member.
(j)	Ambulance charges up to 2% of Sum Insured subject to a maximum limit of Rs.5000/- in a policy year will be reimbursed. This benefit is available only for shifting patient from residence to hospital if admitted to ICU or Emergency Ward or from one hospital to another hospital (transfer).

	a. The liability of the Insurer in respect of all claims admitted during the period of Insurance shall not exceed the Sum Insured for the person as mentioned in the Schedule. **b.** The Mediclaim policy shall have waiver of 30 days Waiting Period. The Mediclaim coverage of the employee shall be from Day 1. **c.** The Mediclaim policy shall have immediate coverage of Pre – Existing Diseases **d.** The Child cover from Day One (1) is desired under Floater Sum Insured. **e.** The Mediclaim policy shall have options of Top – up Plan/additional cover opted at individual level on requirement basis.
(k)	Covid Coverage:- Cases with positive diagnosis for Corona Virus indicating presence of SARS CoV-2 or any other variant who are admitted in Hospital for fever/respiratory related incidences for more than 24 Hours will be covered in the policy.
(l)	The Insurance Company will cover the treatment expenses for only Cancer Disease during hospitalization of Parents to 274 Nos of unmarried employees under Batch 1 (August 2023) and 115 Nos of unmarried employees (March 2024).

9. Exclusions.

The Insurance company shall not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any person in connection with or in respect of:

9.1 Injury or disease directly or indirectly caused by or arising from or attributable to War Invasion Act of Foreign Enemy Warlike operations (whether war be declared or not) and Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.

9.2 Circumcision unless necessary for treatment or a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to as accident or as part of any illness.

9.3 Surgery for correction of eye sight, cost of spectacles, contact lenses, hearing aids etc.

9.4 Dental treatment or surgery-corrective, cosmetic or aesthetic procedure, filling of cavity, root canal, wear & tear unless arising due to an accident and requiring hospitalization.

9.5 Convalescence general debility `Run Down' condition or rest cure, congenital external disease or defects or anomalies, sterility, infertility/sub fertility or assisted conception procedures, venereal disease, intentional self-injury, suicide, all psychiatric & psychosomatic disorders/diseases, accidents due to misuse or abuse of drugs/alcohol or use of intoxicating substances.

9.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphographic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition or a similar kind commonly referred to as AIDS, complications of AIDs and other sexually transmitted diseases (STD).

9.7 Expenses incurred primarily for evaluation/diagnostic purposes not followed by active treatment during hospitalization.

9.8 Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.

9.9 Naturopathy, unproven procedure/treatment, experimental or alternative medicine /treatment including acupuncture, acupressure, magneto-therapy etc.

9.10 Expenses on irrelevant investigations/treatment; private nursing charges, referral fee to family physician, outstation Doctor/Surgeon/ consultants' fees etc.

9.11 Genetic disorders/stem cell implantation/surgery.

9.12 External/ durable medical/Non-medical equipment of any kind used for diagnosis/treatment including CPAP, CAPD, infusion Pump etc., ambulatory devices like walker/ crutches/ belts/ collars/caps/ splints/ slings/ braces/ stockings/ diabetic foot-wear/ glucometer/ thermometer & similar related items & any medical equipment which could be used at home subsequently.

9.13 Non-medical expenses including personal comfort/ convenience items/ services such as telephone/ television/ aya/ barber/ beauty services/ diet charges/ baby food/ cosmetics/napkins/ toiletries/ guest services etc.

9.14 Change of treatment from one pathy to another unless being agreed/allowed & recommended by the consultant under whom treatment is taken.

9.15 Treatment for obesity or condition arising therefrom (including morbid obesity) and any other weight control program/services/supplies.

9.16 Arising from any hazardous activity including scuba diving, motor racing, parachuting, hand gliding, rock or mountain climbing, Skiing etc. unless agreed by insurer.

9.17 Treatment received in convalescent home/hospital, health hydro/nature care clinic & similar establishments.

9.18 Stay in hospital for domestic reason where no active regular treatment is given by specialist.

9.19 Out-patient diagnostic/medical/surgical procedures/treatments, non-prescribed drugs/medical supplies/hormone replacement therapy, sex change or any treatment related to this.

9.20 Massages/Steambath/Surodhara & alike Ayurveda treatment.

9.21 Any kind of service charges/surcharges, admission fees/registration charges etc. levied by the hospital.

9.22 Doctor's home visit charges/attendant, nursing charges during pre & post hospitalization period.

9.23 Treatment which the insured was on before hospitalization and required to be on after discharge for the ailment/disease/injury different from the one for which hospitalization was necessary.

9.24 Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender, Lasik treatment for refractive error. Any form of plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury).

9.25 Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.

9.26 Medical Practitioner's home visit Expenses during pre and post hospitalization period, Attendant, Nursing Expenses in home care.

9.27 Outpatient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

9.28 Genetic disorders and stem cell implantation / surgery/storage.

9.29 Treatment for obesity, weight reduction or weight management.

9.30 Costs of donor screening or treatment.

9.31 Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.

10. Other Conditions:

10.1 Every notice of communication to be given or made under this policy shall be delivered in writing or through official e-mail id at the address as shown in the Schedule.

10.2 The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by the duly authorized official of the Company. The due payment of premium and the observance and fulfillment of the terms provisions conditions and endorsement of this policy by the Insured person in so far as they relate to anything to be done or complied with by the Insured Person shall be condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms provisions conditions and endorsement on this policy shall be valid unless made in writing and signed by an authorized official of the Company.

10.3 Upon the happening of any event, which may give rise to a claim under this policy notice with full particulars shall be sent to the Company within 15 days from the date of Injury / Hospitalization/Domiciliary Hospitalization.

10.4 The Insured person shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the Claim.

10.5 Any Medical Practitioner authorized by the Company shall be allowed to examine the Insured person in case of any alleged injury or disease requiring hospitalization when and often as the same may reasonably be required on behalf of the Company.

10.6 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured person or by any other person acting on his/her behalf.

10.7 If at the time when any claim arises under this policy there is in existence any other insurance (other than Cancer Insurance policy in collaboration with Indian Cancer Society) whether it be effected by or on behalf of any insured person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses the Company shall not be liable to pay or contribute more than its ratable proportion of any loss, liability, compensation, costs or expenses. The benefits under this policy shall be in excess of the benefits available under the Cancer Insurance Policy.

10.8 That some of the employee may leave or join the organization in between the year/validity period.

10.9 Agency will issue Insurance Policy mentioning therein category wise total number of employees covered The name of employee can be changed or replaced in case of new employee join in place of old employee who left the organization.

10.10 Any additions or deletions are to be intimated to the Insurance Agency in a pre- defined format. Such addition or deletion will be incorporated in the policy subject to pro rata premium adjustment. The member exiting the scheme shall be required to surrender the ID card issued by TPA of the Insurance Agency. Pro rata premium adjustment shall be allowed even for deletion of person if he/she has recovered a claim in the policy.

10.11 If any dispute or difference shall arise as to the quantum to be paid under the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to for the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

10.12 If the Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he/she does not accept such disclaimer and intends to recover his/her claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

10.13 All medical surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.

10.14 The insurance company shall be providing the benefits under this policy to every new joinee reported by the insured. For this purpose, the insurer shall raise an additional invoice for the unexpired period of the policy for the new joinee employees at the rate per employee fixed in the agreement.

Also, at the time of renewal, the number of employee shall be confirmed from the insured to finalize the contract amount for the renewed agreement on the basis of the rate per employee fixed in the agreement.

