



भारतीयसूचनाप्रौद्योगिकीसंस्थानपुणे

Indian Institute of Information Technology Pune

(An Institute of National Importance, established by MHRD, Govt. of India under PPP mode)
Near Bopdev Ghat, Yewalewadi, Pune-411048, Maharashtra, India
Website: www.iiitp.ac.in

Ref. No. IIITP/Tender/2019-20/1119

Date: December 2, 2019

Call for Quotations

Subject: Enquiry for purchasing medical insurance Policy for IIIT Pune students.

Sealed quotations are invited from registered companies/ vendors/ parties for providing medical insurance for IIIT Pune students. The policy cover is given in the annexure I.

Last date of receipt of quotation is December 12, 2019 up to 3 pm.

The date of opening of quotations is December 13, 2019 at 4 pm at IIIT Pune.

Terms and Conditions:

1. Quotations should be submitted in sealed cover superscribing "Quotation for providing medical insurance policy" on the top of sealed envelope.
2. The rates quoted should be valid for a period of one months from the date of tender.
3. The quoted price should include all charges.
4. **Total no of students is 443.**
5. The medical insurance must be delivered within 10 days from date of purchase order.
6. If you fail to provide the service within intended time, services may be taken from the next lowest bidder.
7. Payment shall be made only after the satisfactory service. No advance payment will be made.
8. While submitting the quotation, the following points may be noted.
 - a) Quotations will be evaluated based on the rate quoted in Annexure – II. No other charges will be paid by office.
 - b) IIIT Pune will not pay any extra charges.
 - c) The quotations may be sent through speed post/registered post/ by hand. This office does not take any responsibility for postal delays.
 - d) In case of any dispute of any kind in any respect whatsoever, the decision of Director, IIIT Pune shall be final and binding.
 - e) IIIT Pune reserves the right to cancel this bid without any reason thereof.
9. The agency should mention agency name and full address including telephone number on quotation in annexure 1.
10. The quotations are to be submitted to the Director, Indian Institute of Information Technology Pune, Near Bopdev Ghat, Yewalewadi, Pune-411048.

Director, IIIT Pune

Annexure – I

Policy cover Terms

Coverages		
1	Policy Type	:Non Floater
2	Policy Construct	:Non Employer Employee
3	Service Category	:Both Cashless &Reimbursement
4	OPD/PD	:IPD
5	Third Party Administrator	:ICICL Lombard Healthcare
6	OTC/Non OTC	: OTC
7	Physical Health Card	: No
8	30 days wating period ,1 st year wating period	:Waived Off
9	Age Band	: 3 years to 30 years
10	Family Definition	: The family shall comprise of the insured student only
11	Sum Insured	:SI is restricated to Rs.100000 per life during the policy period as per annexure attached herewith
12	Corporate floater, Maternity Benefit for Normal §ion , 9 months waiting period, Baby day 1, pre/post Natal Expenses, Ambulance Service, OPD Cover Health check Up, PPN option.	:NA
13	Room Rent	:Room rent is restricted to 2% of SI for both normal 4%of SI for ICU(Inclusive of nursing charges).In the event of the insured getting admitted in a category higher than capped mentioned above per day, then the insured will bear the difference of all the medical expenses as in the final hospital bill in the same proportion.
14	Pre-Existing Disease	: Pre-Existing Disease Expenses covered.
15	Pre-Post Hospitalization	: Pre-Post Hospitalization for 30 day &60 day respectively are covered.
16	Domiciliary Hospitalization	:Excluded
17	Exclusion	:Lasik surgery ,Septoplasty , Infertility & Related Ailments incl . 'Male sterility ;Terminate on trial/experimental basis ;will admin/Registration/Services/music .Charges ;Expenses on fitting of prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Helter monitoring are outside the scope of the policy
18	Special Condition	: Liability for nasal Sinus Surgeries upto 'Rs.35,000; Hospitalization arising out of Psychiatric ailments Upto'Rs.30,000'
19	Co-Payment	:No Copay
20	Special Condition	:50% co-pay for cyber knife treatment /stem cell

		Transplantation .Cochlear Implant treatment shall be restricted to 50% of the SI.	
21	Special Condition	:Claim must be filled within 30 days from the date of completion of treatment .However , the company may at its absolute discretion consider waiver, of this condition in extreme cases of hardship where it is proved to the satisfaction of the company that under the circumstances in which the insure was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit. The claim would invite additional 10% co-payment amount as per policy terms and condition.	
22	Mid-term Inclusion	:Mid-term Inclusion of the new joinees only	
23	Special Condition	:No Refund for deletion if lives less than minimum required & if insured has claimed during policy.	
24	Special Condition	:Any endorsement will be from the date of addition and not from the inception of the policy.	
25	Add-Del of Lives	:Premium to be charged on pro rata basis for addition and not from the inception of the policy.	
26	1 st year Exclusion	:Not Applicable	
27	30 Days Waiting period	:Not Applicable	
28	9 Months waiting period	:Not Applicable	
29	Domiciliary Hospitalization	:Excluded	
Disease Wise sublimit			
Sr No	Disease	Metro Location	Non Metro Location
1	Medical cases (any one cliam)	Rs.15000	Rs.15000
2	Appendix	Rs.20000	Rs.20000
3	Calculus of Kidney	Rs.20000	Rs.20000
4	Fracture /Tear of knee/Dislocation of joint	Rs.25000	Rs.25000

Proforma for financial quotation

The price should be quoted as detailed below:

S.No.		Quoted Price (In INR)
1	Medical insurance policy for 443 students (Policy cover must bidding by Annexure :I)	
	Taxes (if any)	
	Grand Total	

Name of the Company/ vendor/ parties:

Office Address:

Name and Mobile No. of contact person:

Email id, if any

It is certified that information given above is true to the best of my knowledge. The agency shall stand liable if any information given is later found to be false. It is also certified that our agency is not blacklisted by any Central/State Department/ Public Sector Undertaking in India for any reason. The terms and conditions laid down in the tender documents are acceptable to us.

Name and Signature of the Authorized Person

Stamp of the Agency/ Authorized Person

Date:

Place: