



**CENTRAL OFFICE, RESOURCES DEPARTMENT,
4TH FLOOR, CHANDER MUKHI, NARIMAN POINT, MUMBAI – 400021
INSU TENDER NO: 2025-26: 306 Date: 30.09.2025**

RFP for Policy-01 Group Personal Accident Policy & Policy-02 Group Mediclaim Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26, 2026-27, 2027-28 from General Insurance Companies approved by the IRDAI.

Notice

Central Bank of India Invites bids from established Insurers approved by the IRDAI for the Policy-01 Group Personal Accident Policy & Policy-02 Group Mediclaim Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26, 2026-27, 2027-28.

Please visit our website www.centralbankofindia.co.in for the details of the RFP. Addendum/corrigendum, if any, to this RFP will be published only on bank's website/GeM Portal.

Date of Issue of RFP	30/09/2025
Last date of receipt of RFP queries	09/10/2025
Pre- Bid meeting	13/10/2025
Last date of response to queries	15/10/2025
Last date of Submission of Bids	27/10/2025 till 03:00 PM
Place of Submission of Bids	Tenders to be submitted online at GeM Portal
Date of Opening of Technical Bids	15/11/2025
Date of Opening of Commercial Bids	15/11/2025
Broker Name	Anand Rathi Insurance Brokers Limited

Schedule of Events

Date of issue of RFP	30/09/2025
RFP related queries	Queries related to the RFP can be addressed on the below email ID's cmresources1@centralbank.co.in cmresources2@centralbank.co.in rohanmarathe@rathi.com kunalbalakrishnan@rathi.com
Last date of receipt of RFP queries	09/10/2025
Pre-Bid Meeting	13/10/2025
Last date of response to queries	15/10/2025
Last date and time for submission Of Bid Document	27/10/2025 till 03:00PM
Date and Time of Technical Bid Opening	15/11/2025
Date and Time of Commercial Bid Opening	After completion of Technical Bid evaluation on the same day or on a subsequent date decided by the Bank.
Place of opening of Bids	Central Bank Of India, Resources Department, Central Office, 4th Floor, Chandermukhi, Nariman Point, Mumbai – 400021
Address for communication and contact number	Central Bank Of India, Resources Department, Central Office, 4th Floor, Chandermukhi, Nariman Point, Mumbai – 400021 Mr. Anand Kumar: 7277208716 Mr Rohan Marathe: 9870687768 Mr Kunal Balakrishnan: 9892557521
IEM	Mr. Anant Kumar Mail to: anant_in@yahoo.com Mr. Nirmal Anand Joseph Deva Mail to: meghanadeva2022@gmail.com

NOTE: Bids are to be submitted at GeM Portal only. No physical document will be accepted by the Bank. Bank reserve rights to Qualify/Disqualify, if any requisite documents are not found or deemed fit.

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- **Introduction**

Central Bank of India herein after referred to as the “Bank”, established in 1911, was nationalized in the year 1969 and today is a leading public sector bank listed in BSE/NSE.

The Bank has set up 13 Zonal Offices to exercise immediate supervision and control over the 90 Regional Offices, which in turn supervise the branches under their jurisdiction. The Bank has a network of 4556 plus branches, spread across the length and breadth of the country with presence in all the States and Union Territories.

The Bank also has specialized branches catering to the specific needs of Retail customers, Industrial Units, Corporate Clients, Forex Dealers, Exporters and Importers, Small Scale Industries and Agricultural Sector. Bank has implemented Core Banking Solution in all branches.

- **Disclaimer**

The information contained in this Request for Proposal (RFP) is provided to the Bidder(s) on the terms and conditions set out in this RFP document. The RFP document contains statements derived from information that is believed to be true and reliable at the date obtained but does not purport to provide all of the information that may be necessary or desirable to enable an intending contracting party to determine whether or not to enter into a contract or arrangement with Bank in relation to the provision of services.

The RFP document is not a recommendation, offer or invitation to enter a contract, agreement or any other arrangement, in respect of the services. The provision of the services is subject to observance of selection process and appropriate documentation being agreed between the Bank and any successful Bidder as identified by the Bank, after completion of the selection process as detailed in this document. No contractual obligation whatsoever shall arise from the RFP process unless and until a formal contract is signed and executed by duly authorized officers of Central Bank of India with the Bidder. The purpose of this RFP is to provide the Bidder(s) with information to assist the formulation of their proposals. This RFP does not claim to contain all the information each Bidder may require. Each Bidder should conduct their own investigations and analysis and should check the accuracy, reliability and completeness of the information in this RFP and where necessary obtain independent advice. Central Bank of India makes no representation or warranty and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of this RFP. Central Bank of India may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this RFP.

“Bank will be the master policy holder. Insurance company will be the Insurer and Insured will be the salary account holder.”

- **Details of the Broker in this policy**

Bank has appointed **M/s Anand Rathi Insurance Brokers Ltd (ARIBL)** (hereinafter referred to as “Broker” or “The Broker” to advise and assist the Bank on overall servicing of **Policy-01 Group Personal Accident Policy & Policy-02 Group Mediclaim Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26, 2026-27, 2027-28**. Anand Rathi Insurance Brokers Ltd is a composite Broker licensed by the Insurance Regulatory and Development Authority of India (IRDAI) and is based out of Times Tower, 9th Floor, Kamala Mills Compound, Lower Parel, Mumbai - 400013, India.

Contact Person and details:

- **Mr Rohan Marathe: 9870687768, rohanmarathe@rathi.com**
- **Mr. Kunal Balakrishnan: 9892557521, kunalbalakrishnan@rathi.com**

Policy-01 Group Personal Accident Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26, 2026-27, 2027-28.

• **Scope of Work:**

Bank intends to take out Group Personal Accident Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26, 2026-27, 2027-28 for sum insured values and coverage as stated in Annexure –1. The terms and conditions of the quote slips to be adhered to without any deviation and should form the basis upon which the Technical Bid is to be provided:

Note- Bank and Broker/s will not be a party to any dispute between the claimant and the Insurance Company. Any communication regarding data, approach through M/s Anand Rathi Insurance Brokers Ltd as they are Bank's mandated broker.

• **Group Personal Accident Policy 2025-26, 2026-27, 2027-28 (Annexure 1)**

A	Insured Name	Central Bank of India
B	Address for Communication	Central Office, Resources Department, 4 th Floor, Chandermukhi, Nariman Point, Mumbai – 400 021
C	Coverages for Account Holders	<u>Cent Salary/ Cent Queen Account Holders Coverages – The Policy to be issued on Named Basis</u> All the active account holders under “Cent Salary Product” and any other account variant launched by Bank in future will be eligible for the insurance cover under the Group Personal Accident Policy offered by the bank. The below coverage's to be applicable to the account holders: • Accidental Death cover • Air Accidental Death • Permanent Total Disability • Permanent Partial Disability • Defence /Armed force/Navy personnel/police to be covered. • Death/PTD/PPD due to war like situations for all kind of Defence / Armed force/Navy /police personnel to be covered. • Death/PTD/PPD due to any kind of air accident irrespective of any type of plane /helicopter to be covered. • Terrorism Cover/Naxalite/Militant Activities to be covered. • Death due to Animal Bite/Insect Bite/Snake bite/ Act of God Perils/Riot, Strike and Malicious Damage (RSMD) to be covered. • All Cent Salary/Cent Queen Account Holders will be

		covered under the policy irrespective of the Employment/Occupation.
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D	Sum Insured	<table border="1"> <tr> <th rowspan="2">Type of Account</th> <th rowspan="2">No. of Account Holders</th> <th colspan="4">Sum Insured (In Rs.)</th> </tr> <tr> <th>PAI</th> <th>AAI</th> <th>PTD</th> <th>PPD</th> </tr> <tr> <td>Elevate</td> <td>45853</td> <td>50 Lakhs</td> <td>50 Lakhs</td> <td>Nil</td> <td>Nil</td> </tr> <tr> <td>Empower</td> <td>16405</td> <td>50 Lakhs</td> <td>75 Lakhs</td> <td>Nil</td> <td>Nil</td> </tr> <tr> <td>Esteem</td> <td>5331</td> <td>100 Lakhs</td> <td>100 Lakhs</td> <td>Nil</td> <td>Nil</td> </tr> <tr> <td>Cent queen</td> <td>50000</td> <td>10 Lakhs</td> <td>Nil</td> <td>Nil</td> <td>Nil</td> </tr> <tr> <td>New Variant</td> <td></td> <td>i</td> <td>ii</td> <td>iii</td> <td>iv</td> </tr> </table>	Type of Account	No. of Account Holders	Sum Insured (In Rs.)				PAI	AAI	PTD	PPD	Elevate	45853	50 Lakhs	50 Lakhs	Nil	Nil	Empower	16405	50 Lakhs	75 Lakhs	Nil	Nil	Esteem	5331	100 Lakhs	100 Lakhs	Nil	Nil	Cent queen	50000	10 Lakhs	Nil	Nil	Nil	New Variant		i	ii	iii	iv
		Type of Account			No. of Account Holders	Sum Insured (In Rs.)																																				
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		Cent queen	50000	10 Lakhs	Nil	Nil	Nil																																			
New Variant		i	ii	iii	iv																																					

Existing Product:

Proposed Cover for New Product:

Variant Nomenclature to be added

	Sum Insured	A	B	C
PAI	i	100	120	150
AAI	ii	100	120	150
PTD	iii	100	120	150
PPD	iv	50	60	75

***PAI – Personal Accident Death**

h Cover

AAI – Air Accidental Death Cover

PTD – Permanent Total Disability Cover

PPD – Permanent Partial Disability Cover

The bank provides cover to the account holders on the basis of the categories for varied salary brackets. The categorization is decided by the bank internally and should not be questioned in the event of a claim. Please note that account holder's numbers given above are indicative and the actual data may vary at the time of inception of the policy.

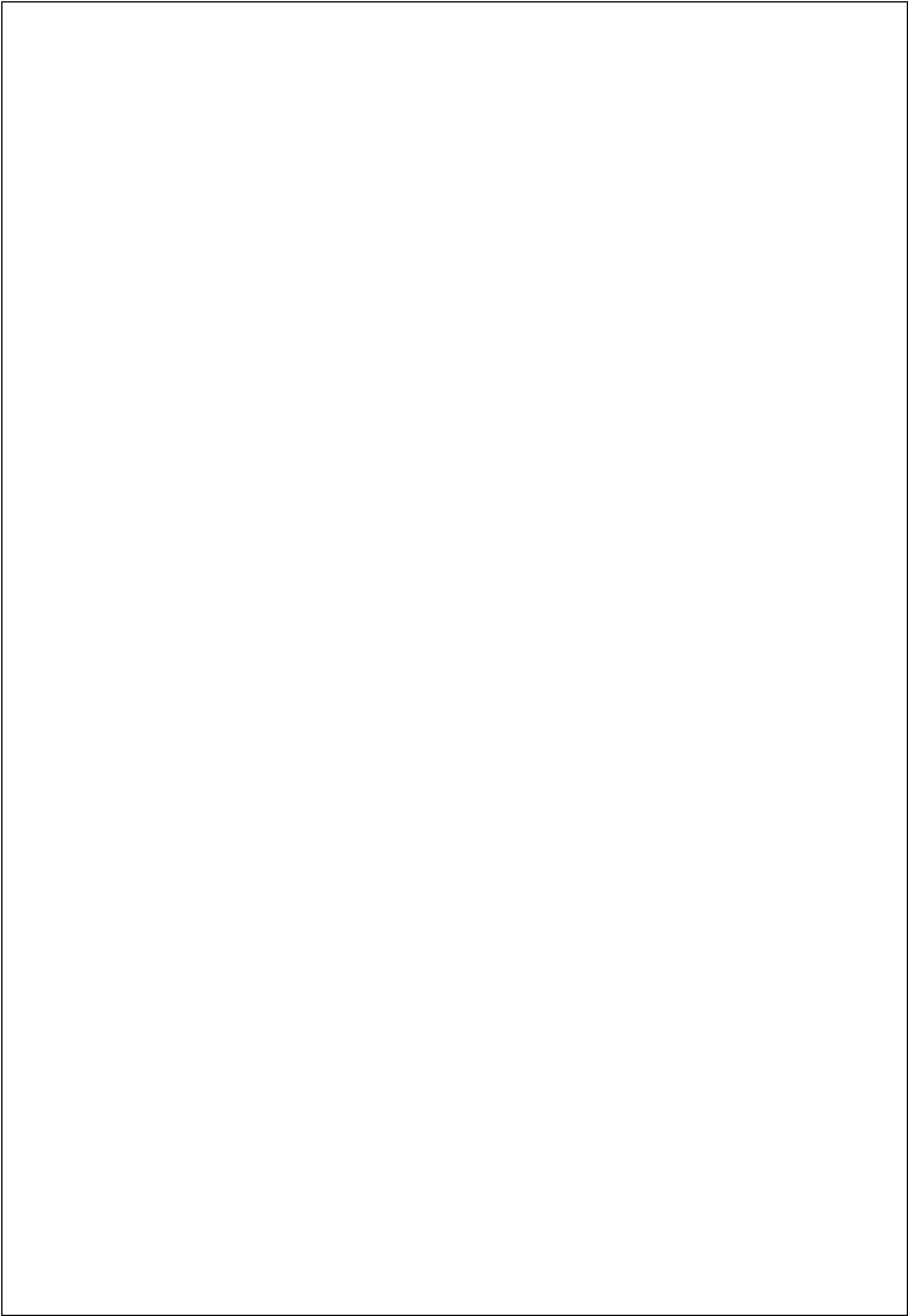
Bank may further create new types of Salary Packages for serving employees and Variants or delete existing Salary Packages and Variants during the policy period/s at its sole discretions, basis business consideration.

		The sum insured offered for corporate salary package account holders are subject to change /enhance during the policy period depending on the requirement of the corporates. The insurance company shall provide coverage as per the requirements specified by the bank. The details of corporate account holders will be shared at the time of issuance of the policy with the successful bidder.
E	Additional Terms and Conditions for Account Holders	• Account holders having age above 18 to 65 years are eligible to be covered under the policy or till the age of superannuation whichever is earlier. • The policy will be applicable for existing as well as new account holders of Central Bank of India. • Data for Addition of account Holders will be provided by the bank on Quarterly Basis & added account holders enrolled in a particular quarter will be covered from the subsequent quarter (where Quarter is, Q1- April – June, Q2 – July - Sept; Q3- Oct – Dec; Q4- Jan –March). This data will comprise of account holders added in the preceding quarter and premium to be paid for on pro-rata basis. • Existing customers of Cent Salary/ Cent Queen products covered in different policies will be renewed/added/rolled over in this policy on pro rata basis as per the requirements of the Bank. • Premium for the Salary Accounts added subsequently during the policy period will be paid under the cash deposit facility at the Quarterly intervals on pro rata basis, in subsequent quarter on or before 15 working days. • Insurance company will offer cash deposit (CD) facility (₹20 lakh) for the premium on addition of accounts during the policy period, for extending advance coverage to the accounts added quarter for which payment will be made in the succeeding quarter on or before 15 working days, on pro rata basis. • In case of joint accounts, only first/primary account holder will be eligible for insurance coverage in whose name Cent Salary/Cent Queen account is opened. • Mid-term enhancement of sum insured to be allowed in case of upgradation / migration /variant change/Scheme change/change in salary band / due to requirement by corporate during policy period and the pro-rata premium will be paid for the increase in sum insured. The claim in

		case of newly added account holders/existing account holders during the policy period should not be rejected merely on the ground that intimation is missed out to the insurance company when there is sufficient CD balance maintained by the insured. • Bank reserves the right to increase or decrease Sum Insured under PAI/AAI/PTD/PPD during policy period, at its sole discretion. • Sum Insured may be changed either for all or selected number of accounts under any Salary package/s during the policy period by the Bank at its sole discretion. • The quoted premium rate will remain unchanged for the entire policy period. • All admissible claims will be payable by the insurer to account holder/nominee/legal heir. • The Policy will remain in force for the entire policy period. The insurer will not cancel the policy mid-way till its expiry. • On receipt of the claim, the insurer should send an acknowledgement to the claimant/sender. • Any requirement/ deficiencies in the documents submitted shall be sought by the insurer within 7 working days of receipt of the claim documents. All the documents being in order, the Insurer will settle the claim within 15 working days from the date of receipt of documents. In case of unexplained delay of beyond 30 working days, the Insurer shall pay interest @2% above the prevailing Bank Rate from the date of claim, on the claim amount. • Delay in claim intimation should not be a ground for non-acceptance of claims by insurer. Also claims should not be rejected on account of delay in intimation/submission of claim documents. • If any accidental injury occurs within the twelve-calendar month of its occurrence , be the sole and direct cause of death of the insured the Capital Sum Insured opted by the insured shall become payable subject to terms & conditions of the Personal accident policy. • The Policy will be placed through M/s Anand Rathi Insurance Brokers Ltd as they are Bank's mandated broker. Brokerage & Servicing 1. The Bank has appointed M/s Anand Rathi Insurance Brokers
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		Ltd., a Composite Broker licensed by IRDAI, as the Broker to advise and assist the Bank on overall servicing of the policies issued under this RFP. - The Bank shall not pay any commission, fee, or remuneration to the Broker for the aforesaid services. - The successful insurance company (ies) shall directly compensate the Broker by way of brokerage/commission at the rate of 2% of the premium, in compliance with the IRDAI (Insurance Intermediaries) Regulations, 2016 and subsequent amendments. - Bidders are required to take note of the above while submitting their proposals as per Scope of Work.
	Add on cover	- Cost of Plastic Surgery/Burn – Up to 5 Lakhs - Death after Coma after accident (more than 48 hrs) – Up to 5 Lakhs - Child Higher Education Cover (for Graduation) age between 18-25 Year – 10 Lakhs (For 1 child only) - Girl Child Cover for Marriage (Age 18-25 Years) – 10 Lakhs (For 1 girl child only) - Repatriation of mortal remains- 0.50 Lakhs - Ambulance Charges- 0.50 Lakhs
F	Documents to be submitted in event of a Claim	For Accidental Death: - Claim form duly filled in and signed by the legal heir/nominee/legal representatives and attested by any gazetted official. - Death certificate in original or copy of death certificate duly attested by bank officials or gazette officer. - Copy of First Information Report (FIR)/Police intimation (attested by bank official)/General diary with brief details of incident duly attested by police official/attested by bank official. - Copy of post-mortem report and viscera report if it is conducted (attested by bank officials). In case post-mortem not conducted, other supporting document which confirms cause of death may be required. - Statement of account duly attested by Bank officials. - Annexure certifying/ attesting the salary account from home branch - Discharge/death summary (In case insured was admitted to hospital after accident for treatment). - If the death occurs in the hospital a medical certificate to be submitted.