11. Procedure for availing Cashless Access Services in Network Hospital/Nursing Home.

a) Claims in respect of Cashless Access Services will be through the list of the network of Hospitals/Nursing Homes and are subject to pre admission authorization. The TPA shall, upon getting the related medical information from the insured persons/ network provider, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorization letter/ guarantee of payment letter to the Hospital/Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to be admitted as a patient.

b) The TPA will make it clear to the insured person that denial of Cashless Access is in no way construed to be denial of treatment. The insured person may obtain the treatment as per his/her treating doctors' advice and later on submit the full claim papers to the TPA for reimbursement subject to admissibility of the claim as per terms and conditions of the policy.

c) Pre authorization for Cashless Access Services in Network hospital/Nursing Home is within the authority of TPA and will be given after verification of required documents pertaining treatment of the insured to the satisfaction of TPA.

d) Insurance Company will ensure that sufficient numbers of network hospitals are under the TPA having 90% coverage in all districts of Assam for smooth treatment of ASRLMS employees.

12. **DOCUMENTS FOR REIMBURSEMENT**: Final claim along with hospital receipted original Bills/Cash memos/reports, claim form and list of documents as listed below should be submitted to the Company / TPA within 30 days from date of discharge from the Hospital and where post-hospitalization treatment is not completed, it shall be within 30days from the date of completion of Post-hospitalization treatment.

(a) Original bills, receipts and discharge certificate with summary / card from the hospital.

(b) Medical history of the patient recorded by the Hospital.

(c) Original Cash-memo from the hospital (s) / chemist (s) supported by proper prescription.

(d) Original receipt, pathological and other test reports from a pathologist / radiologist including film etc supported by the note from attending medical practitioner / surgeon demanding such tests.

(e) Any other information required by TPA / Insurance Company.

(f) Photo ID proof of patient as well as employee of ASRLMS.

(g) Insured must provide intimation to Insurer immediately and in any event within 48 hours from the date of Hospitalisation . However the Insurer at his sole discretion may relax this condition subject to a justifiable reason/evidence being produced by the Insured on the reasons for such a delay beyond the stipulated 48 hours up to a maximum period of 7 days.

(h) Insured has to file the claim with all necessary documentation within 15 days of discharge from the Hospital, provide Insurer with written details of the quantum of any claim along with all the original bills, receipts and other documents upon which a claim is based and shall also give Insurer such additional information and assistance as Insurer may require in dealing with the claim. In case of delayed submission of claim and in absence of a justified reason for delayed submission of claim, the Insurer would have the right of not considering the claim for reimbursement.

(i) In respect of post hospitalization claims, the claims must be lodged within 15 days from the completion of post Hospitalisation treatment subject to maximum of 60 days from the date of discharge from hospital.

NOTE: Waiver of this condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances 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.

13. **(a) Cumulative Bonus:-** If no claim has been made under the policy with Insurer and the policy is renewed without any break or within the Grace period as defined under the policy, the Insurer will allow a cumulative bonus to the renewal policy upon receipt of premium by increasing the Sum Insured by 5%. The maximum cumulative bonus shall not exceed 25% of the Sum Insured in any policy year.

The cumulative bonus to be offered is as mentioned below:

(i) In case of a family floater cover, the cumulative bonus so applied will depend on the claim/claims made under the expiring policy and will be 5% of Sum Insured for a claim free year and subject to a maximum of 25% of Sum Insured in any policy year.

(ii) In case of a claim in the Policy the Cumulative Bonus if any under the policy will get reduced to Nil at the time of renewal, in the renewed policy. Also, in case of a policy issued to a Family with specific Sum Insured to Insured Persons, the Cumulative Bonus for the Insured Person who has made the claim under the policy gets reduced to NIL in the following year in the renewed policy.

(iii) The accumulated cumulative bonus is available to the insured person only upon exhaustion of the basic sum insured under the policy and all the eligibility criteria for the ascertaining the applicable limits under the policy will be calculated basing on the base sum insured.

(iv) The Cumulative Bonus will be both for primary members as well as dependents.

13 (B) Corporate Buffer:- The provision of Corporate Buffer amounting to **INR 10,00,000/-** shall be included in the Mediclaim, which will be decided on case to case basis by the Competent Authority of ASRLMS.

14. **Review Committee to Monitor the Agency's services :-** A Review Committee headed by State Mission Director, ASRLMS will monitor the service of the agency providing insurance policy in the interest of the project and their employees. The committee may also seek comments and inputs on the Insurance Company performance from the HR, Section SMMU-ASRLMS if required, for delay in service delivery or other discrepancies arising out of agreement.

The Contract Agreement may be renewed further if the services is found to be satisfactory or may also terminate the agreement either in case of non compliance of the service declaration or on the fulfillment of the project objectives.

15. **Renewal & Cancellation.**

a. Ordinarily renewals will not be refused /cancellation/revoked by Insurer except on ground of fraud, moral hazard or misrepresentation.

b. The Policy will automatically terminate at the end of the Policy Period and there will be no obligation to give notice that it is due for renewal.

c. In case of a Policy that has expired/ not renewed with the Insurer before the end date of period of Insurance and being renewed upon specific acceptance by the Insurer within 15 days from the date of expiry, the cover would be without loss of continuity benefits of waiting period and coverage of Pre-existing diseases. However, Coverage is not available for the period for which no premium is received and any complications arising from any illness/disease/accident during such period of break in Insurance is not covered under the Policy.

d. In the event of any renewal of the policy after 15 days from the expiry of the policy, the same will be treated as a fresh policy and all the terms and conditions of the policy will be applicable.

e. Both Insurer and Insured may cancel this insurance policy by giving both parties at least 30 days written notice and the Insurer shall refund a pro-rata premium for the unexpired Policy Period calculated on the basis of number of days of unexpired policy period.

f. **The Policy will be renewed by mutual consent. The Insurer shall give notice to the Insured for renewal 45 days in advance before expiry of the policy (Batchwise) that it is due for renewal and upon acceptance by the Insured, the policy shall be renewed before the expiry of existing policy with the same terms and conditions. The Insurer must provide notice on renewal mentioning the details of claim summary, Portfolio Analysis, claim dumps of existing policy and revision of premium amount in next policy if any, within 45 days in advance before expiry of the policy (Batchwise).**

g. The Insurer may at any time cancel this policy by sending the Insured 30 (thirty) days' notice by Registered Letter at Insured's last known address and in such event the Insurer shall refund to the Insured a prorata premium for unexpired period of Insurance calculated on the basis of number of days of unexpired policy period. The Insurer shall however, remain liable for any claim which arises prior to the date of cancellation. The Insured may at any time cancel this policy and in such event also the Insurer shall refund a pro-rata premium for the unexpired Policy Period calculated on the basis of number of days of unexpired policy period.

16. Mid Term inclusion/deletion of primary members:- There is provision of inclusion of mid term primary members along with family members and charging pro-rata premium in respect of the members. Mid Term deletion of primary group members and their family members is allowed by refunding pro-rata premium collected in respect of the members when it is seen that no claim is reported by Members.

17. Policy Period:- The Policy is for a period of One Year.

18. Change of Sum Insured:- No Change (increase or decrease) of Sum Insured is to be allowed during policy period. Enhancement of Sum Insured is allowed at renewal.

19. Claim Percentage :- The previous claim percentage during last Five (5) years are 2022-23- 81.8%, 2021-22-165% , 2020-21-265%, 2019-20-58%, 2018-19-61% against premium paid against premium paid.

20. Low Claim Ratio Discount:- The Low Claim Ratio Discount will be allowed on the Total Premium at renewal depending upon incurred claim ratio for the entire group insured under Group Mediclaim Insurance Policy. The Insurance Company must submit details on Low Claim Ratio Discount in the Technical Proposal while offering the product to ASRLMS. The Suggestive Table of High Claim Ratio Loading is mentioned below:-

Incurred Claim Ratio under the Group Policy.	Discount (%)
Not Exceeding 70%	10%
Not Exceeding 50%	15%
Not Exceeding 40%	20%
Not Exceeding 30%	25%
Not Exceeding 20%	30%

21. High Claim Ratio loading:- The High Claim Ratio loading will be applicable on the Total Premium at renewal depending upon incurred claim ratio for the entire group insured under Group Mediclaim Insurance Policy. The Suggestive Table of High Claim Ratio Loading is mentioned below:-

Incurred Claim Ratio under the Group Policy.	Loading (%)
Between 70% to 100%	10%

Between 101% to 130%	20%
Between 131% to 150%	40%
Between 151% to 200%	50%
Between 200% to 250%	75%
Above 250%	To be reviewed both Insurer and Insured.

Annexure A - Day Care List

The following are the listed Day care procedures and such other Surgical Operation that necessitate less than 24 hours Hospitalisation due to medical/technological advancement / infrastructure facilities and the coverage of which is subject to the terms, conditions and exclusions of the policy.

1. Microsurgical operations on the middle ear:- Stapedectomy, Revision of a stapedectomy, Other operations on the auditory ossicles, Myringoplasty (Type -I Tympanoplasty), Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles), Revision of a tympanoplasty, Other microsurgical operations on the middle ear.
2. Other operations on the middle & internal ear :- Myringotomy, Removal of a tympanic drain, Incision of the mastoid process and middle ear, Mastoidectomy, Reconstruction of the middle ear, Other excisions of the middle and inner ear 14.Fenestration of the inner ear, Revision of a fenestration of the inner ear, Incision (opening) and destruction (elimination) of the inner ear, Other operations on the middle and inner ear.
3. Operations on the nose & the nasal sinuses :- Excision and destruction of diseased tissue of the nose, Operations on the turbinates (nasal concha), Other operations on the nose, Nasal sinus aspiration.
4. Operations on the eyes :- Incision of tear glands, Other operations on the tear ducts, Incision of diseased eyelids, Excision and destruction of diseased tissue of the eyelid, Incision of diseased eyelids, Operations on the canthus and epicanthus, Corrective surgery for entropion and ectropion, Corrective surgery for blepharoptosis, Removal of a foreign body from the conjunctiva, Removal of a foreign body from the cornea, Incision of the cornea, Operations for pterygium, Other operations on the cornea, Removal of a foreign body from the lens of the eye, Removal of a foreign body from the posterior chamber of the eye, Removal of a foreign body from the orbit and eyeball 38.Operation of cataract.
5. Operations on the skin & subcutaneous tissues :- Incision of a pilonidal sinus, Other incisions of the skin and subcutaneous tissues, Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues , Local excision of diseased tissue of the skin and subcutaneous tissues, Other excisions of the skin and subcutaneous tissues, Simple restoration of surface continuity of the skin and subcutaneous tissues, Free skin transplantation, donor site, Free skin transplantation, recipient site, Revision of skin plasty, Other restoration and reconstruction of the skin and subcutaneous tissues, Chemosurgery to the skin 50.Destruction of diseased tissue in the skin and subcutaneous tissues. Abscess.
6. Operations on the tongue:- Incision, excision and destruction of diseased tissue of the tongue, Partial glossectomy, Glossectomy, Reconstruction of the tongue.
7. Operations on the salivary glands & salivary ducts :- Incision and lancing of a salivary gland and a salivary duct, Excision of diseased tissue of a salivary gland and a salivary duct, Resection of a salivary gland, Reconstruction of a salivary gland and a salivary ducts.
8. Other operations on the mouth & face :- External incision and drainage in the region of the mouth, jaw and face, Incision of the hard and soft palate, Excision and destruction of diseased hard and soft palate, Incision, excision and destruction in the mouth , Palatoplasty, Other operations in the mouth.

