



**Clarifications/Amendments to the Pre-Bid Queries Ref: - CO/R&GR/PAC/RFP-01/2022-23**

SI	RFP for GPA & GHI	Query Raised	Clarification/Amendment
1.	<p><b>Page No. 1,</b></p> <p>REQUEST FOR PROPOSAL (RFP) for Personal Health &amp; Group Personal Accidental Insurance Policy for Account holders of Specific Savings Bank Scheme of Indian Bank.</p>	<p>It should be RFP for Group Medical Cover &amp; GPA</p>	<p><b><u>Amendment</u></b></p> <p>REQUEST FOR PROPOSAL (RFP) for Group Health Insurance &amp; Group Personal Accidental Insurance Policy for Account holders of Specific Savings Bank Scheme of Indian Bank.</p>
2.	<p><b>Page No. 8, Point No. 3. IV of Eligibility Criteria</b></p> <p>The bidder should have the minimum solvency ratio of 1.50 as on 31.03.2022. (C.A. certificate basis)</p>	<p>To be waived for PSU Insurer as per DFS circular</p>	<p>The bidder should have the minimum solvency ratio of 1.50 as on 31.03.2022. (C.A. certificate basis)</p> <p>However, as per Ministry of Finance Department of Financial Services Office Memorandum Ref no F.No - EG- 14017/64/2020-InsII dated 02/07/2022 Public Sector General Insurance Companies waived Solvency ratio for participation in general insurance tenders.</p> <p>Accordingly, the clause applies to all Private Insurance Companies.</p>
3.	<p><b>Page No. 9, Point No. 4 of Under Policy Period</b></p> <p>1 year as per expiry date of the policy as mentioned in Annexure A with the provision to renew the policy for another year after expiry of policy for the first 10,000 customers on-boarded upon mutual consent of both the parties.</p>	<p>Clarity required as it is contrary to Tenor of the policy</p>	<p><b><u>Amendment</u></b></p> <p>1 <u>(one)</u> year as per expiry date of the policy as mentioned in Annexure A with the provision to renew the policy <b>for another two years</b> after expiry of policy for the first 10,000 customers on-boarded upon mutual consent of both the parties</p>



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4.	<p><b>Page No. 9, Point No. 4 of Under Tenure of the policy</b></p> <p>3 years. Rates quoted to be confirmed for 2 subsequent renewals.</p>	<p>3 years. Rates quoted to be confirmed for 2 subsequent renewals is contrary to Policy period.</p>	<p><b><u>Amendment</u></b></p> <p>The quoted premium rate per account holder will remain unchanged for the entire policy period of 1_year and subsequent renewals for minimum 2 years.</p>
5.	<p><b>Page No. 9, Point No. 4 of Under Scope of cover</b></p> <p>Hospitalization i.e. Charges for bed per day (excluding boarding charges)</p> <p>1.Normal Room Rent - 1% of the Sum Assured 2.ICU Rent – 2% of the Sum Assured</p>	<p>Room Rent -1% of Sum <b>Insured</b> includes RMO charges, nursing charges &amp; boarding charges.</p>	<p><b><u>Amendment</u></b></p> <p>Hospitalization i.e. Charges for bed per day (including Resident Medical Officer, Boarding &amp; Nursing charges)</p> <p>1.Normal Room Rent - 1% of the Sum Assured 2.ICU Rent – 2% of the Sum Assured</p>
6.	<p><b>Page No. 9, Point No. 4 of Under Scope of cover</b></p> <p>Pre-existing Health Condition or disease or ailment / injuries</p>	<p>36 months contrary to PED covered</p>	<p><b><u>Amendment</u></b></p> <p>Pre-existing Health Condition or disease or ailment / injuries are covered subject to 36 months waiting period from the first date of issuance of policy.</p>
7.	<p><b>Page No. 9, Point No. 4 of Under Scope of cover</b></p> <p>Diagnostic material charges, X-rays, Pathological tests, ECGs, etc.</p>	<p>Covered only when hospitalization cover is admissible during hospitalization, pre and post hospitalization.</p>	<p>Covered only when the person is Hospitalized more than 24 hours.</p>
8.	<p><b>Page No. 9, Point No. 4 of Under Scope of cover</b></p> <p>Physician's and Consultant's fees</p>	<p>Not covered as OPD. Covered only if hospitalization claim is admissible.</p>	<p>Covered only when the person is Hospitalized more than 24 hours</p>



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9.	<p><b>Page No. 10, Point No. 4 of Under Scope of cover</b> Ambulance charges  Maximum to 1% of the sum insured.</p>	<p>Max 1% of Sum Insured per policy period if hospitalization claim is admissible.</p>	<p>Max 1% of Sum Insured per policy period if hospitalization claim is admissible.</p>
10	<p><b>Page No. -10- under Sum Assured</b>  Sum Insured for GPA</p>	<p>Should be 50 Lacs and not 30 Lacs</p>	<p>NO CHANGE: 1. Personal Accident Death Insurance Cover Rs 30 Lakhs 2. Accidental Permanent Total Disability cover of Rs 30 lakhs 3. Accidental Permanent Partial Disability cover of Rs 15 lakhs 4. Air Accident Death Insurance Cover of Rs 50 Lakhs.</p>
11	<p><b>Page No. - 10 - under Sum Assured</b>  Sum Insured for GPA</p>	<p>Whether loss of one hand is PTD or loss of little finger is PPD. Whether loss of usage of one hand or one leg due to paralysis post-Accident which may be cured later on comes under PTD or PPD.</p>	<p><b><u>As per Annexuer-A</u></b></p>
12	<p><b>Page No. 10- Under terms &amp; Conditions point. d</b>  In New accounts however notwithstanding the date of intimation to the selected bidder, the insurance coverage shall commence from the time the account is opened with the bank.</p>	<p>the insurance coverage shall commence from the time premium paid to the Insurer. Indian Bank shall have Cash Deposit – CD A/c with sufficient balance with the Insurer at all times.</p>	<p>The insurance coverage shall commence from the time premium is paid to the Insurer. Indian Bank shall have Cash Deposit – CD A/c with sufficient balance with the Insurer at all times.</p>



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13	<p><b>Page No. 10- Under terms &amp; Conditions point. e</b></p> <p>The quoted premium rate per account holder will remain unchanged for the entire policy period and subsequent renewals for minimum 3 years.</p>	<p>Contrary to Policy period in page. Rate cannot be confirmed for 4 years.</p>	<p><b><u>Amendment</u></b></p> <p>The quoted premium rate per account holder will remain unchanged for the <b>entire policy period of 1_year and subsequent renewals for minimum 2 years</b></p>
14	<p><b>Page No. 10- Under terms &amp; Conditions point. f</b></p> <p>Addition/Deletion of the members will be done on quarterly basis. Bank will share the data by 10th of next month of the quarter ending and the premium for such accounts shall be on pro-rata basis from date of coverage up to the date of expiry of policy.</p>	<p>Will delay coverage under GMC</p>	<p><b><u>Amendment</u></b></p> <p>Addition/Deletion of the members will be done on <b>MONTHLY basis</b>. Bank will share the data by 10th of next month and the premium for such accounts shall be on pro-rata basis from date of coverage up to the date of expiry of policy.</p>
15	<p><b>Page No. 11- Under terms &amp; Conditions point .h</b></p> <p><b>The Policy will remain in force for the entire policy period. The insurance company will not cancel the policy mid-way till its expiry.</b></p>	<p>Insurer have the right to cancel the policy by give notice</p>	<p>The Policy will remain in force for the <b>entire policy period of 1_year and subsequent renewals for minimum 2 years</b>. The insurance company will not cancel the policy mid-way till its expiry.</p>
16	<p><b>Page No. 11- Under terms &amp; Conditions point. i</b></p> <p><b>On receipt of the claim, the insurance company should send an acknowledgement to the claimant/sender/Bank</b></p>	<p>within 7 working days</p>	<p><b><u>Amendment</u></b></p> <p>On receipt of the claim, the insurance company should send an acknowledgment to the claimant/sender/Bank <b>within 7 working days</b></p>



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17	<p><b>Page No. 11- Under terms &amp; Conditions point. m</b></p> <p>All the claims will be payable by the insurance company to the Bank by way of NEFT/RTGS for credit to specific Bank Account, as advised by the bank/branch</p>	<p>one specific bank a/c PAN India for claim reimbursement</p>	<p><b>NO CHANGE</b></p>
18	<p><b>Page No. 11- Under terms &amp; Conditions point. n</b></p> <p>All correspondence in submitting, processing and Settlement of the claim shall be between Insurer Bidder and claimant directly. Bank shall have no liability whatsoever in this regard. If the bank is made party in legal processing related to the claim settlement, selected bidder shall implead itself in such proceedings and shall contest the case and ensure that the bank is protected and indemnified.</p>	<p>may implead itself in such proceedings and contest the case</p>	<p><b>NO CHANGE</b></p>
19	<p><b>Page No. 11- Under Documents to be submitted in event of a Claim point no 1</b></p> <p>In case of Planned admissions: The insured will notify / inform the Third Party Agency (TPA) calling the call center number (landline no)/ (Toll free no), numbers which are to be mentioned on the back side of the TPA card, 7 days prior to the date of admission.</p>	<p>Third Party Administrator</p>	<p><b><u>Amendment</u></b></p> <p>In case of Planned admissions: The insured will notify / inform the Third Party <b>Administrator</b> (TPA) calling the call center number (landline no)/ (Toll free no), numbers which are to be mentioned on the back side of the TPA card, 7 days prior to the date of admission.</p>



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20	<p><b>Page No. 11- Under Documents to be submitted in event of a Claim point no 2</b></p> <p>On receipt of the above form, the on-duty Doctor will verify coverage vis-à-vis the insurance policy and if covered, a Letter of Admission (LOA) will be sent to the hospital in case of incomplete information on the request note additional information might be called for from the TPA.</p>	<p>In place of Doctor, personnel may be used</p>	<p><b><u>Amendment</u></b></p> <p>On receipt of the above form, the <b>on-duty personnel</b> will verify coverage vis-à-vis the insurance policy and if covered, a Letter of Admission (LOA) will be sent to the hospital in case of incomplete information on the request note additional information might be called for from the TPA.</p>
21	<p><b>Page No. 11- Under Documents to be submitted in event of a Claim point no 3</b></p> <p>If the coverage is not established, Intimation (Denial) will be sent to the hospital and to INDIAN BANK. The denial of authorization for cashless access does not mean denial of treatment and does not in any way prevent the insured from seeking necessary medical attention or hospitalization</p>	<p>Procedure For Cashless facility in a Network Hospital, In case of emergency</p>	<p><b><u>Amendment</u></b></p> <p><b>Procedure for Cashless facility in a Network Hospital, in case of emergency as per the existing mechanism with Insurer and</b> If the coverage is not established, Intimation (Denial) will be sent to the hospital and to INDIAN BANK. The denial of authorization for cashless access does not mean denial of treatment and does not in any way prevent the insured from seeking necessary medical attention or hospitalization</p>



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22	<b>Page No. 12- Under Accidental Death:</b>  For Accidental Death:	It is appearing under procedure for reimbursement facility in a non-network hospital instead of under GPA claim section	<b><u>Amendment</u></b>  SEPARATE SECTION FOR Accidental Death incorporated in RFP
23	<b>Page No. 12- Under Accidental Death: point no 1</b>  Claim intimation to the selected bidder	Claim intimation to the Insurer within 7 days to appoint investigator	<b><u>Amendment</u></b>  <b>Claim intimation to the Insurer within 30 days to appoint investigator</b>
24	<b>Page No. 12- Under Accidental Death: point no 2</b>  Claim form duly filled in and signed by legal heir	Claim form duly filled in and signed by legal heir / nominee	<b><u>Amendment</u></b>  Claim form duly filled in and signed by legal heir / <b>nominee</b>
25	<b>Page No. 12- Under Accidental Death: point no 4</b>  Copy of First Information Report (FIR)/Police intimation	Copy of FIR and File closure report / Final report for drowning, Rail Accident, Fire Accident, falling from tree / building, etc.	<b><u>Amendment</u></b>  Copy of FIR and File closure report / <b>Final report for drowning, Rail Accident, Fire Accident, falling from tree / building, etc.</b>
26	<b>Page No. 13- Under Accidental Death: point no 4</b>  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 insurance company on the basis of FIR, claim form and claim intimation	along with FIR, File Closure Report / Final report of FIR is required	<b><u>Amendment</u></b>  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 insurance company on the basis of FIR, <b>File Closure Report / Final report of FIR</b> , claim form and claim intimation



