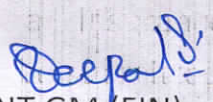


**RAJASTHAN STATE ROAD TRANSPORT CORPORATION HEAD OFFICE ,PARIVAHAN MARG
JAIPUR**

**Notice Inviting bid for Mediclaim Policy for one year for The Employees,
Recruited On Or After 01-01-2004 And Are Not Covered Under ESIC Scheme**

Offers are invited from all IRDA approved General Insurance Companies, authorized to provide Mediclaim facility. The offer can be submitted upto 3 pm of 19 MAY 2017 In room no131 The bids, Financial and Technical, both, will be opened on 19 MAY 2017 at 3.30 pm. Their Financial Bid shall be considered only after evaluation of technical bid.

In this concern, a pre bid conference will be held on 11 a.m of 8 may 2017 in room no 131. Tender notice, other information and conditions can be seen on the corporation website, i. <http://transport.rajasthan.gov.in/rsrtc> as well as State portal.


JOINT GM (FIN)

RSRTC, Head office, JAIPUR

Technical Bid

1. Turnover of company :
2. No. of years of experience :
3. Reinsurance arrangement :
4. Experience of company in general insurance :
5. Experience of company in mediclaim insurance :
6. Claim settlement time normally taken by company :
7. List of offices located in Rajasthan :
8. Outstanding claim ratio :
9. Annual Report :
10. Dummy policy bond :
11. Copy of Rules :
12. Certificate of renewal of registration From IRDA :

Signature of authorized person of the company

टेन्डर की शर्तें

1. राजस्थान राज्य पथ परिवहन निगम द्वारा निगम में 01.01.2004 को एवं उसके बाद नियुक्त कर्मचारी जो कि ई0एस0आई0सी0 के अन्तर्गत नहीं आते हैं, की मेडिकलेम पालिसी ली जानी है।
2. इसमें वे सभी कर्मचारी सम्मिलित होंगे जो कि निगम में 01.01.2004 को एवं उसके बाद नियुक्त कर्मचारी जो कि ई0एस0आई0सी0 के अन्तर्गत नहीं आते हैं
3. वर्तमान में निगम में ऐसे कर्मचारियों की संख्या लगभग 5200 है, जो कि घट/ बड़ सकती है।
4. जिन कर्मचारियों की मेडिकलेम पालिसी ली जानी है, उनका बीमा परिलाभ राशि रु 1,00,000/— प्रति कर्मचारी होगा।
5. आई0आर0डी0ए0 से अनुमोदित सभी बीमा कंपनिया टेण्डर दे सकती है।
6. यह पालिसी लिये जाने की दिनांक से एक साल तक लागू मानी जायेगी।
7. किसी भी कर्मचारी का मेडिकलेम दावा **Time Barred** नहीं माना जायेगा।
8. भुगतान दावेदार द्वारा प्रस्तुत बैंक खाते में/चैक के माध्यम से करना होगा।
9. प्रस्तावक कंपनी का स्थानीय कार्यालय जयपुर में होना आवश्यक है।
10. सफल कंपनी से एम0ओ0यू0 कराया जायेगा जिसकी शर्तें घटायी अथवा बढ़ायी जा सकती हैं।
11. अनुबंध के क्रियांवयन, शर्तों एवं अनुबंध से संबंधित अन्य किसी प्रकार की विवेचना के संबंध में कंपनी तथा निगम के बीच विवाद उत्पन्न हाने की दशा में विवाद के निस्तारण के लिये निगम के अध्यक्ष एक मात्र पंच निर्णायक होंगे, जिनका निर्णय अंतिम एवं दोनो पक्षों को बाध्यकारी होगा। कोई भी पक्ष विवाद को पंच निर्णायक के समक्ष प्रस्तुत किये बिना विवाद को न्यायालय में नहीं ले जा सकेगा।
12. इस अनुबंध से संबंधित किसी भी दावे के निष्पादन में होने वाले विवाद की स्थिति में न्यायिक क्षेत्राधिकार जयपुर होगा।
13. राज्य सरकार/केन्द्र सरकार द्वारा लगाये गये सेवाकर या अन्य किसी प्रकार के करों का दायित्व कंपनी का होगा, अर्थात् कर वंचना का दायित्व कंपनी का होगा।
14. टेण्डर सशर्त स्वीकार नहीं किया जावेगा।
15. किसी भी टेण्डर को निरस्त करने का अधिकार निगम का होगा।

Financial Bid

Name and address of company :

Headoffice :

Coverage Required

Cover	Description	Sum Insured
Mediclaim coverage for employees appointed on or after 01-01-2004 and who are not covered under ESIC	Medical expenses incurred by the employee as an indoor patient (includes domiciliary hospitalisation expenses, pre and post hospitalisation expenses and maternity benefit)	Rs 1,00,000/-

Premium offered by the company (including service tax)

Premium amount per employee	Total premium of 5200 employees(Approx)	Sum insured
		1,00,000/-

Signature of authorized person of the company

Terms, and conditions of the policy will be as follows :

1 HOSPITALISATION EXPENSES for medical/surgical treatment at any **HOSPITAL / NURSING HOME** in INDIA as an inpatient, the Company will have to pay the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such **INSURED PERSON** but not exceeding the sum insured for the person in any one period of insurance as mentioned in the scheduled hereto.

- a) Room, Boarding Expenses as provided by the **HOSPITAL**;
- b) Nursing Expenses;
- c) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees;
- d) Anaesthesia, Blood, Oxygen, Operation theatre Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, stunt valve, bypass surgery, artificial Limbs, cost of organs and similar expenses.

2 Expenses on hospitalisation are admissible only if hospitalisation is for a minimum period of twenty-four (24) hours. However, this time limit will not apply to specific treatments i.e. Angiography, Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, cost of spectacles, contact lenses and hearing aids, Dental treatment of Surgery, Lithotripsy (Kidney Stone removal), D&C, Tonsillectomy, taken in **HOSPITAL** where **INSURED PERSON** is discharged on the same day. Such treatment will be considered to be taken under Hospitalisation Benefit.

This condition will also not apply in case of stay in **HOSPITAL** of less than twenty-four (24) hours provided:

- a) the treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available only in **HOSPITALS**; and
- b) due to technological advances hospitalisation is required for less than twenty-four hours. It would be certified by concerning doctor underwhom the treatment is given

3 Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from date of discharge from the **HOSPITAL** where treatment was taken. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

4 It is further clarified that the company will have to reimburse all expenses which are for hospitalisation commencing from a date within the policy period. Even if the hospitalisation spreads beyond the expiry date of the policy, the total benefit will not exceed the sum insured of the policy during which the **INSURED PERSON** was admitted to the **HOSPITAL / NURSING HOME**.

5 Pre-Hospitalisation: Relevant medical expenses incurred during period up to thirty (30) days prior to hospitalisation for **DISEASE** or **INJURY** sustained will be considered as part of claim

6 Post Hospitalisation: Relevant medical expenses incurred during period up to sixty (60) days after Hospitalisation for **DISEASE** or **INJURY** sustained will be considered as part of claim.

7 In case of death of insured (employee of rsrtc) during the policy period the names of family members to be continued till the expiry of the policy.

Signature of authorized person of the company

8 DOMICILIARY HOSPITALISATION EXPENSES means medical treatment for a period exceeding three days for such **DISEASE** or **INJURY** which in the normal course would, require care and treatment at the **HOSPITAL** but actually taken whilst confined at home in India under any of the following circumstances namely

- i). The condition of the **INSURED PERSON** is such that he/she cannot be removed to the **HOSPITAL**; or
- ii) The **INSURED PERSON** cannot be removed to **HOSPITAL** for the lack of accommodation therein;

DOMICILIARY HOSPITALISATION EXPENSES shall cover all diseases including: :

- i) Expenses incurred for pre and post **HOSPITAL** treatment; and
- ii) Expenses incurred for treatment for any of the following **DISEASES**:
 - 1) Asthma;
 - 2) Bronchitis;
 - 3) Chronic Nephritis and Nephrotic Syndrome;
 - 4) Diarrhoea and all type of Dysenteries including Gastro-enteritis;
 - 5) Diabetes Mellitus Insipidus;
 - 6) Epilepsy;
 - 7) Hypertension;
 - 8) Influenza, Cough and cold;
 - 9) All Psychiatric or Psychosomatic Disorders;
 - 10) Pyrexia of unknown origin for less than 10 days;
 - 11) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
 - 12) Arthritis, Gout and Rheumatism
 - 13) Heart Diseases
 - 14) Cancer

9 MATERNITY EXPENSES BENEFIT

The maximum benefit allowable under this clause will be upto Rs 50000/- per family per year, restricted to two living children. This amount is including sum assured of Rs 100000/- per family per annum.

The maternity benefit under this policy categorized into three:

Maximum benefit under normal delivery Rs 10000/-

Maximum benefit under caesarean delivery Rs 20000/-

Maximum limit under delivery related

Complications (including childcare) Rs 50000/-

Special conditions applicable to maternity expenses benefit.