9. Operations on the tonsils & adenoids:- Transoral incision and drainage of a pharyngeal abscess, Tonsillectomy without adenoidectomy, Tonsillectomy with adenoidectomy, Excision and destruction of a lingual tonsil, Other operations on the tonsils and adenoids.
10. Trauma surgery and orthopaedics , Incision on bone, septic and aseptic, Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis, Suture and other operations on tendons and tendon sheath, Reduction of dislocation under GA , Arthroscopic knee aspiration.
11. Operations on the breast :- Incision of the breast, Operations on the nipple.
12. Operations on the digestive tract:- Incision and excision of tissue in the perianal region, Surgical treatment of anal fistulas, Surgical treatment of haemorrhoids , Division of the anal sphincter (sphincterotomy), Other operations on the anus, Ultrasound guided aspirations, Sclerotherapy etc, Laparoscopic cholecystectomy.
13. Operations on the female sexual organs:- Incision of the ovary, Insufflation of the Fallopian tubes, Other operations on the Fallopian tube, Dilatation of the cervical canal, Conisation of the uterine cervix , Other operations on the uterine cervix, Incision of the uterus (hysterotomy), Therapeutic curettage, Culdotomy, Incision of the vagina , Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas , Incision of the vulva, Operations on Bartholin's glands (cyst).
14. Operations on the prostate & seminal vesicles:- Incision of the prostate, Transurethral excision and destruction of prostate tissue , Transurethral and percutaneous destruction of prostate tissue, Open surgical excision and destruction of prostate tissue , Radical prostatovesiculectomy, Other excision and destruction of prostate tissue, Operations on the seminal vesicles, Incision and excision of periprostatic tissue.
15. Operations on the scrotum & tunica vaginalis testis :- Incision of the scrotum and tunica vaginalis testis, Operation on a testicular hydrocele, Excision and destruction of diseased scrotal tissue, Plastic reconstruction of the scrotum and tunica vaginalis testis, Other operations on the scrotum and tunica vaginalis testis.
16. Operations on the testes :- Incision of the testes, Excision and destruction of diseased tissue of the testes, Unilateral orchidectomy, Bilateral orchidectomy, Orchidopexy, Abdominal exploration in cryptorchidism , Surgical repositioning of an abdominal testis, Reconstruction of the testis, Implantation, exchange and removal of a testicular prosthesis.
17. Operations on the spermatic cord, epididymis und ductus deferens :- Surgical treatment of a varicocele and a hydrocele of the spermatic cord, Excision in the area of the epididymis, Epididymectomy, Reconstruction of the spermatic cord, Reconstruction of the ductus deferens and epididymis.
18. Operations on the penis :- Operations on the foreskin, Local excision and destruction of diseased tissue of the penis, Amputation of the penis, Plastic reconstruction of the penis, Other operations on the penis.
19. Operations on the urinary system :- Cystoscopical removal of stones.
20. Other Operations:- Lithotripsy, Coronary angiography, Haemodialysis, Radiotherapy for Cancer.

PART- B

FINANCIAL PROPOSAL.

(To be covered in Separate Sealed Envelope)

GOVERNMENT OF ASSAM
অসম ৰাজ্যিক গ্ৰামীণ জীৱিকা অভিযান
ASSAM STATE RURAL LIVELIHOODS MISSION
NABAJYOTI NAGAR, SIVA NATH GOGOI PATH, GUWAHATI, ASSAM -781037

Annexure - II

(To be covered in Separate Sealed Envelope)

Price Schedule

Batch I (August, 2023)

SN.	Tentative Number of Employees to be covered across Assam	No of Spouse and Children.	Coverage Amount of the Policy	Premium Amount per employee	Unit Applicable Tax	Gross Premium Amount (in Rs)
1.	956 Employees	672 Nos of Spouse and 568 Nos of Children	2,50,000.00 (Mediclaim)			
2.	956 Employees.	Dependent.	5,00,000.00 (Accidental Death Benefit)			
	Total Contract Price (Batch I)					

Batch II (March, 2024) (This ongoing policy will be expired on 21.03.2024)

SN.	Tentative Number of Employees to be covered across Assam	No of Spouse and Children.	Coverage Amount of the Policy	Premium Amount per employee	Unit Applicable Tax	Gross Premium Amount (in Rs)
1.	416 Employees	298 Nos of Spouse and 235 Nos of Children	2,50,000.00 (Mediclaim)			
2.	416 Employees.	Dependent.	5,00,000.00 (Accidental Death Benefit)			
	Total Contract Price (Batch III)					

NOTE:	**1.** In case of discrepancy between unit price and total price, the unit price shall prevail. **2.** The Number of Employees to be covered under this Insurance Policy may be increased by 10-15%. depending on new recruitment process **3.** The Numbers of Employees may be decreased in case of resignation submitted by employees prior to commencement of group policy.
We agree to provide policy in accordance with the specifications/requirement mentioned in the Invitation for Proposal.	

Signature of Proposer: …….

Name: …….

Place: …….

Business Address with office seal ……...

Date: …….

……

Annexure- C

Insurance Agency

Draft Letter of Contract

Subject:

(Name of Agency):

1. Set out below are the terms and conditions under which (Name of Agency) has agreed to carry out for (Name of Client) the above-mentioned assignment specified in the attached Terms of Reference.
2. For administrative purposes (Name of responsible staff of Client) has been assigned to administer the assignment and to provide [Name of Consultant] with all relevant information needed to carry out the assignment. The services will be required in (Name of Project) for about _____ days/months, during the period from _____to_____.
3. The (Name of Client) may find it necessary to postpone or cancel the assignment and/or shorten or extend its duration. In such case, every effort will be made to give you, as early as possible, notice of any changes. In the event of termination, the (Name of Agency) shall be paid for the services provided to the date of termination, and the [Name of Agency] will provide the (Name of Client) with any reports or parts thereof, or any other information and documentation gathered under this Contract prior to the date of termination.
4. The services to be performed, the estimated time to be spent will be in accordance with the attached Description of Services.
5. This Contract, its meaning and interpretation and the relation between the parties shall be goverened by the laws of Union of India
6. This Contract will become effective upon confirmation of this letter on behalf of (Name of Agency) and will terminate on_____, or such other date as mutually agreed between the (Name of Client) and the (Name of Agency).
7. Payments for the services will not exceed a total amount of Rs._____.
8. The above charges includes all the costs related to carrying out the services, including overhead and any taxes imposed on [Name of Agency.]
9. The [Name of Agency] shall indemnify and hold harmless the (Name of Client) against any and all claims, demands, and/or judgements of any nature brought against the (Name of Borrower) arising out of the services by the [Name of Agency] under this Contract. The obligation under this paragraph shall survive the termination of this Contract.
10. The Agency agrees that, during the term of this Contract and after its termination, the Agency and any entity affiliated with the Agency, shall be disqualified from providing goods, works or services (other than the Services and any continuation thereof) for any project resulting from or closely related to the Services.
11. The Agency undertake to carry out the assignment in accordance with the highest standard of professional and ethical competence and integrity, having due regard to the nature and purpose of the assignment, and to ensure that the staff assigned to perform the services under this Contract, will conduct themselves in a manner consistent herewith.
12. The Agency will not assign this Contract or sub-contract or any portion of it without the Client's prior written consent.
13. The [Name of Agency] shall pay the taxes, duties fee, levies and other impositions levied under the Applicable law and the Client shall perform such duties, in regard to the deduction of such tax, as may be lawfully imposed.

14. The [Name of Agency] also agree that all knowledge and information not within the public domain which may be acquired during the carrying out of this Contract, shall be, for all time and for all purpose, regarded as strictly confidential and held in confidence, and shall not be directly or indirectly disclosed to any person whatsoever, except with the (Name of Client) written permission.
15. Any dispute arising out of the Contract, which cannot be amicably settled between the parties, shall be referred to adjudication/arbitration in accordance with Arbitration & Conciliation Act 1996.

Place: (Signature of Authorized Representative on behalf of Agency)

Date: (Signature & Name of the Client's Representative)

LIST OF ANNEXES

Annex A: Terms of Reference and Scope of Services
Annex B: Price Schedule
Annex C: Draft Letter of Contract