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27	<b>Page No. 13- Under Accidental Death: point no 5</b>  Certificate in original, from Bank Branch on coverage of account holder under the policy with opening date of account by account holder.	with the date of transfer of premium amount to Insurer bank a/c	<b><u>Amendment</u></b>  Certificate in original, from Bank Branch on coverage of account holder under the policy with the date of transfer of premium amount to Insurer bank a/c
28	<b>Page No. 21- Under Page No. 13- Under Accidental Death: point no 5</b>	Deletion of this Para required	<b>NO CHANGE</b>
29	<b>Page No. 24- Under Eligibility Criteria Compliance SI no 1</b> IRDA license copy	To be replaced by IRDA License fee receipt	<b>IRDA License fee receipt</b>
30	<b>Page No. 24- Under Eligibility Criteria Compliance SI No 2</b> IRDA filed product copy	Waiver required as tailor made product are not usually filed.	Waived as it a combination of GPA & GHI
31	<b>Page No. 24- Under Eligibility Criteria Compliance SI no 3</b> IRDA Renewal certificates for last 3 years i.e. 2019-20, 2020-21, 2021-22	to be replaced by IRDA License fee receipt	<b><u>Amendment</u></b>  IRDA License fee receipts for last 3 years i.e. 2019-20, 2020-21, 2021-22
32	<b>Page No. 24- Under Eligibility Criteria Compliance SI. No. 5-point no 1</b> • The Gross premium collection for the year 2021-22 should be at least Rs. 500 Crs. (Including Reinsurance)	Should be waived as accounts not yet audited	NO CHANGE





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33	<p><b>Page No. 24- Under Eligibility Criteria Compliance SI no 6</b></p> <p>Reinsurer, if any, should be AA rated by a reputed agency such as S&amp;P, Crisil etc. The insurers are required to provide Rating Certificate</p>	Waiver required for PSU Insurer	Waived for PSU Insurers.
34	<p><b>Page No. 24- Under Eligibility Criteria Compliance SI no 7</b></p> <p>The bidders must have an existing relationship with at least 1 clients (Public Sector Schedule Commercial Bank /Private Bank &amp; 2 financial Institutions as on date of bidding regarding offering of Health Insurance, Personal Accident Insurance (Death and Disability)</p>	Clarity required	<p><b><u>Amendment</u></b></p> <p>The bidders must have an existing relationship <b>minimum 3 clients (at least 1 PSU Bank/ Private Bank client &amp; 2 Financial Institutions)</b> as on date of bidding regarding offering of Health Insurance, Personal Accident Insurance (Death and Disability)</p>
35	<p><b>Page No. 24- Under Eligibility Criteria Compliance SI no 7- proof attached</b></p> <p>Reference Letter must be attached.</p>	Self-declaration of the bidder	No Change.
36	<p><b>Page No. 25- Undertaking by the Bidder (On Letter Head)</b></p> <p>We, the undersigned are duly authorized to represent and act on behalf of [insert] ("Bidder") in terms of the enclosed Board Resolution at Schedule 1.</p>	Clarity required	Board resolution of individual company duly signed will suffice and no specific format required.



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37	<b>Page No. 25- Undertaking by the Bidder (On Letter Head) point no 2</b>  Our Bid is unconditional, valid and open for acceptance by Bank until 180 days from the last date of submission of the RFP.	may be made as 30 days.	NO CHANGE
38	<b>Page No. 27- Annexure D point no 7. f</b> AUM (INR Cr)	To be waived not applicable for General Insurer	NO CHANGE