Signature of authorized person of the company

i) These benefits are admissible only if the expenses are incurred in hospital / nursing home as in patient in India.

ii) The waiting period of nine months may be relaxed in case of delivery, miscarriage or abortion induced by accident or other medical emergency.

iii) Claim in respect of delivery for only first two children and / or operations associated therewith will be considered in respect of any one insured person covered under the policy or any renewal thereof. Those insured persons who are already having two or more living children will not be eligible for this benefit.

iv) Pre-Natal and Post-Natal expenses will be covered if admitted in hospital/nursing home and treatment is taken there.

v) New born child's expenses (including pediatric fees) will also be treated as maternity expenses.

Signature of authorized person of the company

2.0 CONDITIONS & CLAIMS PROCEDURE:

Part I – Conditions:

1. Policy is being taken for Approx 5200 employees. There will be additions/deletions Only those employees shall be covered who are recruited on or after 01-01-2004 and not covered under ESIC.

2. Cashless facility : cashless facility would be extended to the insured in the private at working hospitals for all critical ailments (means coronary artery surgery, cancer, renal failure i.e failure of both the kidneys, stroke, multiple sclerosis, meningitis, major organ transplants like kidney, lungs, pancreas or bone marrow transplantation) However, The denial of cashless facility does not mean the denial of treatment from concerned hospital and reimbursement there of.

3 Every notice or communication to be given or made under this policy **other than claim** shall be delivered in writing at the address of the policy issuing office as shown in the Schedule.

4 The premium payable under this policy shall be paid in advance. Receipt for premium shall be valid on the official form of the Company signed by a duly authorised official of the Company. The due payment of premium and the observance and fulfillment 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 predating to any liability of the Company to make any payment under this policy. Waiver of any terms, provisions, conditions and endorsements of this policy shall not be valid .

5) Premium should be proportionate basis of days Remaining (in condition of addition and deletion of employee)

6) All the contact information (Sms channel, telephone no. email id etc) shall be displayed on the card.

7) Family member may be added any time. During the period of policy (Due to marriage and new born baby)

8) If any query related to mediclaim arise than company communicate directly to unit/depot.

9) All supporting documents relating to the claim must be field by employee and submit to the company.

Signature of authorized person of the company

10) The **INSURED PERSON** shall obtain and furnish to the Insurance company with all original bills, receipts and other documents upon which a claim is based

11) The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the **INSURED PERSON** or by any other person acting on his behalf. Rejection of any claim due to this condition , will require prior approval of RSRTC.

12) Chairman/MD RSRTC will be the sole arbitrator of this policy. If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to be the decision of the sole arbitrator. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if the Company has disputed or not accepted liability under or in respect of this policy. It is thereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

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

14) PRE-EXISTING disease of employee and his/her dependents will be covered under this scheme.

15) In case the ESIC Coverage is extended by Govt, during the time period of policy Coverage, than the premium of employees who shall than not be covered under mediclaim policy shall be refunded on proportionate basis.

Signature of authorized person of the company

3. DEFINITIONS:

1 **ACCIDENT** or **ACCIDENTAL** means a sudden, unforeseen and unexpected event happening by chance.

2 **DISEASE** means a pathological condition of a part, organ, or system resulting from various causes, such as infection, pathological process, or environmental stress, and characterized by an identifiable group of signs or symptoms.

3 **INJURY** or **INJURIES** means any physical, external, **ACCIDENTAL** bodily **INJURY** occurring suddenly in time and resulting solely and independently of any other cause or any physical defect or infirmity existing before the Period of Insurance.

4 **HOSPITAL / NURSING HOME** means an establishment which:

a) is registered as such with a local authority and is under the supervision of a registered and qualified Medical Practitioner; and operates for the reception, care and treatment of sick ailing or injured persons as in-patients; and

b) provides organized facilities for diagnosis and medical and surgical treatment at all times; and is not primarily a day clinic, rest or convalescent home or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts, rehabilitation center; Physiotherapeutic center ; Psychotherapeutic center

OR

a) has a fully equipped operation theatre of its own wherever surgical operations are carried out; and

b) provides nursing care and has a Physician or a staff of Physicians actually on the premises at all times; and

c) has at least 10 in-patient beds at all times.

5 **DEPENDENT FAMILY** The family of the employee shall include the employee, his / her spouse, dependent children upto 25 years of age, subject to continuation of education certificate in the case of male child and unmarried status in case of female child and dependent parents.