		• Proof of payment for ambulance charges incurred if any for transportation of the insured to hospital following an accident. • Proof of payment for transportation charges incurred if any to move insured's dead body to the place of residence. • In the event of a missing person declared dead by the governing authority then in such a situation the claim should be settled by the insurer on the basis of FIR/ Police intimation (attested by bank official)/General diary with brief details of incident by police official/ attested by bank official, claim form and claim intimation only. • With regards to air accident, any documents substantiating the claim. • Copy of KYC documents of deceased account holder and legal heir/nominee/legal representatives attested by bank official. For Permanent Total Disability / Permanent Partial Disability: • Claim Form signed by the account holder / legal heir/nominee/legal representatives and attested by bank official. • KYC Documents of the disabled account holder • Statement of account duly attested by Bank officials. • Annexure certifying/ attesting the salary account from home branch. • Documents supporting for customer ID if available. • Disability certificate / Report issued by treating Medical Practitioner • Discharge Summary with supporting documents i.e. Investigation reports, X-Ray, MRI, Consultation Reports, Lab Reports etc. • Photograph of the disabled customer showing the disability if available. • FIR / Police Complaint wherever applicable (In case of Accident) • Any other document supporting the claim.
G	Period of Insurance	New Policy (After the completion of RFP Evaluation Process) 2025-26, 2026-27, 2027-28
I	Claim History	New Policy
J	Other terms and conditions	As per the below mentioned policy wordings



Policy Wording
Group Personal Accident Insurance Policy for Cent Salary/ Cent Queen Account Holders of
Central Bank of India

POLICY NUMBER-
PERIOD OF INSURANCE-

TERMS AND CONDITIONS OF GROUP PERSONAL ACCIDENT (Accidental DEATH+PTD+PPD)
named basis

WHEREAS the Insured named in the Schedule herein (herein after called the 'Insured' has made and/or caused to be made to the __COMPANY LIMITED., (herein after called 'the Insurer' proposals and/or declaration dated as stated in the Schedule hereto which together with any statements and warranties contained therein shall be the basis of this contract and is/are deemed to be incorporated herein for the insurance hereinafter set forth in respect of persons detailed in the Schedule of Insured Persons (herein after called the ('Insured Persons')). Insured person means the account holder of Central Bank of India

Now this Policy witness that subject to and in consideration of the payment made to the Insurer the premium for the period stated in the Schedule or for any further period for which the Insurer may accept payment for the renewal of this Policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the Insurer shall pay to the INSURED to the extent and in the manner hereinafter provided that if any of the Insured Persons shall Sustain bodily injury / death resulting solely and directly from accident including caused by external, violent and visible means, injury which may be internal and lead to death, the sum hereinafter set forth in respect of any of the Insured persons specified in the Schedule.

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the (Death+PPD+PTD) of the Insured person, the Capital Sum Insured stated in the Schedule hereto, applicable to such insured person.

Death: Benefit equal to 100% of Capital Sum Insured shall be payable on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.

Permanent Total Disability: Benefit equal to 100% of Capital Sum Insured shall be payable if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:

- a) Total and irrecoverable loss of sight of both eyes or
- b) Physical separation or loss of use of both hands or feet or
- c) Physical separation or loss of use of one hand and one foot or
- d) Loss of sight of one eye and Physical separation or loss of use of hand or foot
- e) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.

Permanent Partial Disability: Sum Insured specified below shall be payable if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident:

Loss Covered	Percentage of Sum Insured
1. Loss of Use/ Physical Separation:	
One entire hand	50%
One entire foot	50%
Loss of Sight of one eye	50%
Loss of toes – all	20%
Great both phalanges	5%
Great – one phalanx	2%
Other than great if more than one toe lost	1%
2. Loss of Use of both ears	50%
3. Loss of Use of one ear	20%
4. Loss of four fingers and thumb of one hand	40%
5. Loss of four fingers	35%
6. Loss of thumb	
both phalanges	25%
one phalanx	10%
7. Loss of Index finger -	
three phalanges	10%
two phalanges	8%
one phalanx	4%
8. Loss of middle finger –	
three phalanges	6%
two phalanges	4%
one phalanx	2%
9. Loss of ring finger -	
three phalanges	5%
two phalanges	4%
one phalanx	2%
10. Loss of little finger –	
three phalanges	4%
two phalanges	3%
one phalanx	2%
11. Loss of metacarpus -	
first or second (additional)	3%

third, fourth or fifth (additional)	2%
12. Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

EXCLUSIONS

PROVIDED ALWAYS THAT:

The Insurer shall not be liable under this Policy for:

- Payment of compensation in respect of Death,
 - from intentional self-injury, suicide or attempted suicide,
 - whilst under the influence of intoxicating liquor or drugs
 - whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. This exclusion will not apply to Defence / Armed force/Navy /police personnel.
 - directly or indirectly caused by VENEREAL DISEASES, AIDS OR INSANITY,
 - Arising or resulting from the insured person committing any breach of law with criminal intent.

{ Standard type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine}.
- Payment of compensation in respect of death due to or arising out of or directly or indirectly connected with or traceable to declared war, invasion, civil war, rebellion, insurrection, mutiny, Military or usurped power seizure, capture, arrests, restraints, and detainments of all kings, princes and people of whatsoever nation condition or quality. However death/PTD/PPD due to war like situations will be covered for Defence / Armed force/Navy /police personnel.
- Payment of Compensation in respect of death to the Insured person –
 - Directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
 - Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
 - Pregnancy Exclusion Clause:

The Insurance under this Policy shall not extend to cover death resulting directly or indirectly caused by contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof.

Provided also that the due observance and fulfillment of the terms and conditions of this Policy (Which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Insurer under this Policy.

OTHERS

- The effective period of policy will be __/__/2025 to __/__/2026 and for succeeding two policy years (2026-27 and 2027-28) basis annual review, at Bank's sole discretion.
- The Contract for procurement will be awarded for three years. However, the policy to be issued on annual basis. The continuation of the appointed Insurance Broker / Insurance Company for a further period of two years will be subject to annual review and will be at the sole discretion of the Bank. The cover will be valid for full contract period.
- The bidders i.e. Insurance Companies will be required to charge premium in succeeding two policy years on loading / discounting basis as under –

Table

Discounting Matrix

<u>Incurred Claim Ratio (ICR)* Up to</u>	50% to 55%	<u>Discounting%</u>	50%
	>55% to 60%		45%
	>60% to 65%		40%
	>65% to 70%		35%
	>70% to 75%		30%
	>75% to 80%		25%
	>80% to 85%		20%
	>85% to 90%		15%
	>90% to 100%		Nil

Loading Matrix

<u>Incurred Claim Ratio (ICR)* Up to</u>	>100% to 110%	<u>Loading %</u>	5%
	>115% to 120%		15%
	>120% to 125%		20%
	>125% to 135%		25%
	>135% to 140%		30%
	>140% to 145%		35%
	>145% to 150%		40%
	>150%		50%

***ICR = Claims Paid + Claims Outstanding + Applicable IBNR up to 180 days of Policy Expiry date**

CONDITIONS

- Upon the happening of any event which may give rise to a claim under this Policy, intimation with all particulars must be given to the Insurer/ broker immediately by email/ telephone/ fax/ letter. The relevant supportive documents as per the agreement between the insurer and insured may be submitted by the claimant to broker at the earliest. No claims will be rejected on account of delay in intimation of claims/submission of claim documents.
- Proof satisfactory to the insurer shall be furnished of all matters upon which a claim is based. In the event of death, a post-mortem examination of the body of the Insured person if conducted and if necessary, shall also be submitted to the insurer.

- All the documents being in order, the Insurer will settle the claim within 15 days from the date of receipt of the documents. In case of unexplained delay of beyond 30 days, the Insurer shall pay interest @2% above the prevailing Bank Rate from the date on claim, on the claim amount.
- The Insurer 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 statement or device, whether by the Insured or by any person on behalf of the Insured.
- This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Insurer on or before the date of expiry of the Policy or of the subsequent renewal thereof. The Insurer shall not however, be bound to give notice that such renewal premium is due.
- The Insurer shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured shall in all cases be an effective discharge to the Insurer.
- If any dispute or difference shall arise to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single arbitrator within 60 days of any party invoking arbitration, the same shall be referred to panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/differences 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 Conciliations Act 1996.
- In case either party shall refuse or fail to appoint arbitrator within two calendar months after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint sole arbitrator and in case of disagreement between the arbitrators the difference shall be referred to the decision of an umpire who shall have been appointed by them in writing before entering on the reference and who shall sit with the arbitrators and preside at their meetings.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Insurer 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 the award by such arbitrator/arbitrators or umpire of the amount of the loss or damage shall be first obtained.

It is also hereby further expressly agreed and declared that if the Insurer shall disclaim liability to the Insured for any Claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

FORMING PART OF POLICY NUMBER

CLAIM PROCEDURE

The fulfilment of the terms and conditions of this Policy (including the realization of premium) in so far as they relate to anything to be done or complied with by the Policy holder, including complying with the following steps by the Claimant for admissibility of the Claim.

- Claims Intimation in the event of accident which has resulted in a Claim or may result in a Claim covered under the Policy, the claimant/Nominee /legal heir /legal representative must notify to the insurer/ Broker through telephone/email/ fax/letter immediately. Relevant documents to be submitted after the date of (death/PPD/PTD) at the earliest.
- The following details are to be provided to the insurer/ broker at the time of intimation of Claim
 - **Name of the Account Holder**
 - **Account Number**
 - **Brief note on incident**
 - **Loss amount**
 - **Date of Accident**
 - **Date of Death (if applicable)**
- The claimant/Nominee /legal heir /legal representative shall submit the following documents to broker in support of the Claim at the earliest as per workflow mentioned in the SLA.

For Accidental Death:

- Claim form duly filled in and signed by the legal heir/nominee/legal representatives and attested by bank official.
- Death certificate in original or copy of death certificate duly attested by bank officials or gazette officer.
- Copy of First Information Report (FIR)/Police intimation (attested by bank official)/General diary with brief details of incident duly attested by police official/attested by bank official.
- Copy of post-mortem report and viscera report if it is conducted (attested by bank officials). In case post-mortem not conducted, other supporting document which confirms cause of death may be required.
- Statement of account duly attested by Bank officials.
- Discharge/death summary (In case insured was admitted to hospital for treatment).
- If the death occurs in the hospital a medical certificate to be submitted.
- Proof of payment for ambulance charges incurred if any for transportation of the insured to hospital following an accident.
- Proof of payment for transportation charges incurred if any to move insured's dead body to the place of residence.
- In the event of a missing person declared dead by the governing authority then in such a situation the claim should be settled by the insurer on the basis of FIR/ Police intimation (attested by bank official)/General diary with brief details of incident by police official/ attested by bank official, claim form and claim intimation only

- With regards to air accident any documents substantiating the claim
- Copy of KYC documents of deceased account holder and legal heir/nominee/legal representatives attested by bank official.
- **Permanent Total Disability / Permanent Partial Disability:**
 - Claim Form signed by the account holder / legal heir/nominee/legal representatives and attested by bank official.
 - KYC Documents of the disabled account holder
 - Documents supporting for customer ID if available.
 - Disability certificate / Report issued by treating Medical Practitioner
 - Discharge Summary with supporting documents i.e. Investigation reports, X Ray, MRI, Consultation Reports, Lab Reports etc.
 - Photograph of the disabled customer showing the disability if available.
 - FIR / Police Complaint wherever applicable (In case of Accident)
 - Any other document supporting the claim.

RENEWAL AND CANCELLATION

- This policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the insurer on or before the date of expiry of the policy or of the subsequent renewal thereof. The Insurer shall not however, be bound to give notice that such renewal premium is due.
- The insurer shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this policy but the receipt of the Insured shall in all cases to be an effective discharge to the insurer.
- If insured wishes to cancel the policy the insured should give the insurer 15 days' notice in writing. The insurer shall refund to the insured balance premium after retaining premium as per the short-term scale for the unexpired Policy Period as shown below:

Policy Period	Premium Retained (% of Annual Rate)
Up to 1 Month	25%
Up to 3 Months	40%
Up to 6 Months	75%
Up to 9 Months	90%
Exceeding 9 Months	100%

- It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering account Holders, the benefit thereof would not be available to members who cease to be part of the group for any reason whatsoever. Such members may obtain further individual insurance directly from the Insurer and any claims shall be governed by the terms thereof.
- No refund of premium shall be due on cancellation if the Insured has made a claim under this Policy.

- The policy will remain in force for the entire policy period. The insurer will not cancel the policy mid-way till its Expiry.

TERRITORIAL LIMITS AND LAW

The insurer covers Accidental Bodily Death/Injury sustained by the Insured Person during the Policy Period anywhere in the World, but the insurer will make payment within India and in Indian Rupees. Further additional covers (add- on covers) under PAI would be applicable within India. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.

Authorized Signatory

Name:

Designation:

Vendor's Corporate Name:

Eligibility Criteria for Group Personal Accident Policy: (Annexure A1)

The bidders should be a General Insurance Service Providers in India approved by the IRDAI. The bidder should submit following documents.

- Bidder should be registered with IRDAI under General Insurance Category.(Separate declaration on company letterhead to confirm the same)
- Gross Written Premium (INR. In Crores) for FY: 2024-25 More than 1000 Crores. (Separate declaration on company letterhead to confirm the same)
- Claim Settlement Ratio for FY: 2024-25 (Total claims settled during the year/ Total Claims received during the year) Minimum benchmark 90%. (Separate declaration on company letterhead to confirm the same)
- Insurance Company serving more than 10000 Lives, of Employee Benefits Policies including 2 SCBs excluding Regional Rural Banks & Cooperative Banks for FY: 2024-25. (Policy Copies to be attached reflecting number of lives)
- General insurance company should have been at least 2 SCB bank as corporate agent partner excluding Regional Rural Banks & Cooperative Banks.
- Bidder should have minimum 75 branches across India as on 31.03.2025.
- The Bidder should not be currently blacklisted by Government / Government Agency / Bank / Institution of India.

Policy-02 Group Mediclaim Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26, 2026-27, 2027-28.

Scope of Work:

Central Bank of India offers complimentary Group Mediclaim Insurance Policy Cover for Cent Salary/ Cent Queen for the year 2025-26, 2026-27, 2027-28. However, the cover may be extended to any of the Salary Package customers. Premium payment will be done by the Salary Account Holders who will opt for the Mediclaim Insurance Cover. Bank will create a platform for the Account Holders to purchase the same.

The terms and conditions of the quote slips to be adhered to without any deviation and should form the basis upon which the Technical Bid is to be provided:

Note- Bank and Broker/s will not be a party to any dispute between the claimant and the Insurance Company. Any communication regarding data, approach through M/s Anand Rathi Insurance Brokers Ltd as they are Bank's mandated broker.

Group Mediclaim Policy 2025-26, 2026-27, 2027-28 (Annexure 1)

A	Insured Name	Central Bank of India
B	Address for Communication	Central Bank of India, Central Office, Resources Department, 4 th Floor, Chandermukhi, Nariman Point, Mumbai – 400 021
C	Coverages for Account Holders	<u>Cent Salary/ Cent Queen Account Holders Coverages – The Policy to be issued on Named Basis</u> All the active account holders under “Cent Salary Product” and any other account variant launched by Bank in future will be eligible for the insurance cover under the Group Mediclaim Policy.
Policy Coverage's		
	Hospitalization	Covered
	Sum Insured	Starting from 01 Lakh up to 10 Lakhs Family Floater Policy
	Pre – Post Hospitalization	60 Days Pre & 90 Days Post Hospitalization (No Restrictions on expenses towards Pre-Post Hospitalization & Major illness i.e. covered up to overall SI)
	Pre – Existing Disease	Covered
	30 days waiting Period	Waived off.
	Waiting Period of 1,2,3 years	Waived off.
	Room Rent	Room Rent is restricted to 1% of SI for Normal & 2% of SI for ICU (Room rent limit incl. of nursing charges). In case of admission in normal room, if insured is admitted in a higher category, then insured will bear difference of all associated medical expenses as in final hospital bill in same proportion.
	Maternity Cover	Normal Delivery Rs.35,000/- & Cesarean Section Rs.50,000/- (Up to 2 Deliveries)
	9 month waiting period	Waived off.

Dependent Children	Cover Up to 23 Years age. Crippled / physically challenged children without age restriction.
Cashless Facility	Through TPA
Addition of New born child	New Born child cover from day 1
Ailment-wise	Appendix : Metro- 30,000/-, Non-Metro- 30,000/-, Cataract : Metro- 25,000/-, Non-Metro- 25,000/-, Gall Bladder : Metro- 30,000/-, Non-Metro- 30,000/-, Hernia : Metro- 50,000/-, Non-Metro- 50,000/-, Hydrocele : Metro- 30,000/-, Non-Metro- 30,000/-, Hysterectomy : Metro- 30,000/-, Non-Metro- 30,000/-, Piles : Metro- 30,000/-, Non-Metro- 30,000/-
Internal Congenital Disease	Covered
External Congenital Disease	Not Covered
Special condition	Liability for Nasal Sinus Surgeries, Fistula, Fissure, Tonsillitis upto Rs.30,000; Hospitalization arising out of Psychiatric ailments upto Rs.30,000;
Ambulances charges	Ambulance Charges limited to Rs.1500 Per Person.
Dental Treatment	Not Covered, unless arising out of accident and necessitating hospitalization
Daycare Procedures	Covered
Ayush Treatment	Not Covered
Co-Payment	Not applicable
Modern Treatment	50% Co-Pay for cyberknife treatment, Stem Cell Transplantation, Uterine Artery Embolization and HIFU, Balloon Sinuplasty, Deep Brain stimulation, Immunotherapy- Monoclonal Antibody to be given as injection, Robotic surgeries, Stereotactic radio surgeries, Bronchical Thermoplasty, Vaporisation of the prostate (Green laser treatment or holmium laser treatment), IONM - (Intra Operative Neuro Monitoring). Cochlear Implant treatment and Oral chemotherapy shall be restricted to 50% of the Sum Insured(SI). Intra vitreal injection, Benign Prostate, Hypertrophy is covered upto 50% of SI maximum upto Rs.50,000 per family.
Claim Document Submission Clause	All Claim documents for reimbursement should be submitted within 30 days from the date of discharge in case of claim for Pre-hospitalisation and post Hospitalisation expenses. For Post Hospitalization expenses, all claim documents should be submitted within 15 days of the completion of Post hospitalization treatment or Post hospitalization days limit stated in the Policy whichever is earlier.
Additional Terms and Conditions for Account Holders	Policy covers hospitalization expenses for medical surgical treatment arising out of any disease/ailment/illness/accident.

Hospitalization and major illness i.e. covered up to overall sum insured.

No restrictions on expenses towards pre and post.

No Co-Pay clause.

Sum Insured is on family floater basis i.e. anyone member or all the members put together can avail hospitalization benefit during the policy period up to the available sum insured.

6) Every notice or communication regarding hospitalization or claim to be given or made under this Group Policy shall be communicated to the THIRD PARTY ADMINISTRATOR office- which shall be decided - other matters relating to the policy may be communicated to the Anand Rathi Insurance Brokers / policy issuing office.

7) Notice of Communication: Upon the happening of any event which may give rise to a claim under this policy notice with full particulars shall be sent to THIRD PARTY ADMINISTRATOR immediate however maximum within 48 hours from the time of hospitalization. This is irrespective of whether the claim is preferred to with the TPA under the IBA Policy and/or under the Group Policy. This is not applicable in the event no claim is desired to be preferred to under this Group Policy.

(No claim is will be rejected on the ground of Delay Intimation or Submission)

8) Brokerage & Servicing

1. The Bank has appointed M/s Anand Rathi Insurance Brokers Ltd., a Composite Broker licensed by IRDAI, as the Broker to advise and assist the Bank on overall servicing of the policies issued under this RFP.
2. The Bank shall not pay any commission, fee, or remuneration to the Broker for the aforesaid services.
3. The successful insurance company (ies) shall directly compensate the Broker by way of brokerage/commission at the rate of 2% of the premium, in compliance with the IRDAI (Insurance Intermediaries) Regulations, 2016 and subsequent amendments.

		4. Bidders are required to take note of the above while submitting their proposals as per Scope of Work.
	Family Definition	Self + Spouse+ 2 Children
	Premium Payment	Premium to be borne by the customer/salary account holder.
	Broker	Policy will be placed through M/s Anand Rathi Insurance Brokers Limited

Rest all terms and condition as per the Standard Group Health Insurance Mediclaim Policy

COVERAGE: NOW THIS POLICY WITNESSES that, subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any Insured Person shall contract any disease or suffer from any Illness (herein defined) or sustain any Injury (herein defined) and if such Illness or Injury shall require any such Insured Person, upon the advice of a duly qualified Medical Practitioner/ Medical Surgeon to incur Hospitalization Expenses (herein defined) for Medical / Surgical treatment at a Hospital / Day Care Centre in India as (herein defined) as an Inpatient, the Company will pay to the Hospital or reimburse the Insured person, through the Third Party Administrator, amount of such expenses as would fall under different heads mentioned below and are Reasonably and Customarily, and Medically Necessary incurred in respect thereof by or on behalf of such Insured Person.

STANDARD DEFINITIONS

- **ACCIDENT** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- **ANY ONE ILLNESS** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital where treatment may have been taken.
- **AYUSH HOSPITAL** is a Healthcare facility wherein medical / surgical / para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - Central or State Government AYUSH Hospital or
 - Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine / Central Council for Homeopathy; or
 - AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

- Having at least 5 in-patient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- **AYUSH DAY CARE CENTRE** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:
- Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- **CASHLESS FACILITY** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the policy terms and conditions, are directly made to the network provider by the Company to the extent pre-authorization approved.
- **CONDITION PRECEDENT:** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- **CONGENITAL ANOMALY:** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- **CONGENITAL INTERNAL ANOMALY** means a Congenital Anomaly which is not in the visible and accessible parts of the body.
 - **CONGENITAL EXTERNAL ANOMALY** means a Congenital Anomaly which is in the visible and accessible parts of the body
- **DAY CARE CENTRE:** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:
- Has qualified nursing staff under its employment;

- Has qualified medical practitioner/s in charge;
 - 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 insurance company's authorized personnel.
- **DAY CARE TREATMENT** refers to medical treatment or Surgery which are:
 - Undertaken under General or Local Anesthesia in a Hospital/Day Care Centre in less than 24 hours because of technological advancement, and
 - Which would have otherwise required a hospitalization of more than 24 hours.

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

- **DENTAL TREATMENT** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery / implants.
- **DISCLOSURE TO INFORMATION NORM:** The policy shall be void and all premium paid thereon shall be forfeited to Us in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- **EMERGENCY CARE** means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical.
- **GRACE PERIOD** means specified period of time immediately following the premium due date during which a payment can be made to renew or continue the Policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- **HOSPITAL** means any institution established for Inpatient Care and Day Care treatment of Illness and / or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishment (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said act OR complies 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 at least 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 Insurance company's authorized personnel.

The term 'Hospital' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

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

Anti-Rabies Vaccination	Hysterectomy
Appendectomy	Inguinal/Ventral/Umbilical/Femoral Hernia
Coronary Angiography	Lithotripsy (Kidney Stone Removal)
Coronary Angioplasty	Parenteral Chemotherapy
Dental surgery following an accident	Piles / Fistula
Dilatation & Curettage (D & C) of Cervix	Prostate
Eye surgery	Radiotherapy
Fracture / dislocation excluding hairline Fracture	Sinusitis
Gastrointestinal Tract system	Stone in Gall Bladder, Pancreas, and Bile Duct
Haemo-Dialysis	Tonsillectomy,
Hydrocele	Urinary Tract System

OR any other Surgeries / Procedures agreed by TPA/Company which require less than 24 hours hospitalization due to advancement in Medical Technology.

- **ILLNESS** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- **INJURY** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
 - Acute Condition means a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease / Illness / Injury which leads to full recovery.
 - Chronic Condition means a disease, Illness, or Injury that has one or more of the following characteristics
 - it needs ongoing or long-term monitoring through consultations, examinations, checkups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be special trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur

- **INPATIENT CARE** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- **INTENSIVE CARE UNIT (ICU)** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- **ICU (INTENSIVE CARE UNIT) CHARGES** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- **MEDICAL ADVICE** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- **MEDICAL EXPENSES** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Injury on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- **MEDICALLY NECESSARY** treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which is required for the medical management of the Illness or Injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a Medical Practitioner;
 - must confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

Note: The Medical Practitioner should not be the insured or close family members.

- **NETWORK HOSPITAL** means Hospitals enlisted by the Company, TPA or jointly by the Company and TPA to provide medical services to an Insured by a cashless facility.
- **NON-NETWORK HOSPITAL** means any Hospital that is not part of the network.
- **NOTIFICATION OF CLAIM** means the process of intimating a claim to the Company or TPA through any of the recognized modes of communication.
- **PRE-EXISTING DISEASE (PED)** means any condition, ailment, Injury or Illness
 - That is/are diagnosed by a physician within 48 months prior to the effective date of the Policy issued by Us and its reinstatement or
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Policy or its reinstatement.
- **PRE-HOSPITALISATION MEDICAL EXPENSES** mean Medical Expenses incurred during the period preceding the Insured Person is Hospitalised, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- **POST-HOSPITALISATION MEDICAL EXPENSES** mean Medical Expenses incurred during the period immediately after the Insured Person is discharged from the hospital provided that:
 - Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - The Inpatient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.
- **QUALIFIED NURSE** Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- **REASONABLE AND CUSTOMARY CHARGES** mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.
- **RENEWAL** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- **ROOM RENT** means the amount charged by a Hospital for the occupancy of a bed per day (24 hours) basis and shall include associated medical expenses.
- **SURGERY OR SURGICAL PROCEDURE** means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- **UNPROVEN/EXPERIMENTAL TREATMENT** means treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
- **AGE** means age of the Insured person on last birthday as on date of commencement of the Policy.
- **ASSOCIATE MEDICAL EXPENSES** means medical expenses such as Professional fees of Surgeon, Anaesthetist, Consultant, Specialist; Anaesthesia, Blood, Oxygen, Operating Theatre Charges and

Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to the treatment.

- **AYUSH TREATMENT** refers to Hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- **BREAK IN POLICY** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
- **INSURED PERSON** means person(s) named in the schedule of the Policy
- **POLICY** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person
- **POLICY PERIOD** means period of one policy year as mentioned in the schedule for which the Policy is issued.
- **POLICY SCHEDULE** means the Policy Schedule attached to and forming part of Policy
- **POLICY YEAR** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.
- **SUB-LIMIT** means a cost sharing requirement under this policy in which We would not be liable to pay any amount in excess of the pre-defined limit.
- **SUM INSURED** is the maximum amount of coverage opted for each Insured Person and shown in the Schedule.
- **THIRD PARTY ADMINISTRATORS (TPA)** means a Company registered with the Authority, and engaged by an Insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
- **WAITING PERIOD** means a period from the inception of this Policy during which specified diseases / treatments are not covered. On completion of the period, diseases / treatments shall be covered provided the Policy has been continuously renewed without any break.

BENEFITS COVERED UNDER THE POLICY

Following Reasonable & Customary expenses are reimbursable under the policy

- Room rent, Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses) as provided by the Hospital not exceeding 1.0 % of the sum Insured per day or actual, whichever is less.
- Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses not exceeding 2.0 % of the sum insured per day, or actual, whichever is less.
- Associate Medical Expenses; such as Professional fees of Surgeon, Anaesthetist, Consultant, Specialist; Anaesthesia, Blood, Oxygen, Operating Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to the treatment.
- Cost of Pharmacy and Consumables, Cost of Implants and Medical Devices and Cost of Diagnostics.
- Pre-hospitalization medical expenses up to 60 days period.
- Post hospitalization medical expenses up to 90 days period.

NOTE:

- Proportionate Deduction is applicable on the Associate Medical Expenses, if the Insured Person opts for a higher Room than his eligible category. It shall be effected in the same proportion as the eligible rate per day bears to the actual rate per day of Room Rent.
However, it is not applicable on
 - Cost of Pharmacy and Consumables
 - Cost of Implants and Medical Devices
 - Cost of Diagnostics.

Proportionate Deduction shall also not be applied in respect of Hospitals which do not follow differential billing or for those expenses in which differential billing is not adopted based on the room category, as evidenced by the Hospital's schedule of charges / tariff.

- No payment shall be made under 3.3 other than as part of the hospitalization bill.
- However, the bills raised by Surgeon, Anesthetist directly and not included in the hospitalization bill may be reimbursed in the following manner:
- The Reasonable, Customary and Medically Necessary Surgeon fee and Anesthetist fee would be reimbursed, limited to the maximum of 25% of Sum Insured. The payment shall be reimbursed provided the insured pays such fee(s) through cheque and the Surgeon / Anesthetist provides a numbered bill. Bills given on letter-head of the Surgeon, Anesthetist would not be entertained.

- **EXCLUSIONS**

STANDARD EXCLUSIONS

The Company shall not be liable to make any payment under this policy in respect of:

- **PRE-EXISTING DISEASES (Code- Excl01)**
 - Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
 - In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
 - Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

- **SPECIFIC WAITING PERIOD (Code- Excl02)**

- Expenses related to the treatment of the following listed conditions, surgeries / treatments shall be excluded until the expiry of Ninety Days / 24 / 48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- 90 Days Waiting Period
 - Diabetes Mellitus
 - Hypertension
 - Cardiac Conditions
- 24 Months waiting period
 - Any Skin disorders
 - All internal & external benign tumours, cysts, polyps of any kind, including benign breast lumps
 - Benign Ear, Nose, Throat disorders
 - Benign Prostate Hypertrophy
 - Cataract & age-related eye ailments
 - Gastric/ Duodenal Ulcer
 - Gout & Rheumatism
 - Hernia of all types
 - Hydrocele
 - Hysterectomy for Menorrhagia/Fibromyoma, Myomectomy and Prolapse of uterus
 - Non-Infective Arthritis
 - Piles, Fissure and Fistula in Anus
 - Pilonidal Sinus, Sinusitis and related disorders
 - Prolapse Inter Vertebral Disc unless arising from Accident
 - Stone in Gall Bladder & Bile duct
 - Stones in Urinary Systems
 - Unknown Congenital Internal Anomaly
 - Varicose Veins and Varicose Ulcers
 - Puberty and Menopause related Disorders
 - Behavioural and Neuro-Developmental Disorders:
 - Disorders of adult personality
 - Disorders of speech and language including stammering, dyslexia

- **48 Months waiting period**
 - Joint Replacement due to Degenerative Condition
 - Age-related Osteoarthritis & Osteoporosis
 - Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders.
 - Age Related Macular Degeneration (ARMD)
 - Genetic diseases or disorders
 - External Congenital Diseases

FIRST THIRTY DAYS WAITING PERIOD (Code- Excl03)

- Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

PERMANENT EXCLUSIONS: Any medical expenses incurred for or arising out of:

- **INVESTIGATION & EVALUATION (Code- Excl04)**

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

However, Treatment for any symptoms, Illness, complications arising due to physiological conditions for which aetiology is unknown is not excluded. It is covered with a Sub-Limit of upto 10% of Sum Insured per policy period

- **REST CURE, REHABILITATION AND RESPITE CARE (Code- Excl05)** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. However, Expenses related to any admission primarily for enteral feedings is not excluded, if the Oral intake is absent for a period of at-least 5 days. It will be covered for a Maximum period of 14 days in a Policy Period.

• **OBESITY/ WEIGHT CONTROL (Code- Excl06)** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- Surgery to be conducted is upon the advice of the Doctor
- The surgery/Procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and

- Body Mass Index (BMI);
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - Obesity-related cardiomyopathy
 - Coronary heart disease
 - Severe Sleep Apnea
 - Uncontrolled Type2 Diabetes

CHANGE-OF-GENDER TREATMENTS (Code- Excl07)

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

COSMETIC OR PLASTIC SURGERY (Code- Excl08)

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

HAZARDOUS OR ADVENTURE SPORTS (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

However, Treatment related to Injury or Illness associated with Hazardous activities related to particular line of employment or occupation (not for recreational purpose) is not excluded.

• **EXCLUDED PROVIDERS (Code-Excl11)**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim

- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**
- Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code- Excl13)**
- Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **(Code- Excl14)**

- **REFRACTIVE ERROR (Code- Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
- **UNPROVEN TREATMENTS (Code- Excl16)**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- **STERILITY AND INFERTILITY (Code- Excl17)**
Expenses related to sterility and infertility. This includes:
 - Any type of contraception, sterilization
 - Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - Gestational Surrogacy
 - Reversal of sterilization
- **MATERNITY EXPENSES (Code - Excl18)**
 - Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

SPECIFIC EXCLUSIONS

- War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
- Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
- Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- Circumcision unless required to treat Injury or Illness.

- Vaccination & Inoculation.
- Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.
- All types of Dental treatments except arising out of an accident
- Convalescence, general debility.
- Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide.
- However, Failure to seek or follow medical advice or failure to follow treatment is not excluded. It is covered with a sub-limit of 10% of Sum Insured per policy period.
- Naturopathy Treatment
- Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.
- Stem cell implantation / surgery
- Domiciliary Hospitalization
- Treatment taken outside India.
- Change of treatment from one system to another unless recommended by the consultant / hospital under whom the treatment is taken.
- Service charges or any other charges levied by hospital, except registration/admission charges.
- Treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.

• **GENERAL TERMS AND CLAUSES**

• **FRAUD, MISREPRESENTATION, CONCEALMENT:** The policy shall be null and void and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact/particular 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.

- In case of multiple policies taken by Insured Person during a period from the Company or one or more Insurers to indemnify treatment costs, Insured Person shall have the right to require a settlement of Insured Person's claim in terms of any of his/her policies. In all such cases the Company, if chosen by Insured Person, shall be obliged to settle the claim. Where

an Insured as long as the claim is within the limits of and according to the terms of this Policy.

- Insured having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the Sum Insured is not exhausted. Then We shall independently settle the claim subject to the terms and conditions of this Policy.
- If the amount to be claimed exceeds the Sum Insured under a single policy after, Insured Person shall have the right to choose Insurers from whom You wants to claim the balance amount.
- has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the chosen policy.

Note: The Insured Person must disclose such other insurance at the time of making a claim under this Policy.

- **CANCELLATION CLAUSE:**

The Company may at any time cancel this Policy by sending the Insured 30 days' notice by registered letter at the Insured's last known address and in such event the Company shall refund to the Insured a pro-rata premium for un-expired Period of Insurance. The company shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

PERIOD OF RISK	RATE OF PREMIUM TO BE CHARGED
Up to one month	1/4 th of the annual rate
Up to three months	1/2 of the annual rate
Up to six months	3/4 th of the annual rate
Exceeding six months	Full annual rate

- **GRIEVANCE REDRESSAL:** In the event of Insured has any grievance relating to the insurance, You may contact any of the Grievance Cells at Regional Offices of the Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact details of the office of the Insurance Ombudsman are provided in the Annexure 2.
- **MORATORIUM PERIOD:** After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be

contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co- payments as per the policy.

- **RENEWAL OF POLICY:** The Company sends renewal notice as a matter of courtesy. If the insured does not receive the renewal notice it will not amount to deficiency of service.

The Company shall not be responsible or liable for non-renewal of the policy due to non- receipt /delayed receipt of renewal notice or due to any other reason whatsoever.

We shall be entitled to decline renewal if:

- Any fraud, moral hazard/misrepresentation or suppression by You or any one acting on Your behalf is found either in obtaining insurance or subsequently in relation thereto, or non-cooperation of the Insured Person, or
- We have discontinued issue of the Policy, in which event You shall however have the option for renewal under any similar Policy being issued by Us; provided however, benefits payable shall be subject to the terms contained in such other Policy, or
- You fail to remit Premium for renewal before expiry of the Period of Insurance. We may accept renewal of the Policy if it is effected within thirty days (grace period) of the expiry of the Period of Insurance. On such acceptance of renewal, we, however shall not be liable for any claim arising out of Illness contracted or Injury sustained or Hospitalization commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy.

- **PORTABILITY AND MIGRATION**

MIGRATION:

You will have the option to migrate the policy to other Health Insurance products/plans offered by the company by applying for migration of the policy at-least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If you are presently covered and has been continuously covered without any lapses under any Health Insurance product/plan offered by the Company, then You will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration. For detailed guidelines on Migration.

PORTABILITY:

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

SPECIFIC TERMS AND CLAUSES

- **CONTRACT:** The proposal form, declaration, Health Certificate, and policy issued shall constitute the complete contract of insurance.
- **COMMUNICATION:** Every notice or communication to be given or made under this Policy other than that relating to claim shall be delivered in writing at the address of the policy issuing office as shown in the schedule. The claim shall be referred to the TPA appointed for providing claim service as per the procedure mentioned in the guidelines circulated by the T.P.A. to the policyholders. In case TPA services are not availed then claim shall be reported to the policy issuing office.

PREMIUM PAYMENT: 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 a duly authorized official of the Company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements 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 a condition precedent to any liability of the Company to make any payment under the Policy. No waiver of any terms, provision, conditions and endorsement of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

- **PHYSICAL EXAMINATION:** Any Medical Practitioner authorized by the TPA /Company shall be allowed to examine the Insured Person in case of any alleged disease/illness/injury requiring Hospitalization. Non-co-operation by the Insured Person will result into rejection of his/her claim.
- **DISCLAIMER OF CLAIM:** If The TPA / Company shall disclaim liability to the Insured for any claim hereunder and if the insured shall not, within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA / Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- All medical / surgical treatment under this policy shall have to be taken in India
- **LOW CLAIM DISCOUNT:** A low claim discount at the following rates will be allowed on the renewal premium, if the incurred claims of the group in the preceding three completed years, excluding the year immediately preceding the renewal is as below:

Incurred Claim Ratio	Discount %
Not Exceeding 60%	5
Not Exceeding 50%	15
Not Exceeding 40%	25
Not Exceeding 30%	35
Not Exceeding 25%	40

If the policy has been in force for a period less than 3 completed years, such shorter period, excluding the year immediately preceding the renewal will be considered.

HIGH CLAIM LOADING: if the incurred claim ratio of the group for three years (or for lesser period, if the cover has not been in force for three years), excluding the year immediately preceding the date of renewal exceeds 70%, premium for renewal of the policy will be loaded as per scale below:

Incurred Claim Ratio	Loading %
Between 70% and 100%	25
Between 101% and 125%	55
Between 126% and 150%	90
Between 151% and 175%	120
Between 176% and 200%	150
Over 200%	Cover to be reviewed

- **MATERNITY EXPENSES BENEFIT EXTENSION (OPTIONAL COVER):** This is an optional cover, which can be obtained on payment of 20% of the total basic premium for all the insured person under the policy. Total basic premium means the total premium computed before applying Group discount and or High claim ratio loading, Low claim discount.

Option of maternity benefit has to be exercised at the inception of the policy period and no refund is allowable in case of insured's cancellation of this option during the currency of the policy.

The maximum benefit allowable under this clause will be 10% of Sum Insured for normal delivery subject to maximum of Rs 25,000. Under Caesarean section, benefit will be 20% of sum insured subject to maximum of Rs. 50,000/-

Special conditions applicable to Maternity Benefit:

- These benefits are admissible only if the expenses are incurred in Hospital as in patient in India.
- A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by Accident or other medical emergency.
- Claim in respect of delivery for only first two children and for operation associated there with 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 would not be eligible for this benefit.

- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
- Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing home and treatment is taken there.

NOTE: When Group Policy is extended to include maternity expenses benefit, the exclusion

- **MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS:**

If the claim event falls within two Policy Periods, the claims shall be paid taking into consideration the available Sum Insured of the expiring Policy only. Sum Insured of the renewed Policy will not be available for the Hospitalisation (including Pre & Post Hospitalisation Expenses), which has commenced in the expiring Policy. Claim shall be settled on per event basis.

- **COMPANY'S LIABILITY:**

The Company's liability in respect of all claims admitted during the period of Insurance shall not exceed the sum insured including Cumulative Bonus.

- **NOTICE OF CLAIM :**

Preliminary notice of claim with particulars relating to Policy Number, name of insured person in respect of whom claim is to be made, nature of illness/injury and Name and Address of the attending Medical Practitioner/Hospital/Nursing Home should be given to the Company/TPA within 7 days from the date of hospitalization in respect of reimbursement claims.

Final claim along with hospital receipted original Bills / Cash memos, claim form and list of documents as listed below etc. should be submitted to the Policy issuing Office / TPA not later than 30 days of discharge from the hospital. The insured may also be required to give the Company / TPA such additional information and assistance as the Company / TPA may require in dealing with the claim.

PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICE:

Claims in respect of Cashless access services will be through the agreed list of network of hospital / nursing home and is subject to pre-admission authorization. The TPA shall, upon getting the related medical information from the insured person /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. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details as required by the TPA. 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.

- **REPUDIATION OF CLAIMS:** A claim, which is not covered under the Policy conditions, can be rejected. All the documents submitted to TPA shall be electronically collected by Us for settlement and denial of the claims by the appropriate authority.

With Our prior approval Communication of repudiation shall be sent to the insurance company, explicitly mentioning the grounds for repudiation, through Our TPA.

- **PROTECTION OF POLICY HOLDERS' INTEREST:** This policy is subject to IRDAI (Protection of Policyholders' Interest) Regulation, 2017
- **PAYMENT OF CLAIM**

The Company shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last 'necessary' document.

- While efforts will be made by the Company to not call for any document not listed in Notice of Claim Remark **Page no 41**, where any additional document or clarification is necessary to take a decision on the claim, such additional documents will be called for.
- All necessary claim documents pertaining to Hospitalisation should be furnished by the Insured Person in original to the TPA (as mentioned in the Schedule), within thirty days from the date of discharge from the Hospital. However, claims filed even beyond such period will be considered if there are valid reasons for delay in submission.
- In case of any deficiency in submission of documents, the TPA shall issue a deficiency request.
- In case of non-submission of documents requested in the deficiency request within seven days from the date of receipt of the deficiency request, three reminders shall be sent by the TPA at an interval of seven days each.
- The claim shall stand repudiated if the documents, mandatory for taking the decision of admissibility of the Claim, are not submitted within seven days of the third reminder.
- If the required documents are such that it does not affect the admissibility of the claim and is limited to payment of certain expenditure only, the Claim will be paid after reducing such amount from the admissible amount.
- In the case of delay in the payment of a claim, we shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- However, where the circumstances of a claim warrant an investigation in the opinion of the Insurer, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, we shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

All admissible claims shall be payable in Indian Currency.

- **PERIOD OF POLICY:** This insurance policy is issued for a period of one year.
- **ARBITRATION:** If we admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration.

The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

No reference to Arbitration shall be made unless, we have admitted our liability for a claim in writing.

If a claim is declined and within 12 calendar months from such disclaimer any suit or proceeding is not filed then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

- The expenses that are not covered in this policy are placed under List-I of Annexure-I (Pg No. 88-91). The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-I respectively.

Eligibility Criteria: Annexure 2

The bidders should be a General Insurance Service Providers in India approved by the IRDAI. The bidder should submit following documents.

- Bidder should be registered with IRDAI under General Insurance Category.(Separate declaration on company letterhead to confirm the same)
- Gross Written Premium (INR. In Crores) for FY: 2024-25 More than 1000 Crores. (Separate declaration on company letterhead to confirm the same)
- Claim Settlement Ratio for FY: 2024-25 (Total claims settled during the year/ Total Claims received during the year) Minimum benchmark 90%. (Separate declaration on company letterhead to confirm the same)
- Insurance Company serving more than 10000 Lives, of Employee Benefits Policies including 2 SCBs excluding Regional Rural Banks & Cooperative Banks for FY: 2024-25. (Policy Copies to be attached reflecting number of lives)
- General insurance company should have been at least 2 SCB bank as corporate agent partner excluding Regional Rural Banks & Cooperative Banks.
- Bidder should have minimum 75 branches across India as on 31.03.2025.
- The Bidder should not be currently blacklisted by Government / Government Agency / Bank / Institution of India.

Common Tender Instructions for all the Polices

Proposal Process Management

- Central Bank of India reserves the right to accept or reject any or all proposals, to revise the Bids, to request one or more re-submissions from all bidders or clarifications from one or more bidders, or to cancel the process in part or whole. All claims for functional/technical delivery made by the bidders in their responses to the Bids shall be assumed as deliverable within the quoted financials.
- The Bidder shall bear all costs associated with the preparation and submission of its bid, and the Bank will, in no case be responsible or liable for those costs.
- If two or more bidders from the same insurance company approach Bank for submission of bids, the bidder who approaches first on the GeM portal will be considered.

Language of RFP

The language of the RFP response and any communication with the Bank must be written in English only. Supporting documents provided with the RFP response can be in another language so long as it is accompanied by an attested translation in English, in which case, for purpose of evaluation of the bids, the English translation will govern.

Technical Bid

- The Technical Bid should be complete in all respects and contain all information asked for in these documents. It should not contain any price information.
- All documents as mentioned under the eligibility criteria of the RFP to be submitted compulsorily.
- The insurers must sign agreeing to all the terms and conditions of RFP (including all the annexures) and submit a hard copy of the same as their technical bid. The technical bid should also be inclusive of submission of all documents pertaining to eligibility criteria and Annexures.
- The bidder has to submit scanned and stamped signed copy of all the documents at GeM Portal stated below:
 - The quote slip and draft policy wordings as provided for Annexure-A to be submitted without deviation in any terms and deviated terms if any will be discarded ab-initio.
 - Service Level Agreement as provided in Annexure B to be submitted
 - Annexure D, E, F, I and J are to be submitted as per format prescribed by the bank.
 - The aforementioned documents should be submitted on the bidder's letter head and should bear the bidders seal and the name, designation and signature of the Authorized signatory of the bidders.
 - The bidder should ensure that all the annexures are submitted as prescribed by the Bank. In case it is not in the prescribed format, it is liable to be rejected.
 - The Bank further reserves the right to reject any or all offers/bid based on its own evaluation of the offers/bid received, or based on stability, capabilities, track records, reputation among users and other similar features of a bidder.
 - The Bank reserves the right to modify any terms, conditions or specifications for submission of bids and to obtain revised Bids from the bidders due to such changes, if any at any time prior to

completion of evaluation of technical bids from the participating bidders. Notification of amendments/corrigendum will be made available on the following websites and will be binding on all bidders and no separate communication will be issued.

- Banks Website: www.centralbankofindia.co.in
- In order to allow prospective bidders reasonable time in which to take the amendment into account in preparing their bids, the Bank, at its discretion, may extend the deadline for a reasonable period as decided by the Bank for the submission of Bids.
- The technical bids will be evaluated first and only those bidders who comply with all the terms of the RFP and annexures forming a part of the RFP will be considered for opening of the commercial bid. Conditional bids, technical and/or commercial, shall not be considered and shall be liable to be discarded ab-initio.
- Please note that the insurer, who provides technically qualified bids and quotes the L1 premium for the policies in the commercial bid, will be taken forward and awarded the policies.
- If no bid is received, rebidding process will be conducted.
- Right to accept or reject any or all bids in part or full or to further negotiate the rate shall rest with the General Manager, Resources Department, Central Office, Mumbai. There shall be no compulsion on the Bank to accept the lowest offer.

Commercial Bid

The Commercial Bid must be submitted in GeM Portal.

- **Overview of Evaluation Process**
- Insurance company should be eligible as per the eligibility criteria.
- Technical and Commercial Bid to be submitted by bidder on GeM Portal as per stipulated date/time and the manner as mentioned above in this document
- The Bids will be opened as per the Structure of GeM Portal.
- The first bid to be evaluated would be that of the “Technical bid”
- The bidder who agrees to all the terms and conditions of the technical bid in totality and scores above 60 marks as per the scoring parameter will be eligible for the next round i.e. commercial bid.
- The L1 bidder in the commercial bid will be awarded the bid and bank may further negotiate with L1 bidder.
- The L1 winning bidder shall proceed with due process to commence Issuance of the insurance policy and the requisite servicing vide the SLA that shall be signed for the policy servicing.
- In case the L1 bidder opts out, it will be the bank’s sole discretion to go ahead with L2 or L3 and negotiate the rates with them as per the rates given by L1, as approved by competent authority.
- If no bid is received, re-bidding process will be conducted.
- **Proposal Ownership**

The proposal and all supporting documentation submitted by the vendors shall become the property of Central Bank of India unless the Bank agrees to the vendor's specific requests, in writing, that the proposal and documentation be returned or destroyed.

- **Bidder's Liability**

The Bidder's liability in case of claims against the Bank resulting from gross misconduct or gross negligence of the Bidder, its employees, contractors, and subcontractors or from infringement of patents, trademarks, copyrights or such other Intellectual Property Rights or breach of confidentiality obligations shall be unlimited.

Rejection of Bids

- The Bid/offer/proposal is liable to be rejected if:
- The document does not bear signature of authorized person in each page and duly stamped.
- It is received through Fax/E-mail/post/courier/Letter.
- It is received after expiry of the due date and time stipulated for Bid submission.
- It is incomplete including non-submission or non-furnishing of requisite documents / Conditional. Bid / Bids not conforming to the terms and conditions stipulated in RFP.
- It is evasive or contains incorrect information
- Any form of canvassing / lobbying /influence/ query regarding short listing, status etc. is made.
- It does not comply with all the points mentioned in the scope of work. Noncompliance of any RFP clause will lead to rejection of the bid.

Modifications and/or Withdrawal of Bid

- No bid will be allowed to be submitted or modified after the deadline for submission of bids.
- No bid shall be withdrawn in the intervening period between deadlines for submission of bids.
- No bidder shall be allowed to withdraw the bid, if bidder happens to be successful bidder.
- Each bidder is permitted to submit only one bid; no revisions or changes shall be allowed once submitted.

- **Price**

There shall be no increase in premium for any reason whatsoever during the policy period. Any standard clauses in the policy document pertaining to increase of premium or modification or alteration of RFP terms and conditions shall not be accepted during the policy period

- **Notification of Award**

After selection of the L1 bidder and after obtaining internal approvals and prior to expiration of the period of Bid validity, the Bank will send Notification of Award /Purchase Order to the selected Bidder.

- **Purchase Order**

- Within 2 working days of receipt of Notification of Award, the successful Bidder shall accept the Purchase Order. The policy document to be issued to the bank within 5 working days of acceptance of the purchase order.
- Failure of the successful Bidder to comply with the above requirements shall constitute sufficient grounds for the annulment of the award.

- **Bid Validity**

The bidder shall keep the bid valid for 180 days from the last date of submission of bids.

- **Amendments to Bidding Documents**

- Bank reserves the right to alter the RFP terms and conditions at any time before last date of submission of the bids.
- Prior to the last date for bid-submission, the Bank may, for any reason, whether at its own initiative or in response to clarification(s) sought from the prospective Bidders, modify the RFP contents/ covenants by amendment. Clarification /amendment, if any, will be notified on Bank's website and government bids portal. No individual communication would be made in this respect.

- **No Commitment to Accept Lowest or Any Bids**

- The Bank shall be under no obligation to accept the lowest or any other offer/bid received in response to this Bid.
- The Bank further reserves the right to reject any or all offers/bid based on its own evaluation of the offers received, or on the basis of stability, capabilities, track records, conflict of interest, non-compliance of Insurance Laws and Regulations, reputation among users and other similar credentials of a vendor. When the Bank makes any such rejection, the Bank will not be bound to give any reason and/or justification in this regard to the vendor.

- **Resolutions of Disputes**

Central Bank of India and the selected bidder shall make every effort to resolve amicably, by direct informal negotiation, any disagreement or dispute arising between them under or in connection with the contract. If any amicable settlement is not arrived at the selected bidder should approach the IEM listed in the RFP. Selected Bidder(s)/Contractor(s) who have signed the Integrity Pact shall not approach the Courts while representing the matter to IEMs and shall wait for their decision in the matter. If the dispute could not be resolved with the advice of the IEM the matter shall be refereed referred to arbitration.

All questions, disputes or differences arising under and out of, or in connection with the RFP, shall be referred to a panel of three Arbitrators: one Arbitrator to be nominated by the Bank and the other to be nominated by the vendor. Two Arbitrators so appointed shall appoint the third Arbitrator. The award of the Arbitrator shall be final and binding on the parties.

The Arbitration and Conciliation Act 1996 or any statutory modification or re-enactment thereof for the time being enforced, shall apply to the arbitration proceedings and the venue and Jurisdiction for arbitration shall be at Mumbai, India. In case the vendor would like to exit the Project, the same shall be taken up by the Arbitration process.

- **Governing Law and Disputes**

The selected Bid shall be governed in accordance with the Laws of India and will be subject to the exclusive jurisdiction of Courts in Mumbai.

- **Confidentiality**

This document contains information confidential and proprietary to the Bank. Disclosures of receipt of this Bids or any part of the aforementioned information to parties not directly involved in providing the services requested could result in the disqualification of the vendors, premature termination of the contract, and / or legal action against the vendors for breach of trust.

The vendor (and his employees) shall not, unless the Bank gives permission in writing, disclose any part or whole of this Bids document, of the proposal and/or contract, or any specification, plan, drawing, pattern, sample or information furnished by the Bank (including the users), in connection therewith to any person other than a person employed by the bidder in the performance of the proposal and/or contract. Disclosure to any such employed person shall be made in confidence and shall extend only as far as may be necessary for purposes of such performance. The employees or the third party Engaged by the bidder will maintain strict confidentiality

The vendor, his employees and agents shall not, without prior written consent from the Bank, make any use of any document or information given by the Bank or its Authorized personnel, except for purposes of performing the contract award.

In the event of a breach, the Bank reserves the right to initiate legal proceedings or take any other action as it deems appropriate. In case of breach the Bank shall take such legal action as it may be advised.

- **Clarification**

All queries and clarifications regarding the RFP must be sent to the below e-mail id's

cmresources1@centralbank.co.in

cmresources2@centralbank.co.in

rohanmarathe@rathi.com

kunalbalakrishnan@rathi.com

With subject "RFP Clarifications – RFP for the Policy-01 Group Personal Accident Policy & Policy-02 Group Mediclaim Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26, 2026-27, 2027-28 as per the date given in the schedule of events of this RFP document. Bidders are requested to visit our Banks website/GeM Portal for clarifications and other communications if any.

- **Force Majeure**

Neither Party will be liable for any delay or failure to perform its obligations, if the delay or failure has resulted from circumstances beyond its reasonable control, including but not limited to, act of God or governmental act, political instability, epidemic, pandemic, flood, fire, explosion, civil commotion, war, industrial dispute, labour unrest and any other occurrence of the kind listed above, which is not reasonably within the control of the affected party. Each Party agrees to give to the other a fifteen (15) calendar days' written notice as soon as reasonably possible on becoming aware of an event of force majeure and such notice shall contain details of the circumstances giving rise to the event of force majeure. If the event of force majeure continues for a period of more than thirty (30) consecutive days, then either party may have the option to terminate the Agreement upon written notice of such termination to the other party.

- **Errors and Omissions**

Each bidder should notify the Bank of any error, fault, omission or discrepancy found in this RFP document, but not later than five business days prior to the due date of lodgement of response to RFP.

- **Severability**

If any provision of this RFP is held to be illegal, invalid, or unenforceable under any applicable law, and if the rights or obligations of the Parties under this RFP will not be materially and adversely affected thereby (a) such provision will be fully severable; (b) this RFP will be construed and enforced as if such illegal, invalid, or unenforceable provision had never been comprised a part hereof; and (c) the remaining provisions of this RFP will remain in full force and effect and will not be affected by the illegal, invalid, or unenforceable provision or by its severance here from."

- **Vicarious Liability (If Applicable)**

The selected bidder shall be the principal employer of the employees, agents, contractors, sub- contractors, etc., engaged by the selected bidder and shall be vicariously liable for all the acts, deeds, matters or things, whether the same is within the scope of power or outside the scope of power, vested under the contract. No right of any employment in the Bank shall accrue or arise, by virtue of engagement of employees, agents, contractors, subcontractors, etc., by the selected bidder, for any assignment under the contract. All remuneration, claims, wages dues, etc., of such employees, agents, contractors, sub-contractors, etc., of the selected bidder, shall be paid by the selected bidder alone and the Bank shall not have any direct or indirect liability or obligation, to pay any charges, claims or wages of any of the selected bidder's employees, agents, contractors, subcontractors, etc. The selected bidder shall agree to hold the Bank, its successors, assigns and administrators fully indemnified, and harmless against loss or liability, claims, actions or proceedings, if any, whatsoever nature that may arise or caused to the Bank through the action of selected bidder's employees, agents, contractors, sub-contractors, etc.

- **Jurisdictions**

Notwithstanding anything contained herein above, in case of any dispute, claim and legal action arising out of this RFP, the parties shall be subject to the jurisdiction of courts at Mumbai.

- **Submissions of Bids**

The bidders have to submit bids on GeM Portal, scanned form duly stamped and signed on or before 27/10/2025, 03:00 PM.

Annexures to the Tender

POLICY-01 GROUP PERSONAL ACCIDENT POLICY FOR CENT SALARY/ CENT QUEEN ACCOUNT HOLDERS OF THE BANK FOR THE YEAR 2025-26, 2026-27, 2027-28

- Technical Bid – **Annexure A** (Quote Slips and Policy Wordings)
- Technical Bid – **Annexure A1** (Technical Evaluation Criteria)
- Technical Bid – **Annexure B** (Service Level Agreement)
- Technical Bid – **Annexure D** (Covering Letter)
- Technical Bid – **Annexure E** (Undertaking by Bidder)
- Technical Bid – **Annexure F** (Certificate with reference to the clause regarding restrictions on procurement from bidders of countries sharing land border with India as per Ministry of Finance Order (Public Procurement No. 1) dated 23rd July 2020.)
- Technical Bid – **Annexure G** (Integrity Pact)
- Technical Bid – **Annexure H** (No Deviation Declaration/Undertaking)
- Technical Bid – Copy of last license issued by IRDA/ Copy of Premium payment receipt of 2025-26 for the license
- Commercial Bid – **Annexure C**
- Technical Bid- **Annexure I** (Scoring Parameters for the Insurance Company)

Annexure B
Service Level Agreement for GPA
(2025-26)

This agreement entered into at Mumbai on __/__/2025 between Central Bank of India (hereinafter called 'Insured') and _____ (hereinafter called 'Insurer') for RFP for the Group Personal Accident Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26.

The Agreement will be on parameters agreed as under:

- **Object of the SLA:** Above mentioned policies of Central Bank of India Insured with the insurer for the period of this agreement and will be administered through the terms and conditions as highlighted further in the document.
- **Validity of the Agreement/SLA:** The SLA will be valid for a period of One Year and extended by mutual consent.
- **Features of this SLA:** This SLA explicitly states the detailed claim process to be followed by Central Bank of India as well as the insurer. It also highlights the turnaround time to be followed by the surveyors and the insurer. The list of documents which are to be submitted by the insured for different nature of claims is also mentioned further below.
- **Resolution of Dispute:** Central Bank of India and _____(Name of Insurance Company) shall make every effort to resolve any disagreement or dispute arising between them under or in connection with the contract amicable and/or by direct information negotiation. The unresolved issues shall be referred to arbitration, one Arbitrator to be appointed by the parties if agreed upon or two Arbitrators, one to be appointed by each party. The arbitration will be governed by the Arbitration and Conciliation Act 1996. Any dispute shall be subject matter of courts under Mumbai Jurisdiction only.
- **Confidentiality:** Each party acknowledges that it may disclose confidential information to the other in connection with this agreement. The party receiving the confidential information shall:
 - Use all confidential information received by it solely to carry out the purpose of this agreement on any applicable statement of work.
 - Limit access to any confidential information received only to its employees and/or agent who have a need to know such Confidential Information and only for the use in connection with this agreement.
 - Advise those employees and/or agents having access to the proprietary nature thereof and of the obligation set forth in this agreement.
 - Safeguard all confidential information received by using a reasonable degree of care and
 - Upon written request and subject to the applicable law, return or destroy and certify destruction of all copies, diagrams, computer memory media and all other materials containing any other portion of the Confidential Information to the disclosing party upon its written request. Confidential Information means all proprietary, secret or confidential information relating to either party and its operations

employee's products customer data or services, any information relating to any Affiliate of either party and all personal data, including all personal information. The Confidential Information remains confidential until it reaches the public domain in the normal course.

[Exception: Information shall not be considered Confidential Information to the extent that such information (i). Is already known to the receiving party free of any restriction at the time it is obtained from other party; ii. Is subsequently learned from an independent third party free of any restriction and without breach of this agreement; iii. Is already in public domain and becomes publicly known or published without breach of this agreement; iv. Is independently developed by one party without reference to any Confidential information of the others or; v. Is required to be disclosing by law, regulations, court order or subpoena, provided that the disclosing party will exercise reasonable efforts to notify the other party prior to disclosure.

- **Indemnity:** The Company shall indemnify and keep the bank indemnified against any losses arising out of coverage provided under the policy and its terms and conditions thereon. This is without prejudice to any other right Bank may have against the company.
- **Liquidated Damage:** In case insurer commits any disclosure of information or any other action jeopardizing the interest of the insured then insurer will be liable for any loss/damages arising from such action.
- **Publicity:** Any publicity by the company in which the name of Central Bank of India is to be used may be done with the explicit written concurrence of Central Bank of India.
- **Termination:** Central Bank of India shall be entitled to terminate the agreement with the insurer at any time by giving 30 days prior written notice to the insurer. Further Central Bank of India shall be entitled to terminate the agreement at any time by giving notice if:
 - The insurer breaches its obligations under the RFP or the subsequent agreement and if the breach is not cured within 30 days from the day of notice.
 - The insurer:-
 - has a winding up order made against it; or
 - has a receiver appointed over all or substantial assets; or
 - is or becomes unable to pay its debts as they become due; or
 - enters into any arrangement or composition with or for the benefit of its creditors; or
 - passes a resolution for its voluntary winding up or dissolution or if it is dissolved.
- **Amendment:** This agreement may be varied, altered, amended, supplemented or in any other manner affected only by mutual written agreement of both parties, signed by the authorized signatories of each of the parties hereto.

Claims Procedure

The following procedure is agreed upon and adopted to deal with the claims arising under Group Personal Accident Policy for Salary/Saving account holders of the bank for the year 2025-26 issued by _____
(Name of Insurance Company)

Intimation of Loss

The Insured shall immediately intimate every incident that may give rise to a claim under the policies to the Insurer through Anand Rathi Insurance Brokers Limited (hereinafter called 'Broker').

The incident or loss shall be notified by one of the following modes:

Notification by E mail / Hard copy—Email with the following details for intimation to be sent to the Broker and the broker will intimate the same to the insurance company.

- Name of the Account Holder
- Account Number
- Brief note on incident
- Loss amount
- Date of Accident
- Date of Death (if applicable)

Email ID and contact details of Broker are as follow:

Contact 1:

Mail id:

Contact no:

Contact 2:

Mail id:

Contact no:

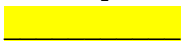
Contact 3:

Mail id:

Contact no:

(Contact details will be provided at time of placement of the policy)

- i. The claimant/legal heir /legal representative will submit the claim documents to the branch
- ii. The branch after scrutiny of the documents will send the claim documents to BROKER within 15 days of receipt of documents. The brokers address, contact nos. are as mentioned below:



Anand Rathi Insurance Brokers

Times Tower, 9th Floor,

Kamala Mills Compound, Lower Parel, Mumbai - 400013, India.

iii. The broker to submit the claim documents to the insurer / investigator / surveyor post scrutiny at the earliest.

iv. Any requirement/ deficiencies in the documents submitted shall be sought by the insurer / investigator / surveyor within 7 working days of receipt of the claim documents to the insured with copy to the Broker. Broker to follow up with insured for revert on additional information / documentation. All the documents being in order, the Insurer will settle the claim within 15 working days from the date of receipt of the last documents / clarification. Broker to follow up with insurer where claims are pending for more than 15 days from the date of submission of claim documentation.

Set of Actions/ Turn Around Time

i) The broker to submit the claim documents to the insurer / investigator / surveyor post scrutiny at the earliest.

ii) Any requirement/ deficiencies in the documents submitted shall be sought by the insurer / investigator / surveyor within 7 working days of receipt of the claim documents to the insured with copy to the Broker. Broker to follow up with insured for revert on additional information / documentation. All the documents being in order, the Insurer will settle the claim within 15 working days from the date of receipt of the last documents / clarification. Broker to follow up with insurer where claims are pending for more than 15 days from the date of submission of claim documentation.

Documentation

Central Bank of India and (Name of Insurance Company) agree upon the following documents required to be submitted to settle the claims.

MIS /Statements

5. Broker will hold claims meeting periodically with the Insurer / Surveyors / Insured in order to co-ordinate / review the movement of all outstanding claims.

Policy Paramount Clause

The detailed policy document will define the Terms, Conditions and Exceptions of the Insurance cover

Escalation Matrix

The escalation matrix for the insurer is as below

(Contact details will be provided at time of placement of the Policy)

This SLA will remain in force at all times for the issues & claims made against the policies taken during the tenure of this SLA.

Signed on Behalf of
(Name of Insurance Co)

Duly Constituted Attorneys
Dated

Signed on Behalf of
Central Bank of India

Authorized Signatory
Dated

Annexure C: Commercial Bid Format

To

The General Manager,
Central Bank of India, Central Office,
Resources Department,
Chandermukhi, 4th Floor,
Nariman Point, Mumbai – 400021

Dear Sir/Madam,

Sub: Response to RFP in connection with Group Personal Accident Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26

With reference to the **Response to RFP in connection with Group Personal Accident Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26**, we hereby agree to the all the terms and condition as stated in the RFP document. The commercial bid submitted to the Bank is after getting the required approvals from the Competent Authorities of our company.

Type of Account	No. of Account Holders (A)	PAI SI per Account Holder (in ₹) (B)	AAI SI per Account Holder (in ₹) (C)	Rate per Lakh / per account holder (D)	Net Premium (in ₹) E = (A*B*C* D)	Premium excluding GST (F)	GST E=F*18% (in ₹)	Total Premium (E+F) (in ₹)
Elevate	45853	50 Lakhs	50 Lakhs					
Empower	16405	50 Lakhs	25 Lakhs					
Esteem	5331	100 Lakhs	100 Lakhs					
Cent Queen	50000	10 Lakhs						

Proposed Cover for New Cover:

	A	B	C
PAI	100	120	150
AAI	100	120	150
PTD	100	120	150
PPD	50	60	75
Rate per Lakhs			
Premium Excluding GST			
GST			

Total Premium			
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Proposed rate per Lakh per Account for future enhancement for any variant:

Any Account	PAI	AAI	PTD	PPD	Rate
Rate					

Rate Per Lakh for the accounts added during the policy period for Uniform forces i.e., Defence/Police/Paramilitary Account Holder to be Quoted separately ₹___/Per Lakh

Rate Per Lakh for the accounts added during the policy period for non-uniform forces Account Holder to be Quoted separately ₹___/Per Lakh.

We confirm that the offer is in conformity with the terms and conditions as mentioned in the RFP. Bank may make its own inquiries for verification, and we understand that the Bank has the right to disqualify and reject the proposal, if any of the information furnished in the proposal is not correct.

We also confirm that the prices offered shall remain fixed for a period of 90 days from the date of submission of the offer.

We also understand that the Bank is not bound to accept the offer either in part or in full. If the Bank rejects the offer in full or in part the Bank may do so without assigning any reasons, there for.

Yours faithfully,

Authorized Signatories
(Name, Designation and Seal of the Company)

Annexure D: Covering Letter (to the Bank on the bidder's letterhead)

**To,
The General Manager,
Central Bank of India, Central Office,
Resources Department,
Chandermukhi, 4th Floor,
Nariman Point, Mumbai – 400021**

Dear Sir/Madam,

Sub: Response to RFP in connection with Group Personal Accident Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26

With reference to the above RFP, having examined and understood the instructions, terms and conditions, we hereby enclose our offer for **Group Personal Accident Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26** as detailed in your above referred inquiry. We confirm that the offer is in conformity with the terms and conditions as mentioned in your above referred RFP. We further confirm that the information furnished in the proposal, annexures, formats, is correct. Bank may make its own inquiries for verification and we understand that the Bank has the right to disqualify and reject the proposal, if any of the information furnished in the proposal is not correct.

We also confirm that the prices offered shall remain fixed for a period of 90 days from the date of submission of the offer. We also understand that the Bank is not bound to accept the offer either in part or in full. If the Bank rejects the offer in full or in part, the Bank may do so without assigning any reasons thereof.

Yours faithfully,

Authorized Signatories

(Name, Designation and Seal of the Company)

Date:

Annexure E - Undertaking by Bidder

Place:

Date:

**To,
The General Manager,
Central Bank of India, Central Office,
Resources Department,
Chandermukhi, 4th Floor,
Nariman Point, Mumbai – 400021**

Undertaking (To be submitted by all Bidders' on their letter head)

We _____(bidder name), hereby undertake that-

As on date of submission of Bids, we are not blacklisted by the IRDAI/RBI/IBA/Central Government / any of the State Governments in India.

We also undertake that, we are not involved in any legal case that may affect the solvency / existence of our firm or in any other way that may affect capability to provide / continue the services to bank.

Yours faithfully,

Authorized Signatories

(Name, Designation and Seal of the Company)

ANNEXURE-F
CERTIFICATE

(On letter head of the Company/ Firm)

To,
The General Manager,
Central Bank of India, Central Office,
Resources Department,
Chandermukhi, 4th Floor,
Nariman Point, Mumbai – 400021

Sub: Response to RFP in connection with Group Personal Accident Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26

This is to certify that we have read the clause regarding restrictions on procurement from bidders of countries sharing land border with India as per Ministry of Finance Order (Public Procurement No.1) dated 23rd July, 2020. Further, it is certified that our company is neither from a country sharing land border with India nor our company is an entity as under:

- An entity incorporated, established or registered in such a country
- A subsidiary of an entity incorporated, established or registered in such a country
- An entity substantially controlled through entities incorporated, established or registered in such a country.
- An entity whose beneficial owner (as per definition attached) is situated in such a country
- An Indian (or other) agent of such an entity
- A natural person who is a citizen of such a country
- A consortium or joint venture where any member of the consortium or joint venture falls under any of the above.

Place:

Signature:

Date:

Name & Designation

Company Seal

Annexure –G

INTEGRITY PACT

Between

Central Bank of India hereinafter referred to as “The Principal”,

And

_____ herein after referred to as “The Bidder/Contractor”

Preamble

The Principal intends to award, under laid down organizational procedures, contract/s for _____. The Principal values full compliance with all relevant Law of the land, rules, regulations, economic use of resources and of fairness/transparency in its relations with its Bidder(s) and /or Contractor(s)

In order to achieve these goals, the Principal will appoint Independent External Monitors (IEMs) who will monitor the bidding process and the execution of the contract for compliance with the principals mentioned above.

Section 1 – Commitments of Principal

- The Principal commits itself to take all measures necessary to prevent corruption and to observe the following principals:
 - No employee of the Principal, personally or through family members, will in connection with the bids for, or the execution of a contract , demand , take a promise for or accept , for self or third person, any material or immaterial benefit which the person is not legally entitled to.
 - The Principal will, during the bids process treat all Bidder(s) with equity and reason. The Principal will in particular, before and during the bids process, provide to all Bidder(s) the same information and will not provide to any Bidder(s) confidential /additional information through which the Bidder(s) could obtain an advantage in relation to the bids processor or the contract execution.
 - The Principal will exclude from the process all known prejudiced persons.
- If the Principal obtain information on the conduct of any of its employees which is a criminal offence under the BNS /PC Act, or if there be a substantive suspicion in this regard, the Principal will inform the Chief Vigilance Officer and in addition can initiate disciplinary action.

Section 2 – Commitments of the Bidder(s) /contractor(s)

- The Bidder(s)/ Contractor(s) commit themselves to take all measures necessary to prevent corruption. The Bidder(s)/Contractor(s) commit themselves to observe the following principles during participation in the bids process and during the contract execution.
 - The Bidder(s)/ Contractor(s) will not, directly or through any other person or firm, offer, promise or give to any of the Principal's employees involved in the bidding process or the execution of the contract or to any third person any material or other benefit which he/she is not legally entitled to, in order to obtain in exchange any advantage of any kind whatsoever during the bidding process or during the execution of the contract.
 - The Bidder(s)/ Contractor(s) will not enter with other Bidders into any undisclosed agreement or understanding, whether formal or informal. This applies in particular to prices, specifications, certifications, subsidiary contracts, submission or non-submission of bids or any other actions to restrict competitiveness or to introduce cartelisation in the bidding process.
 - The Bidder(s)/ Contractor(s) will not commit any offence under the relevant BNS /PC Act; further the Bidder(s)/ Contractor(s) will not use improperly, for purposes of competition or personal gain, or pass on to others, any information or document provided by the Principal as part of the business relationship, regarding plans, technical proposals and business details, including information contained or transmitted electronically.
 - The Bidder(s)/Contractors(s) of foreign origin shall disclose the name and address of the Agents/ representatives in India, if any. Similarly the Bidder(s)/Contractors(s) of Indian Nationality shall furnish the name and address of the foreign principals, if any. Further details as mentioned in the "Guidelines on Indian Agents of Foreign Suppliers" shall be disclosed by the Bidder(s)/Contractor(s). Further, as mentioned in the Guidelines all the payments made to the Indian agent/representative have to be in Indian Rupees only.
 - The Bidder(s)/ Contractor(s) will, when presenting his bid, disclose any and all payments made, are committed to or intend to make to agents, brokers or any other intermediaries in connection with the award of the contract.
 - Bidder(s)/Contractor(s) who have signed the Integrity Pact shall not approach the Courts while representing the matter to IEMs and shall wait for their decision in the matter.
- The Bidder(s)/ Contractor(s) will not instigate third persons to commit offenses outlined above or be an accessory to such offenses.

Section 3 – Disqualification from bidding process and exclusion from future contracts

If the Bidder(s)/Contractor(s), before award or during execution has committed a transgression through a violation of Section 2, above or in any other form such as to put his reliability or credibility in question, the Principal is entitled to disqualify the Bidder(s)/Contractor(s) from the bidding process or take action as per the procedure mentioned in the "Guidelines on Banning of business dealings".

Section 4 – Compensation for Damages

- If the Principal has disqualified the Bidder(s) from the bidding process prior to the award according to Section 3, the Principal is entitled to demand and recover the damages equivalent to Earnest Money Deposit/ Bid Security.
- If the Principal has terminated the contract according to Section 3, or if the Principal is entitled to terminate the contract according to Section 3, the Principal shall be entitled to demand and recover from the Contractor liquidated damages of the Contract value or the amount equivalent to Performance Bank Guarantee.

Section 5 – Previous transgression

- The Bidder declares that no previous transgressions occurred in the last three years with any other Company in any country conforming to the anti-corruption approach or with any Public Sector Enterprise in India that could justify his exclusion from the bids process.
- If the Bidder makes incorrect statement on this subject, he can be disqualified from the bidding process or action can be taken as per the procedure mentioned in “Guidelines on Banning of business dealings”.

Section 6 – Equal treatment of all Bidders / Contractors / Subcontractors

- In case of sub-contracting the principal contractor shall take the responsibility of the adoption of Integrity Pact by the Sub-contractor.
- The Principal will enter into agreements with identical conditions as this one with all Bidders, Contractors and Subcontractors.
- The Principal will disqualify from the bidding process all bidders who do not sign this Pact or violate its provisions.

Section7 – Criminal charges against violating Bidder(s) / Contractor(s) / Subcontractor(s)

If the Principal obtains knowledge of conduct of a Bidder, Contractor or Subcontractor, or of an employee or a representative or an associate of a Bidder, Contractor or Subcontractor which constitutes corruption, or if the Principal has substantive suspicion in this regard, the Principal will inform the same to the Chief Vigilance Officer.