6 **INSURED PERSON** means anyone for whom premium has been paid and who is identified in the Schedule as an **INSURED PERSON**. **INSURED PERSON** will include any one or more of the following:

a) Spouse who permanently resides with the **INSURED PERSON**

b) Dependent Children of an **INSURED PERSON** who

- Are financially dependent on the **INSURED PERSON**
- Permanently reside with the **INSURED PERSON**

c) Dependent Parents of the **INSURED PERSON**

Signature of authorized person of the company

7 MEDICAL PRACTITIONER means a person currently legally licensed and registered by the Medical Council of respective State . The term **MEDICAL PRACTITIONER** includes qualified physicians, specialists and surgeons

8 PER OCCURRENCE LIMIT means maximum amount that can be reimbursed for **ANY ONE ILLNESS** covered under the scope of the policy.

9 POLICYHOLDER means R.S.R.T.C .

10 PRE-EXISTING CONDITION means any **DISEASE** or **INJURY** for which medical advice, diagnosis, care or treatment:

- a) was received by;
- b) was recommended to; or
- c) would have been sought by a reasonably prudent person,

Prior to becoming insured.. **PRE-EXISTING disease of employee and his/her dependents will be covered under this scheme.**

11 QUALIFIED NURSE means a person who holds a certificate of a recognized nursing council and who is employed on the recommendations of an attending medical practitioner.

12 SURGICAL OPERATION means manual and / or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

13 TPA means a Third Party Administrator as mentioned who is licensed by the Insurance Regulatory & Development Authority (IRDA) and is engaged for a fee or remuneration by whatever name called as may be specified in the agreement with the Company for providing Health Services to the **INSURED PERSON**.

Signature of authorized person of the company

बिड की शर्तें

1. राजस्थान राज्य पथ परिवहन निगम द्वारा निगम में 01.01.2004 को एवं उसके बाद नियुक्त कर्मचारी जो कि ई0एस0आई0सी0 के अन्तर्गत नहीं आते हैं, की मेडिकलेम पालिसी ली जानी है।
2. इसमें वे सभी कर्मचारी सम्मिलित होंगे जो कि निगम में 01.01.2004 को एवं उसके बाद नियुक्त कर्मचारी जो कि ई0एस0आई0सी0 के अन्तर्गत नहीं आते हैं
3. वर्तमान में निगम में ऐसे कर्मचारियों की संख्या लगभग 5200 है, जो कि नयी भर्ती एवं स्थानान्तरण के कारण घट/ बढ़ सकती है।
4. जिन कर्मचारियों की मेडिकलेम पालिसी ली जानी है, उनका बीमा परिलाभ राशि रु 1,00,000 /— प्रति कर्मचारी होगा।
5. आई0आर0डी0ए0 से अनुमोदित सभी बीमा कंपनिया बिड दे सकती है।
6. बिड की वैधता 90 दिन तक रहेगी।
7. यह पालिसी लिये जाने की दिनांक से एक साल तक लागू मानी जायेगी।
8. किसी भी कर्मचारी का मेडिकलेम दावा **Time Barred** नहीं माना जायेगा।
9. भुगतान दावेदार द्वारा प्रस्तुत बैंक खाते में/डी0डी0 के माध्यम से करना होगा।
10. प्रस्तावक कंपनी का स्थानीय कार्यालय जयपुर में होना आवश्यक है।
11. सफल कंपनी से एम0ओ0यू0 कराया जायेगा जिसकी शर्तें बिडानुसार होंगी।
12. अनुबंध के क्रियांवयन, शर्तों एवं अनुबंध से संबंधित अन्य किसी प्रकार की विवेचना के संबंध में कंपनी तथा निगम के बीच विवाद उत्पन्न होने की दशा में विवाद के निस्तारण के लिये निगम के अध्यक्ष/प्रबंध निदेशक एक मात्र पंच निर्णायक होंगे, जिनका निर्णय अंतिम एवं दोनों पक्षों को बाध्यकारी होगा। कोई भी पक्ष विवाद को पंच निर्णायक के समक्ष प्रस्तुत किये बिना न्यायालय में नहीं ले जा सकेगा।
13. इस अनुबंध से संबंधित किसी भी दावे के निष्पादन में होने वाले विवाद की स्थिति में न्यायिक क्षेत्राधिकार जयपुर होगा।
14. राज्य सरकार/केन्द्र सरकार द्वारा लगाये गये सेवाकर या अन्य किसी प्रकार के करों का दायित्व कंपनी का होगा, अर्थात् कर वंचना का दायित्व कंपनी का होगा।
15. बिड सशर्त स्वीकार नहीं किया जावेगा।
16. किसी भी बिड को निरस्त अथवा स्वीकार करने का अधिकार निगम के पास सुरक्षित होगा।
17. कंपनी के अधिकृत व्यक्ति के टेण्डर के सभी प्रपत्रों पर हस्ताक्षर अनिवार्य हैं, अन्यथा टेण्डर निरस्त कर दिया जावेगा।

कंपनी के अधिकृत व्यक्ति के हस्ताक्षर