Section 8 – Independent External Monitor / Monitors

- The Principal appoints competent and credible Independent External Monitor for this Pact after approval by Central Vigilance Commission. The task of the Monitor is to review independently and objectively, whether and to what extent the parties comply with the obligations under this agreement.

- The Monitor is not subject to instructions by the representatives of the parties and performs his functions neutrally and independently. The Monitor would have access to all Contract documents whenever required. It will be obligatory for him to treat the information and documents of the Bidders/Contractors as confidential. He reports to Managing Director & CEO, Central Bank of India.
- The Bidder(s)/Contractor(s) accepts that the Monitor has the right to access without restriction to all Project documentation of the Principal including that provided by the Contractor. The Contractor will also grant the Monitor, upon his request and demonstration of a valid interest, unrestricted and unconditional access to his project documentation. The same is applicable to Subcontractors. The Monitor is under contractual obligation to treat the information and documents of the Bidder(s)/ Contractor(s)/ Subcontractor(s) with confidentiality.
- The Monitor is under contractual obligation to treat the information and documents of the Bidder(s)/Contractor(s) /Subcontractor(s) with confidentiality. The Monitor has also signed declarations on Non –Disclosure of Confidential information and of Absence of Conflict of Interest. In case of any conflict of interest arising at a later date, the IEM shall inform Managing Director & CEO CENTRAL BANK OF INDIA and recuse himself/herself from the case.
- The Principal will provide to the Monitor sufficient information about all meetings among the parties related to the Project provided such meetings could have an impact on the contractual relations between the Principal and the Contractor. The parties offer to the Monitor the option to participate in such meetings.
- As soon as the Monitor notices, or believes to notice, a violation of this agreement, he will so inform the Management of the Principal and request the Management to discontinue or take corrective action, or to take other relevant action. The monitor can in this regard submit non-binding recommendations. Beyond this, the Monitor has no right to demand from the parties that they act in a specific manner, refrain from action or tolerate action.
- The Monitor will submit a written report to the Chairman, SAIL within 8 to 10 weeks from the date of reference or intimation to him by the Principal and, should the occasion arise, submit proposals for correcting problematic situations.
- If the Monitor has reported to the MD & CEO CENTRAL BANK OF INDIA, a substantiated suspicion of an offense under relevant BNS / PC Act, and the MD & CEO CENTRAL BANK OF INDIA has not, within the reasonable time taken visible action to proceed against such offense or reported it to the Chief Vigilance Officer, the Monitor may also transmit this information directly to the Central Vigilance Commissioner.
- The word ‘Monitor’ would include both singular and plural.

Section 9 – Pact Duration

This Pact begins when both parties have legally signed it. It expires for the Contractor 12 months after the last payment under the contract, and for all other Bidders 6 months after the contract has been awarded.

Any violation of the same would entail disqualification of the bidders and exclusion from future business dealings.

If any claim is made / lodged during this time, the same shall be binding and continue to be valid despite the lapse of this pact as specified above, unless it is discharged / determined by.

Section 10 – Other provisions

- This agreement is subject to Indian Law. Place of performance and jurisdiction is the Registered Office of the Principal, i.e. Mumbai.
- Changes and supplements as well as termination notices need to be made in writing. Side agreements have not been made.
- If the Contractor is a partnership or a consortium, this agreement must be signed by all partners or consortium members.
- Should one or several provisions of this agreement turn out to be invalid, the remainder of this agreement remains valid. In this case, the parties will strive to come to an agreement to their original intentions.
- Issue like Warranty/ Guarantee etc, shall be outside the purview of IEMs.
- In the event of any contradiction between the Integrity Pact and its Annexure, the clause in the Integrity Pact will prevail.

For and On Behalf of Principle
(Office Seal)

For & On behalf of Bidder/Contractor
(Office Seal)

Place
Date

Witness 1
(Name and Address)

Witness 2
(Name and Address)

Annexure H - No Deviation Declaration for Technical Bid

To
The General Manager,
Central Bank Of India, Central Office,
Resources Department,
Chandermukhi, 4th Floor,
Nariman Point, Mumbai – 400021

Sub: Response to RFP in connection Group Personal Accident Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26.

Declaration	Yes/No
We confirm that we offer our technical bid to you with NIL deviations as mentioned in the RFP	

If the reply to the above declaration is NO, please mention the deviations below:

For and on Behalf of Insurance company

Name of Authorized signatory

Designation

Company Seal

Annexure I- Scoring Parameter for Insurance Company

Sr. No.	Criterion	Points	Total	Self- Assessment Scoring by Insurance Company
1	Number of Years Since License given by IRDAI as on date		20	Copy of license issued by IRDAI/Audited certificate on company letterhead to confirm the same
	1. <=5 Years	5		
	2. >5 Years, <=7 Years	10		
	3. >7 Years, <=10 Years	15		
	4. >10 Years	20		
2	Minimum Net Profit for financial year 2024-25		20	Audited certificate from Chartered Accountant/Declaration from the Authorized Signatory/Audited financial statement for FY 2024-25
	1. <= 100 Crores	5		
	2. >=101 to 300 Crores	10		
	3. >=301 to 500 Crores	15		
	4. >=501 Crores and above	20		
3	Gross Written Premium (INR. In Crores) for FY: 2024-25		20	Bidder should submit the Copy of Audited Balance Sheet for the Financial Year ending 31st March for each financial year duly attested by authorized signatory.
	1. <= Rs.2000 Crores	5		
	2. >2000 Crores, <=5000 Crores	10		
	3. >5000 Crores, <=10000 Crores	15		
	4. >10000 Crores	20		
4	Claim Settlement Ratio for FY: 2024-25 (Total claims settled during the year/ Total Claims received during the year)		20	Annual report confirming the quantum of claims settled Or Separate declaration on company letterhead to confirm the same
	1. <=90%	5		
	2. >91%, <=94%	10		
	3. >95%, <=97%	15		
	4. >98%	20		
5	Bidder should have minimum 75 branches across India as on 31.03.2025		20	Self-declaration on company letterhead to confirm the same
	1. 75 to 85	5		
	2. 85 to 95	10		
	3. 95 to 105	15		
	4. 105 and above	20		

Note- The bidder should score minimum 60 out of 100 marks for qualifying under technical evaluation along with compliance to all other terms and conditions. The bidders qualified under technical evaluation will be eligible for commercial opening.

We confirm that the information furnished above is true and correct. We also note that, if there are any inconsistencies in the information furnished above, the bid is liable for rejection. All documentary evidence / certificates confirming compliance to it should be part of Technical Proposal.

Date:

Signature with seal

Name

Designation

Annexures to the Tender

POLICY-02 GROUP MEDICLAIM POLICY FOR CENT SALARY/ CENT QUEEN ACCOUNT HOLDERS OF THE BANK FOR THE YEAR 2025-26, 2026-27, 2027-28

- Technical Bid – **Annexure 01** (Quote Slips and Policy Wordings)
- Technical Bid – **Annexure 02** (Eligibility Criteria)
- Technical Bid – **Annexure 04** (Service Level Agreement)
- Technical Bid – **Annexure 05** (Covering Letter)
- Technical Bid – **Annexure 06** (Undertaking by Bidder)
- Technical Bid – **Annexure 07** (Certificate with reference to the clause regarding restrictions on procurement from bidders of countries sharing land border with India as per Ministry of Finance Order (Public Procurement No. 1) dated 23rd July 2020.)
- Technical Bid – **Annexure 08** (Integrity Pact)
- Technical Bid – **Annexure 09** (No Deviation Declaration/Undertaking)
- Technical Bid – Copy of last license issued by IRDA/ Copy of Premium payment receipt of 2025-26 for the license
- Commercial Bid – **Annexure 03**
- Technical Bid- **Annexure 10** (Scoring Parameter for the Insurance Company)

Annexure 04
Service Level Agreement for GMC
(2025-26)

This agreement entered into at Mumbai on __/__/2025 between Central Bank of India (hereinafter called 'Insured') and _____ (hereinafter called 'Insurer') for RFP for the Group Medclaim Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26.

The Agreement will be on parameters agreed as under:

- **Object of the SLA:** Above mentioned policies of Central Bank of India Insured with the insurer for the period of this agreement and will be administered through the terms and conditions as highlighted further in the document.
- **Validity of the Agreement/SLA:** The SLA will be valid for a period of One Year and extended by mutual consent.
- **Features of this SLA:** This SLA explicitly states the detailed claim process to be followed by Central Bank of India as well as the insurer. It also highlights the turnaround time to be followed by the surveyors and the insurer. The list of documents which are to be submitted by the insured for different nature of claims is also mentioned further below.
- **Resolution of Dispute:** Central Bank of India and _____ (Name of Insurance Company) shall make every effort to resolve any disagreement or dispute arising between them under or in connection with the contract amicable and/or by direct information negotiation. The unresolved issues shall be referred to arbitration, one Arbitrator to be appointed by the parties if agreed upon or two Arbitrators, one to be appointed by each party. The arbitration will be governed by the Arbitration and Conciliation Act 1996. Any dispute shall be subject matter of courts under Mumbai Jurisdiction only.
- **Confidentiality:** Each party acknowledges that it may disclose confidential information to the other in connection with this agreement. The party receiving the confidential information shall:
 - Use all confidential information received by it solely to carry out the purpose of this agreement on any applicable statement of work.
 - Limit access to any confidential information received only to its employees and/or agent who have a need to know such Confidential Information and only for the use in connection with this agreement.
 - Advise those employees and/or agents having access to the proprietary nature thereof and of the obligation set forth in this agreement.
 - Safeguard all confidential information received by using a reasonable degree of care and
 - Upon written request and subject to the applicable law, return or destroy and certify destruction of all copies, diagrams, computer memory media and all other materials containing any other portion of the Confidential Information to the disclosing party upon its written request. Confidential Information means all proprietary, secret or confidential information relating to either party and its operations

employee's products customer data or services, any information relating to any Affiliate of either party and all personal data, including all personal information. The Confidential Information remains confidential until it reaches the public domain in the normal course.

[Exception: Information shall not be considered Confidential Information to the extent that such information

- Is already known to the receiving party free of any restriction at the time it is obtained from other party;
 - Is subsequently learned from an independent third party free of any restriction and without breach of this agreement;
 - Is already in public domain and becomes publicly known or published without breach of this agreement;
 - Is independently developed by one party without reference to any Confidential information of the others or;
 - Is required to be disclosing by law, regulations, court order or subpoena, provided that the disclosing party will exercise reasonable efforts to notify the other party prior to disclosure.
- **Indemnity:** The Company shall indemnify and keep the bank indemnified against any losses arising out of coverage provided under the policy and its terms and conditions thereon. This is without prejudice to any other right Bank may have against the company.
 - **Liquidated Damage:** In case insurer commits any disclosure of information or any other action jeopardizing the interest of the insured then insurer will be liable for any loss/damages arising from such action.
 - **Publicity:** Any publicity by the company in which the name of Central Bank of India is to be used may be done with the explicit written concurrence of Central Bank of India.
 - **Termination:** Central Bank of India shall be entitled to terminate the agreement with the insurer at any time by giving 30 days prior written notice to the insurer. Further Central Bank of India shall be entitled to terminate the agreement at any time by giving notice if:
 - The insurer breaches its obligations under the RFP or the subsequent agreement and if the breach is not cured within 30 days from the day of notice.
 - The insurer:-
 - has a winding up order made against it; or
 - has a receiver appointed over all or substantial assets; or
 - is or becomes unable to pay its debts as they become due; or
 - enters into any arrangement or composition with or for the benefit of its creditors; or
 - passes a resolution for its voluntary winding up or dissolution or if it is dissolved.

- **Amendment:** This agreement may be varied, altered, amended, supplemented or in any other manner affected only by mutual written agreement of both parties, signed by the authorized signatories of each of the parties hereto.

Claims Procedure

The following procedure is agreed upon and adopted to deal with the claims arising under Group Mediclaim Policy for Salary/Saving account holders of the bank for the year 2025-26 issued by _____

(Name of Insurance Company)

MANAGEMENT OF CLAIMS

(i) The members would submit the claims to the servicing TPAs/ Insurer

(ii) Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated (Telephonically /e-mail / fax / online) to the office of the TPA/ insurer dealing with Medical Claims, and / or the TPA's office at the earliest within 7 days from the time of hospitalization or before discharge whichever is earlier.

(iii) All Cashless Claims would be settled directly with the hospital concerned by the TPA/ Insurer. The TPA have to strictly adhere to the time line as per IRDAI regulations while granting the cashless approval at the time of admission and at the time of final discharge.

(iv) If the hospital opted is not on the panel of TPA, the member may take admission to the hospital and submit the claim for reimbursement. In such case, the hospital should satisfy the criteria of hospital as defined in the policy.

(vii) All supporting documents relating to the claim must be filed with the servicing TPA within 30 days from the date of discharge from the hospital. In case of post-hospitalization, treatment (limited to 90 days), all claim documents should be submitted within 30 days of the completion of treatment or within 30 days after post hospitalization period or 90 days whichever is earlier. Note: In case of late submissions of bills beyond the stipulated period, the claimant shall be required to submit in writing the cogent reasons for the delay to the TPA, which shall be in turn referred to the insurer for considering condonation.

(viii) The performance of the running of the Policy on various service parameters would be reviewed every year in joint meeting with the senior representative from participating Insurer, TPAs & the Broker.

(ix) All the members and their family members would be issued ID cards by the Third Party Administrator (TPA). The welcome kit along with Physical Card, Claim Form, Brochure & List of Network Hospital has to be sent to the member

x) In case the member or his family member gets admitted in any of the Network of hospitals on production of ID card, the hospital authority in turn shall notify by fax / mail the details of hospitalization along with ID card number and Name of the member to the TPA, who would again revert by fax / mail confirming to the hospital to proceed with the treatment.

(xi) All claims occurring during the entire policy period must be processed as per terms & conditions of the Policy irrespective of Incurred Claim Ratio.

(xii) The TPA would be very closely monitoring the ICR and a MIS (standard fields would be provided) to be submitted to the Bank along with entire claim dump containing entire digital footprint of all claims of preceding month by 5th of every month.

(xiii) The Insurer/TPA would strictly abide by all the timelines as defined under IRDAI (Protection of Policy Holders Interest) Regulation'2002 dt. 26.04.2002. The Bank reserves the right to charge interest as per the said regulation suo motto in case of any delayed payment beyond the timeline specified.

Intimation of Loss

The Insured shall immediately intimate every incident that may give rise to a claim under the policies to the Insurer through Anand Rathi Insurance Brokers Limited (hereinafter called 'Broker').

The incident or loss shall be notified by one of the following modes:

Notification by E mail / Hard copy—Email with the following details for intimation to be sent to the Broker and the broker will intimate the same to the insurance company.

- Name of the Account Holder
- Account Number
- Brief note on incident
- Loss amount
- Date of Accident
- Date of Death (if applicable)

Email ID and contact details of Broker are as follow:

Contact 1:

Mail id:

Contact no:

Contact 2:

Mail id:

Contact no:

Contact 3:
Mail id:
Contact no:

(Contact details will be provided at time of placement of the policy)

- i. The claimant/legal heir /legal representative will submit the claim documents to the branch
- ii. The branch after scrutiny of the documents will send the claim documents to BROKER within 15 days of receipt of documents. The brokers address, contact nos. are as mentioned below:

Anand Rathi Insurance Brokers
Times Tower, 9th Floor,
Kamala Mills Compound, Lower Parel, Mumbai - 400013, India.

- iii. The broker to submit the claim documents to the insurer / investigator / surveyor post scrutiny at the earliest.
- iv. Any requirement/ deficiencies in the documents submitted shall be sought by the insurer / investigator / surveyor within 7 working days of receipt of the claim documents to the insured with copy to the Broker. Broker to follow up with insured for revert on additional information / documentation. All the documents being in order, the Insurer will settle the claim within 15 working days from the date of receipt of the last documents / clarification. Broker to follow up with insurer where claims are pending for more than 15 days from the date of submission of claim documentation.

Set of Actions/ Turn Around Time

- i) The broker to submit the claim documents to the insurer / investigator / surveyor post scrutiny at the earliest.
- ii) Any requirement/ deficiencies in the documents submitted shall be sought by the insurer / investigator / surveyor within 7 working days of receipt of the claim documents to the insured with copy to the Broker. Broker to follow up with insured for revert on additional information / documentation. All the documents being in order, the Insurer will settle the claim within 15 working days from the date of receipt of the last documents / clarification. Broker to follow up with insurer where claims are pending for more than 15 days from the date of submission of claim documentation.

Documentation

Central Bank of India and (Name of Insurance Company) agree upon the following documents required to be submitted to settle the claims.

Claim Documents for PA 1(Policy Number)

MIS /Statements

6. Broker will hold claims meeting periodically with the Insurer / Surveyors / Insured in order to co-ordinate / review the movement of all outstanding claims.

Policy Paramount Clause

The detailed policy document will define the Terms, Conditions and Exceptions of the Insurance cover

Escalation Matrix

The escalation matrix for the insurer is as below



(Contact details will be provided at time of placement of the Policy)

This SLA will remain in force at all times for the issues & claims made against the policies taken during the tenure of this SLA.

Signed on Behalf of
(Name of Insurance Co)

Duly Constituted Attorneys
Dated

Signed on Behalf of
Central Bank of India

Authorized Signatory
Dated

Annexure 03: Commercial Bid Format

To
The General Manager,
Central Bank Of India, Central Office,
Resources Department,
Chandermukhi, 4th Floor,
Nariman Point, Mumbai – 400021

Dear Sir/Madam,

Sub: Response to RFP in connection with Group Mediclaim Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26

With reference to the **Response to RFP in connection with Group Mediclaim Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26**, we hereby agree to the all the terms and condition as stated in the RFP document. The commercial bid submitted to the Bank is after getting the required approvals from the Competent Authorities of our company.

Particulars	Net Premium	GST	Total Premium
*Per Account Rate For Sum Insured Starting from 01 Lakh up to 10 Lakhs Family Floater			

We confirm that the offer is in conformity with the terms and conditions as mentioned in the RFP. Bank may make its own inquiries for verification, and we understand that the Bank has the right to disqualify and reject the proposal, if any of the information furnished in the proposal is not correct.

We also confirm that the prices offered shall remain fixed for a period of 90 days from the date of submission of the offer.

We also understand that the Bank is not bound to accept the offer either in part or in full. If the Bank rejects the offer in full or in part the Bank may do so without assigning any reasons, there for.

Yours faithfully,

Authorized Signatories
(Name, Designation and Seal of the Company)

Annexure 05: Covering Letter (to the Bank on the bidder's letterhead)

**To,
The General Manager,
Central Bank Of India, Central Office,
Resources Department,
Chandermukhi, 4th Floor,
Nariman Point, Mumbai – 400021**

Dear Sir/Madam,

Sub: Response to RFP in connection with Group Mediclaim Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26

With reference to the above RFP, having examined and understood the instructions, terms and conditions, we hereby enclose our offer for **Group Mediclaim Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26** as detailed in your above referred inquiry. We confirm that the offer is in conformity with the terms and conditions as mentioned in your above referred RFP. We further confirm that the information furnished in the proposal, annexures, formats, is correct. Bank may make its own inquiries for verification and we understand that the Bank has the right to disqualify and reject the proposal, if any of the information furnished in the proposal is not correct.

We also confirm that the prices offered shall remain fixed for a period of 90 days from the date of submission of the offer. We also understand that the Bank is not bound to accept the offer either in part or in full. If the Bank rejects the offer in full or in part, the Bank may do so without assigning any reasons thereof.

Yours faithfully,

Authorized Signatories

(Name, Designation and Seal of the Company)

Date:

Annexure 06 - Undertaking by Bidder

Place:

Date:

**To
The General Manager,
Central Bank of India, Central Office,
Resources Department,
Chandermukhi, 4th Floor,
Nariman Point, Mumbai – 400021**

Undertaking (To be submitted by all Bidders' on their letter head)

We _____ (bidder name), hereby undertake that-

As on date of submission of Bids, we are not blacklisted by the IRDAI/RBI/IBA/Central Government / any of the State Governments in India.

We also undertake that, we are not involved in any legal case that may affect the solvency / existence of our firm or in any other way that may affect capability to provide / continue the services to bank.

Yours faithfully,

Authorized Signatories

(Name, Designation and Seal of the Company)

ANNEXURE-7

CERTIFICATE

(On letter head of the Company/ Firm)

**To
The General Manager,
Central Bank of India, Central Office,
Resources Department,
Chandermukhi, 4th Floor,
Nariman Point, Mumbai – 400021**

Sub: Response to RFP in connection with Group Mediclaim Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26

This is to certify that we have read the clause regarding restrictions on procurement from bidders of countries sharing land border with India as per Ministry of Finance Order (Public Procurement No.1) dated 23rd July, 2020. Further, it is certified that our company is neither from a country sharing land border with India nor our company is an entity as under:

- An entity incorporated, established or registered in such a country
- A subsidiary of an entity incorporated, established or registered in such a country
- An entity substantially controlled through entities incorporated, established or registered in such a country.
- An entity whose beneficial owner (as per definition attached) is situated in such a country
- An Indian (or other) agent of such an entity
- A natural person who is a citizen of such a country
- A consortium or joint venture where any member of the consortium or joint venture falls under any of the above.

Place:

Signature:

Date:

Name& Designation

Company Seal

Annexure –08

INTEGRITY PACT

Between

Central Bank of India hereinafter referred to as “The Principal”,

And

_____ herein after referred to as “The Bidder/Contractor”

Preamble

The Principal intends to award, under laid down organizational procedures, contract/s for _____. The Principal values full compliance with all relevant Law of the land, rules, regulations, economic use of resources and of fairness/transparency in its relations with its Bidder(s) and /or Contractor(s)

In order to achieve these goals, the Principal will appoint Independent External Monitors (IEMs) who will monitor the bidding process and the execution of the contract for compliance with the principals mentioned above.

Section 1 – Commitments of Principal

- The Principal commits itself to take all measures necessary to prevent corruption and to observe the following principals:
 - No employee of the Principal, personally or through family members, will in connection with the bids for, or the execution of a contract , demand , take a promise for or accept , for self or third person, any material or immaterial benefit which the person is not legally entitled to.
 - The Principal will, during the bids process treat all Bidder(s) with equity and reason. The Principal will in particular, before and during the bids process, provide to all Bidder(s) the same information and will not provide to any Bidder(s) confidential /additional information through which the Bidder(s) could obtain an advantage in relation to the bids processor or the contract execution.
 - The Principal will exclude from the process all known prejudiced persons.
- If the Principal obtain information on the conduct of any of its employees which is a criminal offence under the BNS /PC Act, or if there be a substantive suspicion in this regard, the Principal will inform the Chief Vigilance Officer and in addition can initiate disciplinary action.

Section 2 – Commitments of the Bidder(s) /contractor(s)

- The Bidder(s)/ Contractor(s) commit themselves to take all measures necessary to prevent corruption. The Bidder(s)/Contractor(s) commit themselves to observe the following principles during participation in the bids process and during the contract execution.
 - The Bidder(s)/ Contractor(s) will not, directly or through any other person or firm, offer, promise or give to any of the Principal's employees involved in the bidding process or the execution of the contract or to any third person any material or other benefit which he/she is not legally entitled to, in order to obtain in exchange any advantage of any kind whatsoever during the bidding process or during the execution of the contract.
 - The Bidder(s)/ Contractor(s) will not enter with other Bidders into any undisclosed agreement or understanding, whether formal or informal. This applies in particular to prices, specifications, certifications, subsidiary contracts, submission or non-submission of bids or any other actions to restrict competitiveness or to introduce cartelisation in the bidding process.
 - The Bidder(s)/ Contractor(s) will not commit any offence under the relevant BNS /PC Act; further the Bidder(s)/ Contractor(s) will not use improperly, for purposes of competition or personal gain, or pass on to others, any information or document provided by the Principal as part of the business relationship, regarding plans, technical proposals and business details, including information contained or transmitted electronically.
 - The Bidder(s)/Contractors(s) of foreign origin shall disclose the name and address of the Agents/ representatives in India, if any. Similarly the Bidder(s)/Contractors(s) of Indian Nationality shall furnish the name and address of the foreign principals, if any. Further details as mentioned in the "Guidelines on Indian Agents of Foreign Suppliers" shall be disclosed by the Bidder(s)/Contractor(s). Further, as mentioned in the Guidelines all the payments made to the Indian agent/representative have to be in Indian Rupees only.
 - The Bidder(s)/ Contractor(s) will, when presenting his bid, disclose any and all payments made, are committed to or intend to make to agents, brokers or any other intermediaries in connection with the award of the contract.
 - Bidder(s)/Contractor(s) who have signed the Integrity Pact shall not approach the Courts while representing the matter to IEMs and shall wait for their decision in the matter.
- The Bidder(s)/ Contractor(s) will not instigate third persons to commit offenses outlined above or be an accessory to such offenses.

Section 3 – Disqualification from bidding process and exclusion from future contracts

If the Bidder(s)/Contractor(s), before award or during execution has committed a transgression through a violation of Section 2, above or in any other form such as to put his reliability or credibility in question, the Principal is entitled to disqualify the Bidder(s)/Contractor(s) from the bidding process or take action as per the procedure mentioned in the "Guidelines on Banning of business dealings.

Section 4 – Compensation for Damages

- If the Principal has disqualified the Bidder(s) from the bidding process prior to the award according to Section 3, the Principal is entitled to demand and recover the damages equivalent to Earnest Money Deposit/ Bid Security.
- If the Principal has terminated the contract according to Section 3, or if the Principal is entitled to terminate the contract according to Section 3, the Principal shall be entitled to demand and recover from the Contractor liquidated damages of the Contract value or the amount equivalent to Performance Bank Guarantee.

Section 5 – Previous transgression

- The Bidder declares that no previous transgressions occurred in the last three years with any other Company in any country conforming to the anti-corruption approach or with any Public Sector Enterprise in India that could justify his exclusion from the bids process.
- If the Bidder makes incorrect statement on this subject, he can be disqualified from the bidding process or action can be taken as per the procedure mentioned in “Guidelines on Banning of business dealings”.

Section 6 – Equal treatment of all Bidders / Contractors / Subcontractors

- In case of sub-contracting the principal contractor shall take the responsibility of the adoption of Integrity Pact by the Sub-contractor.
- The Principal will enter into agreements with identical conditions as this one with all Bidders, Contractors and Subcontractors.
- The Principal will disqualify from the bidding process all bidders who do not sign this Pact or violate its provisions.

Section 7 – Criminal charges against violating Bidder(s) / Contractor(s) / Subcontractor(s)

If the Principal obtains knowledge of conduct of a Bidder, Contractor or Subcontractor, or of an employee or a representative or an associate of a Bidder, Contractor or Subcontractor which constitutes corruption, or if the Principal has substantive suspicion in this regard, the Principal will inform the same to the Chief Vigilance Officer.

Section 8 – Independent External Monitor / Monitors

- The Principal appoints competent and credible Independent External Monitor for this Pact after approval by Central Vigilance Commission. The task of the Monitor is to review independently and objectively, whether and to what extent the parties comply with the obligations under this agreement.
- The Monitor is not subject to instructions by the representatives of the parties and performs his functions neutrally and independently. The Monitor would have access to all Contract documents whenever required. It will be obligatory for him to treat the information and documents of the Bidders/Contractors as confidential. He reports to Managing Director & CEO, Central Bank of India.
- The Bidder(s)/Contractor(s) accepts that the Monitor has the right to access without restriction to all Project documentation of the Principal including that provided by the Contractor. The Contractor will also grant the Monitor, upon his request and demonstration of a valid interest, unrestricted and unconditional access to his project documentation. The same is applicable to Subcontractors. The Monitor is under contractual obligation to treat the information and documents of the Bidder(s)/Contractor(s)/ Subcontractor(s) with confidentiality.
- The Monitor is under contractual obligation to treat the information and documents of the Bidder(s)/Contractor(s) /Subcontractor(s) with confidentiality. The Monitor has also signed declarations on Non –Disclosure of Confidential information and of Absence of Conflict of Interest. In case of any conflict of interest arising at a later date, the IEM shall inform Managing Director & CEO CENTRAL BANK OF INDIA and recuse himself/herself from the case.
- The Principal will provide to the Monitor sufficient information about all meetings among the parties related to the Project provided such meetings could have an impact on the contractual relations between the Principal and the Contractor. The parties offer to the Monitor the option to participate in such meetings.
- As soon as the Monitor notices, or believes to notice, a violation of this agreement, he will so inform the Management of the Principal and request the Management to discontinue or take corrective action, or to take other relevant action. The monitor can in this regard submit non-binding recommendations. Beyond this, the Monitor has no right to demand from the parties that they act in a specific manner, refrain from action or tolerate action.
- The Monitor will submit a written report to the Chairman, SAIL within 8 to 10 weeks from the date of reference or intimation to him by the Principal and, should the occasion arise, submit proposals for correcting problematic situations.
- If the Monitor has reported to the MD & CEO CENTRAL BANK OF INDIA, a substantiated suspicion of an offense under relevant BNS / PC Act, and the MD & CEO CENTRAL BANK OF INDIA has not, within the reasonable time taken visible action to proceed against such offense or reported it to the Chief Vigilance Officer, the Monitor may also transmit this information directly to the Central Vigilance Commissioner.
- The word ‘Monitor’ would include both singular and plural.

Section 9 – Pact Duration

This Pact begins when both parties have legally signed it. It expires for the Contractor 12 months after the last payment under the contract, and for all other Bidders 6 months after the contract has been awarded.

Any violation of the same would entail disqualification of the bidders and exclusion from future business dealings.

If any claim is made / lodged during this time, the same shall be binding and continue to be valid despite the lapse of this pact as specified above, unless it is discharged / determined by.

Section 10 – Other provisions

- This agreement is subject to Indian Law. Place of performance and jurisdiction is the Registered Office of the Principal, i.e. Mumbai.
- Changes and supplements as well as termination notices need to be made in writing. Side agreements have not been made.
- If the Contractor is a partnership or a consortium, this agreement must be signed by all partners or consortium members.
- Should one or several provisions of this agreement turn out to be invalid, the remainder of this agreement remains valid. In this case, the parties will strive to come to an agreement to their original intentions.
- Issue like Warranty/ Guarantee etc, shall be outside the purview of IEMs.
- In the event of any contradiction between the Integrity Pact and its Annexure, the clause in the Integrity Pact will prevail.

For and On Behalf of Principle
(Office Seal)

For & On behalf of Bidder/Contractor
(Office Seal)

Place
Date

Witness 1
(Name and Address)

Witness 2
(Name and Address)

Annexure 09 - No Deviation Declaration for Technical Bid

To
The General Manager,
Central Bank of India, Central Office,
Resources Department,
Chandermukhi, 4th Floor,
Nariman Point, Mumbai – 400021

Sub: Response to RFP in connection Group Mediclaim Policy for Cent Salary/ Cent Queen account holders of the bank for the year 2025-26.

Declaration	Yes/No
We confirm that we offer our technical bid to you with NIL deviations as mentioned in the RFP	

If the reply to the above declaration is NO, please mention the deviations below:

For and on Behalf of Insurance company

Name of Authorized signatory

Designation

Company Seal

Annexure 10- Scoring Parameter for Insurance Company

Sr. No.	Criterion	Points	Total	Self- Assessment Scoring by Insurance Company
1	Number of Years Since License given by IRDAI as on date		20	Copy of license issued by IRDAI/Audited certificate on company letterhead to confirm the same
	1. <=5 Years	5		
	2. >5 Years, <=7 Years	10		
	3. >7 Years, <=10 Years	15		
	4. >10 Years	20		
2	Minimum Net Profit for financial year 2024-25		20	Audited certificate from Chartered Accountant/Declaration from the Authorized Signatory/Audited financial statement for FY 2024-25
	1. <= 100 Crores	5		
	2. >=101 to 300 Crores	10		
	3. >=301 to 500 Crores	15		
	4. >=501 Crores and above	20		
3	Gross Written Premium (INR. In Crores) for FY: 2024-25		20	Bidder should submit the Copy of Audited Balance Sheet for the Financial Year ending 31st March for each financial year duly attested by authorized signatory.
	1. <= Rs.2000 Crores	5		
	2. >2000 Crores, <=5000 Crores	10		
	3. >5000 Crores, <=10000 Crores	15		
	4. >10000 Crores	20		
4	Claim Settlement Ratio for FY: 2024-25 (Total claims settled during the year/ Total Claims received during the year)		20	Annual report confirming the quantum of claims settled Or Separate declaration on company letterhead to confirm the same
	1. <=90%	5		
	2. >91%, <=94%	10		
	3. >95%, <=97%	15		
	4. >98%	20		
5	Bidder should have minimum 75 branches across India as on 31.03.2025		20	Self-declaration on company letterhead to confirm the same
	1. 75 to 85	5		
	2. 85 to 95	10		
	3. 95 to 105	15		
	4. 105 and above	20		

Note- The bidder should score minimum 60 out of 100 marks for qualifying under technical evaluation along with compliance to all other terms and conditions. The bidders qualified under technical evaluation will be eligible for commercial opening.

We confirm that the information furnished above is true and correct. We also note that, if there are any inconsistencies in the information furnished above, the bid is liable for rejection. All documentary evidence / certificates confirming compliance to it should be part of Technical Proposal.

Date:

Signature with seal

Name

Designation

Annexure I

List I – Items for which coverage is not available in the policy

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

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

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

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED / INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH

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

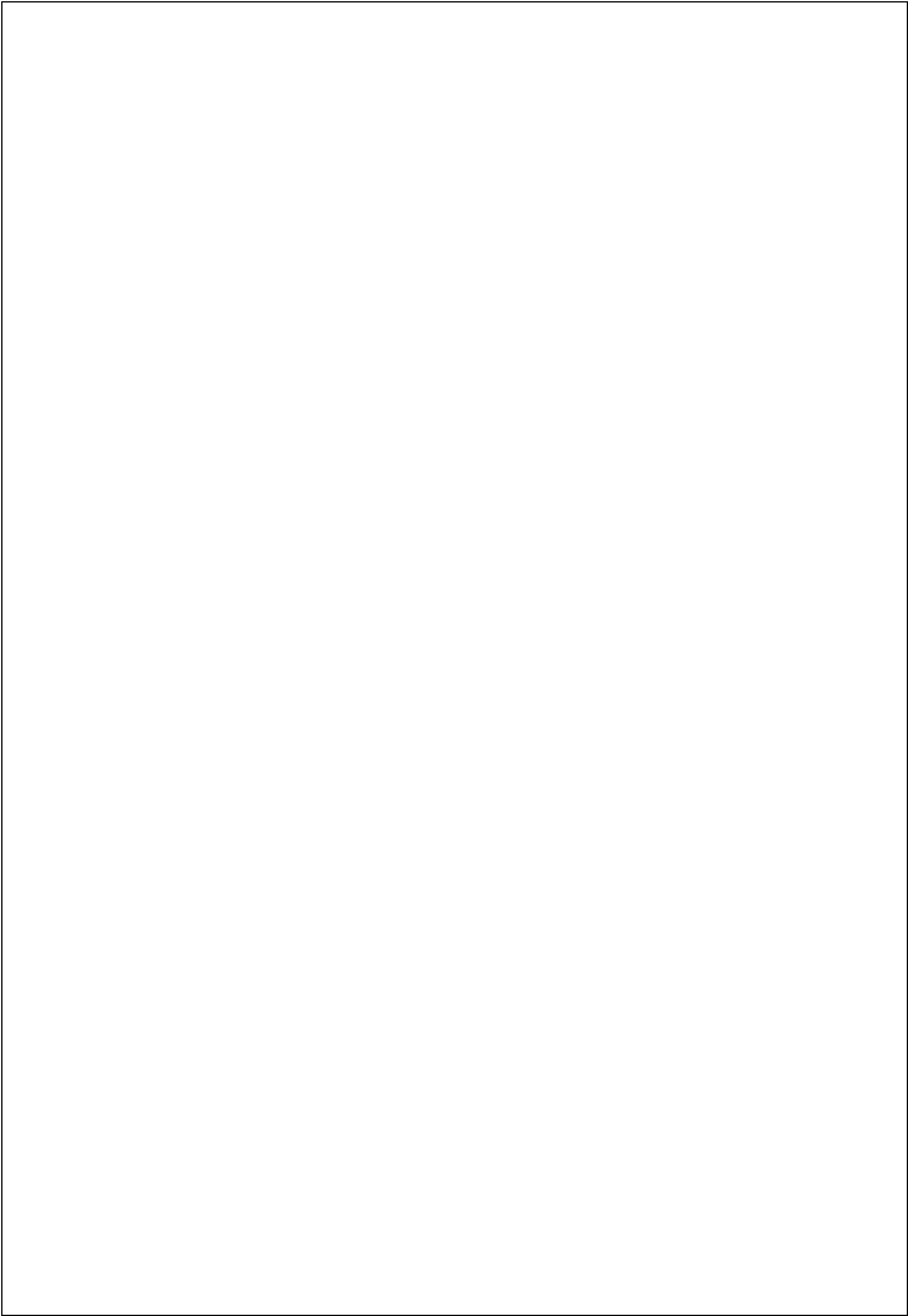
List III – Items that are to be subsumed into Procedure Charges

S No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES

18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

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



Response of Queries Rasied (Group Personal Accidental Insurance)

Sr. No.	Queries	Response
1	Detailed demography in excel is required for account holders and their dependents for both the policies GHI and GPA (including sum insured slabs)	Data will be given to the L1 Bidder at the time of issuance of the policy.
2	Request clarification – “the cover may be extended to any of the Salary Package customers. Premium payment will be done by the Salary Account Holders”. Kindly specify the number of enrolments under this category and provide details of the respective Sum Insured (SI) slabs to be opted by these account holders.	Tentative number of accounts covered are 65000 as of now which will be based on business estimates over the period of time. Premium will be borne by the bank.
3	Kindly confirm whether the Group Health Insurance (GHI) and Group Personal Accident (GPA) policies are voluntary or mandatory for all Cent Salary and Cent Queen account holders.	GPA will be the mandatory cover for all Cent salary and proposed new Salary Product i.e. "Cent Prestige" and GHI is voluntary cover. For Cent Queen, GPA will be provided only in eligible account.
4	Kindly confirm the count of Defence /Armed force/Navy personnel/police to be covered in the GPA policy?	No they are not covered in this policy. However, there will be separate product, which will cover Defence /Armed force/Navy personnel/police.
5	Will there be any situation under which the bank might cancel the policy mid-term?	As per the bank's discretion. Kindly refer terms and conditions of the RFP.
6	Kindly brief in details for Air accident death coverage.	In case any salary account holder met with air accident death, will be eligible for the Air Accident Cover
7	Kindly provide a detailed explanation for the Air Accident Death Cover and its applicable terms and conditions.	In case any salary account holder met with air accident death, will be eligible for the Air Accident Cover
8	The agreement has to be submitted on letterhead or Stamp Paper. If Stamp Paper then of what value?	100 Rs Stamp Paper
9	The Integrity Pact has to be submitted on letterhead or Stamp Paper. If Stamp Paper then of what value?	100 Rs Stamp Paper
10	Insurance is mandatory or voluntary	GPA will be the mandatory cover for all Cent salary and proposed new Salary Product i.e. "Cent Prestige" and GHI is voluntary cover. For Cent Queen, GPA will be provided only in eligible account.
11	Who will bear the premium?	Bank will bear the premium.
12	What is the expected policy period for policy.	Contract period is 3 years. Policy period is 1 year, subject to annual renewal.

13	Page 7 mentions a Sum Insured (SI) of ₹75 Lakhs for Empower account holders, whereas Page 60 states ₹25 Lakhs. Kindly clarify the correct coverage amount.	PAI 50 AAI 75, rates to be quoted separately.
14	Are we covering salary account holders? As it is mentioned Cent Salary account holders. Or we're covering both Salary as well as Account holders which includes CASA. Please clarify	We are covering Cent salary, Cent Queen & proposed Cent prestige account Holders.
15	If the coverage is specific to salary account holders, are we targeting any particular organizations or departments?	This policy will cover all the central, state, PSU and private sector employees.
16	Are we covering police, defence, fire fighters, mines, aviation crew pilots or related to similar occupation is covered ?	No, they are not covered in this policy. However, there will be separate product, which will cover Defence /Armed force/Navy personnel/police.
17	In page 60 per lakh rate is required for new variant	Yes.
18	In page 61 per lakh rate is required for new variant what is the difference in page 60 & 61	New variant can be introduced by the bank during the policy for that separate rates to be quoted.
19	Requirement of Demographic Details (Detailed list of employees/families/age/employee code)	Data will be given to the L1 Bidder at the time of issuance of the policy.
20	Updated Claims MIS	No legacy data is available since it is a fresh policy.
21	Last year Policy Copy for computing premium rates	No legacy data is available since it is a fresh policy.
22	Policy Copy of last 3 years (Including premium details) for GMC & GPA	No legacy data is available since it is a fresh policy.
23	3 years claims MIS & claims Summary report for GMC & GPA	No legacy data is available since it is a fresh policy.
24	Active member data in excel format	Data will be given to the L1 Bidder at the time of issuance of the policy.
25	Proposed Cover for New Product: Variant Nomenclature to be added *PAI – Personal Accident Death Cover AAI – Air Accidental Death Cover PTD – Permanent Total Disability Cover PPD – Permanent Partial Disability Cover	New proposed cover ie "Cent Prestige"
26	As per Annexure A1 - Point number 4, "Policy Copies to be attached reflecting number of lives" is mentioned. However, the available policy copies do not mention the number of lives covered. Could you please confirm if we can provide a self-declaration with the member count?	Yes, Self-Declaration to be attached. Policy Copy to be submitted.

27	On Tender Page No. 7, it is mentioned that both existing and proposed sum insured details are required. Could you please confirm the expiring policy period?	Policy Tenure is 3 years, with annual renewal.
28	Could you please provide the expiring as well as past 3 years' claims details, including: Claims count Claim types Claim amounts	No legacy data is available since it is a fresh policy.
29	Additionally, could you please confirm the following: Expiring claims analysis date Expiring policy inception count Expiring policy end count	No legacy data is available since it is a fresh policy.
30	Could you please confirm if there will be a separate policy for Defence / Armed Forces / Navy personnel / Police?	Yes, there will be a different product in the same policy.
31	Please provide more clarity on the proportion of Non-Defence & Defence Accountholders.	Since we are asking separate quote for Defence and non-defence account. As of now we don't have different counts, we will be sharing when we flag it differently afterwards.
32	Also, please provide a geographical mix for specially the Defence Accountholders.	There is a different product for Defence / Armed Forces / Navy personnel / Police in the same policy.
33	There are certain add on coverages requested in the GPA annexure, please confirm on who will be paying the premium for the same.	Add on cover premium will be borne by the Bank.
34	For Empower Account, Air Accidental SI has been given as 75 lacs in 1 table and 25 lacs in another. Please check and confirm.	Corrigendum will be issued for the change in Sum Insured.
35	For the proposed new variant option, please give some clarity on the expected accountholders under the same.	Approximately 65000 accounts in a year.
36	We just need two corrections to be made in the RFP: **Page 60:** The commercial bid for GPA needs to be rectified	Corrigendum will be issued for the same.
37	Kindly share the claims experience or summary of any similar ongoing GPA (Group Personal Accident) and GMC (Group Mediclaim) policies linked to salary accounts with Central Bank.	No legacy data is available since it is a fresh policy.
38	Please provide a demographic breakdown of the existing 1,17,589 account holders, including age distribution and occupational categories (e.g., government employees, private sector, police/homeguards, defence, navy, etc.)	Data will be given to the L1 Bidder at the time of issuance of the policy.
39	Air accident coverage: Is there any condition that flight tickets must be purchased using the Central Bank's salary account for the air accident claim to be admissible?	Yes
40	Is there any condition of salary credit in last 1/3 months for accidental death claim to be admissible?	Yes, salary credit in last 1/3 months is mandatory.

41	As per the tender, future premiums will be based on ICR (Incurred Claims Ratio) of the first-year policy, where $ICR = \text{Claims Paid} + \text{Claims Outstanding} + \text{Applicable IBNR up to 180 days of Policy Expiry date}$ Please confirm the below with respect to the future premiums: Whether Applicable IBNR will be determined solely by the Insurance Company, based on the claims reporting pattern in the first year No claims will be rejected due to late intimation, provided they fall within the 180-day post-expiry window.	Loading/Discounting Table is already mention in the tender, request you to follow the same. (Page- 16)
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Responses of Queries Raised (Group Medical Insurance)

Sr.No.	Queries	Response
1	Detailed demography in excel is required for account holders and their dependents for both the policies GHI and GPA (including sum insured slabs)	Data will be given to the L1 Bidder at the time of issuance of the policy.

2	Kindly confirm whether the premium to be borne by the account holder or bank for the policies? Since, under the GHI policy it is mentioned premium to be borne by the customer/salary account holder.	Yes, the premium will be borne by the customer/salary account holder.
3	Kindly confirm whether the Group Health Insurance (GHI) and Group Personal Accident (GPA) policies are voluntary or mandatory for all Cent Salary and Cent Queen account holders.	GPA is mandatory and GMC is voluntary.
4	Kindly confirm the count of Defence /Armed force/Navy personnel/police to be covered in the GPA policy?	No they are not covered in this policy. However, there will be separate product which will cover Defence /Armed force/Navy personnel/police.
5	Will there be any situation under which the bank might cancel the policy mid-term?	As per the bank's discretion.
6	The agreement has to be submitted on letterhead or Stamp Paper. If Stamp Paper then of what value?	Stamp Paper - 100 RS
7	The Integrity Pact has to be submitted on letterhead or Stamp Paper. If Stamp Paper then of what value?	Stamp Paper - 100 RS
8	Insurance is mandatory or voluntary	Voluntary Plan
9	Who will bear the premium?	Customer will be bear the premium.
10	What will the projections under medical insurance	Target Salary Account Holder to Cover under the Voluntary Plan.
11	What is the expected policy period for policy?	Contract period is 3 years. Policy period is 1 year, subject to annual renewal.
12	There appears to be inconsistency regarding the waiting period—some sections mention a waiver, while others indicate its applicability. Kindly clarify.	Waiting Period is waived off.
13	What is waiting period 1/2/3 yrs.?	Waiting Period is waived off.
14	Maternity Waiting Period: The table mentions a waiver, yet the conditions specify a 9-month waiting period. Kindly confirm the correct interpretation.	Waiting Period is waived off.
15	Clarification on PED, Specific Diseases & Initial Waiting Periods: Please verify the applicable waiting periods for Pre-Existing Diseases (PED), specific conditions, and the initial waiting period.	Waiting Period is waived off.
16	How SI will be decided under indemnity product, Is there any criteria	No such Specific Criteria .
17	Requirement of Demographic Details (Detailed list of employees/families/age/employee code)	Not Available

18	Updated Claims MIS	No legacy data is available since it is a fresh policy.
19	Last year Policy Copy for computing premium rates	No legacy data is available since it is a fresh policy.
20	Policy Copy of last 3 years (Including premium details) for GMC & GPA	No legacy data is available since it is a fresh policy.
21	3 years claims MIS & claims Summary report for GMC & GPA	No legacy data is available since it is a fresh policy.
22	Active member data in excel format	No legacy data is available since it is a fresh policy.
23	Could you please provide the expiring as well as past 3 years' claims details, including:	No legacy data is available since it is a fresh policy.
24	Claims count	
25	Claim types	
26	Claim amounts	
27	Additionally, could you please confirm the following:	No legacy data is available since it is a fresh policy.
28	Expiring claims analysis date	
29	Expiring policy inception count	
30	Expiring policy end count	
31	Could you please confirm if there will be a separate policy for Defence / Armed Forces / Navy personnel / Police?	In the same policy there will be a separate product which will cover Defence /Armed force/Navy personnel/police.
32	How are we planning to pitch this product? Expected attachment rate & NOP?	This will be a Voluntary Plan and open for salary account holders through the link posted on the Bank website, customer who is willing to want the benefit they can get the same by paying premium respected to their sum insured selection.
33	Given this is contributory in nature, the bank currently must be having some cross sell proposition to these customers. How is this product going to be different from that? What is the ATS and experience of the existing product.	No legacy data is available since it is a fresh policy.
34	The benefits requested have SI ranging from 1lacs to 10 lacs, which will be at discretion of the accountholders. For such a voluntary product, quoting for sum insureds as low as 1 lac will not be feasible, request you to have a look to revise the same from min 3 lacs and above to mitigate risk.	No revision will made for the SI Range.

35	The waiting periods requested in the tender are PED/Specific Illness/Initial/Maternity – all waiting periods waived off. Can we have a clause of onboarding lives basis GHD here (i.e. No PED will be covered), and a basic 30 day Initial WP and Maternity WP will be applicable on the same.	No waiting period, Kindly refer terms and conditions of the RFP Coverage's on Page No. 22
36	**Page 42:** Maternity is incorrectly mentioned as optional coverage, in case it is a mandatory add-on with the base product as you mentioned in the morning.	Maternity is mandatory cover with no waiting period.
37	Additionally, there are contradictory statements regarding the waiting period (WP) for maternity. The product table indicates the WP is waived off, while the terms and clauses state a 9-month WP is applicable. This also needs to be rectified.	
38	The insurance cover will be on voluntary basis or on compulsory/bundled basis	It is voluntary basis.
39	However, the cover may be extended to any of the Salary Package customers. Premium payment will be done by the Salary Account Holders who will opt for the Medi claim Insurance Cover. This is going to be a voluntary cover, we would need the exact selling journey for this insurance. Please confirm if there will be API integration?	Contract period is 3 years. Policy period is 1 year and there will be API integration.
40	Is this cover to be offered only to the new accountholders or existing accountholders as well. How will the customer journey differ in both the cases?	It will cover both.
41	Please share the age banded and family composition wise demography would be required for existing accountholders	Not Available
42	Family definition has been mentioned as 2A+2C, but our assumption is that will we be covering people up to 2A+2C, What all family compositions are to be covered up to 2A+2C?	Family definition is already mention in the tender to cover 2A+2C.
43	Since how many years this policy is active? Request you to confirm.	Contract period is 3 years. Policy period is 1 year, subject to annual renewal.
44	Please share the expiring policy copy for exact Terms and Conditions.	It is a fresh policy.
45	We would need the individual claims dump and full member data along with the age bands, family composition and sum insured of the policy holders for the past 3 years.	No legacy data is available since it is a fresh policy.

46	We would need the rate charts for the premium (age banded, SI wise, Family composition wise) at inception along with the total premium collected till the expiry for the past 3 years. Please ensure that the total premium shared is in line with the member data.	Not Available.
47	Are renewals to be allowed under this setup? Any person who buys a policy this year, will he be allowed to renew the policy even if he has not opened any new account next year? Or we will only allow buying the cover when any new account is opened? If renewals are to be allowed, the policy that will be issued this time, will it have waiting periods applicable for new customers and then reducing by 1 year when they renew it?	The person can renew the policy every year, need not open any new account. There will be no waiting periods applicable for any new customers.
48	Please confirm whether if any accountholder who has opened the account this year, does not wish to buy the policy, will he be allowed to buy the same next year?	Yes
49	We will need unique identifiers for each member as well as each family	Unique identifier will be salary Account Number
50	Is there any POS condition for salary credit into the account?	No
51	Since the data will be shared with us quarterly, we will have to cover the child policy holder for the remaining no. of quarters. Please confirm.	This will be a Voluntary Plan, no data will be provide by bank, this is already mention in the tender.
52	Are all the SI options from 1 Lacs to 10 lacs to be shown to the end customer or will there be any criteria basis which the SI will be offered?	It will be shown to customer.
53	Will the TPA be internal or is it to be decided by the bank? What is going to be the TPA fees if it is going to be external?	TPA fees will be borne by the insurance company.
54	What is the expected volume of policies and what will be the expected premium? We would need the exact no. of accountholders under the cent queen and cent salary account categories.	This will be a Voluntary Plan, no data will be provide by bank, this is already mention in the tender.
55	What will be the rate of attachment for this policy? Will it be same for both cent salary accounts and cent queen accounts? Along with this, please provide the rate of attachment for existing as well as new customers.	Rates are not available as this is the fresh proposal, yes both will be same.
56	In case a person is having two accounts will he be offered health insurance coverage in both the accounts or if he has bought the cover under one account, he won't be allowed to buy another?	A person can only have one salary account in the bank.

If the criteria for coverage is basis the minimum account balance, and a person has two accounts where the Minimum balance limit is different and basis this the SI offered is also going to be different, then in such a scenario will he be offered coverage under both the accounts or anyone? If anyone how is it to be decided which SI option will be provided?

The person's salary should be credited in Central Bank of India's account irrespective of minimum account balance.

CORRIGENDUM- 1

Sub: Bid Number: GEM/2025/B/6741307 for Group Medical Insurance Policy for Salary Account Holder of Bank.

Pre-Bid Clarifications - Corrigendum – Reg.

S.No	Queries raised by Insurance companies	Corrigendum
1	**Page 42:** Maternity is mentioned as optional coverage, in case it is a mandatory add-on with the base product.	Maternity is compulsory cover as mentioned on the Coverages sheet Page 42:;
2	Waiting period on the Maternity mention on the Page no. 42	No Waiting period applicable, follow coverages sheet mention on Page No- 22

The issued Corrigendum forms an integral part of the RFP and should be submitted along with the RFP documents, duly sealed and stamped.

**General Manager
(Resources Department)
Central Bank Of India**

CORRIGENDUM-1

Sub: Bid Number: GEM/2025/B/6741307 for Group Accident Insurance Policy for Salary

Account Holder of Bank.

Pre-Bid Clarifications - Corrigendum – Reg.

S.No	Queries raised by Insurance companies	Corrigendum
1	Correction in the commercial bids Page No - 60	Attached revised Commercial Bids
2	There is a correction in the Sum Insured mentioned on Page No. 60 under the <i>AA/ Empower</i> section.	The correct Sum Insured is ₹75 Lakh instead of ₹25 Lakh .

The issued Corrigendum forms an integral part of the RFP and should be submitted along with the RFP documents, duly sealed and stamped.

**General Manager
(Resources Department)
Central Bank of India**

Annexure C: Commercial Bid Format

To

The General Manager,

Central Bank of India, Central Office,

Resources Department, Chandermukhi,

4th Floor,

Nariman Point, Mumbai – 400021

Dear Sir/Madam,

Sub: Response to RFP in connection with Group Personal Accident Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26

With reference to the **Response to RFP in connection with Group Personal Accident Policy for Cent Salary/ Cent Queen Account holders of the bank for the year 2025-26**, we hereby agree to the all the terms and condition as stated in the RFP document. The commercial bid submitted to the Bank is after getting the required approvals from the Competent Authorities of our company.

Type of Account	No. of Account Holders (A)	PAI SI per Account Holder (in ₹) (B)	AAI SI per Account Holder (in ₹) (C)	Rate per Lakh / per account holder PAI (D)	Rate per Lakh / per account holder AAI (E)	Net Premium (in ₹) $F = (A*B*D + A*B*E)$	Premium excluding GST (G)	GST $H=G*18\%$ (in ₹)	Total Premium (G+H) (in ₹)
Elevate	45853	50 Lakhs	50 Lakhs						
Empower	16405	50 Lakhs	75 Lakhs						
Esteem	5331	100 Lakhs	100 Lakhs						
Cent Queen	50000	10 Lakhs							

Proposed Cover for New Cover:

	A	B	C
PAI	100	120	150
AAI	100	120	150
PTD	100	120	150
PPD	50	60	75
Rate per Lakhs			

Premium Excluding GST			
GST			
Total Premium			

Proposed rate per Lakh per Account for future enhancement for any variant:

Any Account	PAI	AAI	PTD	PPD	Rate
Rate					

Rate Per Lakh for the accounts added during the policy period for Uniform forces i.e., Defence/Police/Paramilitary Account Holder to be Quoted separately ₹___/Per Lakh

Rate Per Lakh for the accounts added during the policy period for non-uniform forces Account Holder to be Quoted separately ₹___/Per Lakh.

We confirm that the offer is in conformity with the terms and conditions as mentioned in the RFP. Bank may make its own inquiries for verification, and we understand that the Bank has the right to disqualify and reject the proposal, if any of the information furnished in the proposal is not correct.

We also confirm that the prices offered shall remain fixed for a period of 90 days from the date of submission of the offer.

We also understand that the Bank is not bound to accept the offer either in part or in full. If the Bank rejects the offer in full or in part the Bank may do so without assigning any reasons, there for.

Yours faithfully,

Authorized Signatories

(Name, Designation and Seal of the Company)

The issued Corrigendum forms an integral part of the RFP and should be submitted along with the RFP documents, duly sealed and stamped.

