ANNEXURE- I

DECLARATION OF ACCEPTANCE FROM THE BIDDER

To,
The General Manager,
Karnataka Grameena Bank,
Head Office, Ballari

Ref: KGB/GMC Staff Insurance Policy /Technical Bid/HRM/PK-25/2025-26 Dated: 11.11.2025

TECHNICAL BID

We hereby submit the Technical bid for **Renewal of Family Floater Group Mediclaim Policy for Officers/Employees of Karnataka Grameena Bank** as per the RFQ Ref No **HRM/PK-25/2025-26 Dated: 11.11.2025**. We confirm to abide by the Annexures II, III, IV, V, VI & VII in totality and confirm our acceptance of Risk upon being successful as per the Financial Bid mentioned herein or any other terms & conditions agreed upon during the bidding process.

We confirm that all necessary approvals by competent authority for participation in the Bidding process are duly obtained.

We confirm & we have read the RFQ in Annexures II, III, IV, V, VI & VII and agree to them in totality and submit our Technical Bid for consideration and further confirm that the policy will be issued in accordance upon being a successful bidder.

Signature of Authorized Representative of the Bidder

Name of the Authorized Representative of the Bidder

Date:
Place:

Company Seal, Stamp and Signature with Full Name and Address of the Bidder is Mandatory, failing which the Bid may not be considered.

Each Page of all the Annexures should be stamped with company seal and signed, failing which the Bid may not be considered.

ANNEXURE: II

REQUEST FOR QUOTE (RFQ)

TAILOR MADE GMC POLICY FOR OFFICERS/EMPLOYEES OF KARNATAKA GRAMEENA BANK

Sl No	INSURANCE COVERAGE FOR THE PERIOD 01.01.2026 TO 31.12.2026	
1	**Name of the work**	Renewal of Family Floater Group Mediclaim Policy for Officers/Employees of Karnataka Grameena Bank
2	**Type of Policy**	Group Mediclaim Policy – Family Floater basis
3	**Family Floater**	Yes
4	**Family Definition**	Staff + Spouse + children+ dependents (As detailed in IBA's 12th bipartite Settlement)
5	**Sum Insured per family**	Option 1: ₹3.00 Lakhs for Employees Option 2: ₹4.00 Lakhs for Officers
6	**Policy Period**	1st January 2026 to 31st December 2026
7	**Geographical Limit**	Treatment taken in India only. No Zone capping to be applied.
8	**Pre-existing Diseases**	Waived Off – Covered from Day One
9	**30 days Waiting Period**	Waived Off – Covered from Day One
10	**Waiting Periods on Specific Diseases**	Waived Off
11	**Additional Sum insured for Critical illness for both Officers and Clerical / Sub Staff**	₹1.00 Lakh (Only Officers / employees and not their dependents)
12	**No. of existing staff members as on 31.10.2025**	Officers : 5411 Employees : 2547 Total : 7958
13	**Mid Term Additions of Employees/Officers in the policy for coverage**	Premium payable on Pro-rata basis: **Note: Erstwhile Karnataka Vikas Grameena Bank Officers /Employees GMC policy will expire on 31.03.2026. They (approx. 3068 staff members) should be covered in the policy from 01.04.2026 midnight on pro-rata premium.**
14	**Addition of Dependent details in the policy for coverage**	To be considered as per Bank confirmation as HR wing of the Bank is taking declaration from the staff members. Such additions need to be done as and when the Bank intimates Insurance company without delay. • **Newborn Babies:** Babies born during the policy period shall be covered from their date of birth, irrespective of the date of intimation. • **Newly Married Spouse:** Spouses married during the policy period shall be covered from the date of marriage, irrespective of the date of intimation.

		Special Cases (Nov - Dec 2025): For cases where the date of birth of the child or date of marriage falls between 1st November 2025 and 31st December 2025, such dependents shall be covered under the subsequently commenced GMC policy, effective from the date of intimation to HR.
15	**Premium Payment**	Shall be paid by Bank
16	**Hospitalization/ Treatment**	Cashless / Reimbursement
17	**Corporate Buffer**	The limit of Corporate Buffer amount under the policy must be 10% of the net premium amount payable by the bank
18	**Buffer Process**	Buffer will be approved by HR Wing of the Bank and TPA shall process cashless claims based on HR approval without waiting for any further approvals from Insurance company
19	**1st Year, 2nd Year, 3rd Year and 4th Year Exclusions**	Waived Off – Covered from Day One
20	**Maternity Cover**	For Normal delivery INR 50,000 and for C section INR 75,000
21	**Tender Details**	The detailed Tender Document/s is uploaded in the Tenders/E-Auction portal **https://karnatakagb.bank.in/tenders**
22	**Domiciliary Treatment/Hospitalization**	Yes , Covered
23	**Time and last date of Submission of Tender**	Up to 05.00 pm on 16.12.2025
24	**Place & Address for submission of tender**	By hand or By registered post to the following address: GENERAL MANAGER Human Resources Wing, Karnataka Grameena Bank, Head Office, 32, Sangankal Road, Gandhinagar, Ballari – 583103, Karnataka Mr. Suresha A Assistant Vice President Anand Rathi Insurance Brokers Ltd. Bikaner Pinacle Building, 2nd Floor, Off Richmond Road Bangalore - 560025 Contact No : 9901004101 Email: suresha@rathi.com ** Submission of Bids in any other mode shall not be accepted.
25	**Date, Time and Place of opening of tenders (Tech. Bid & Price Bid)**	Opening of bids at the Bank's Head Office, Ballari: Technical Bid on 17.12.2025 @ 11.00 am. Price Bid will be 17.12.2025 @ 4.00 pm

26	**Contact Person Details**	**Mr. Suresha A** Assistant Vice President Anand Rathi Insurance Brokers Ltd. Bikaner Pinacle Building, 2nd Floor, Off Richmond Road Bangalore - 560025 Contact No : 9901004101 Email id: suresha@rathi.com **Senior Manager,** Human Resources Wing, Karnataka Grameena Bank, Head Office, 32, Sangankal Road, Gandhinagar, Ballari – 583103, Karnataka Email id: pw.leave@kgbk.in Mob: 9900558838, 9740792313
27	**Validity period of the tender**	45 Days from the date of opening of the Tender
28	**Mode of Payment**	Payment will be made through Electronic mode only.
29	**Insurance Broker**	M/s. Anand Rathi Insurance Brokers Ltd
30	**Administration of the policy**	At the Bank's Head Office - Ballari, Regional Office – Dharwad and Mysuru.
31	**Third Party Administrator (TPA)**	To be finalized by the Bank.
32	**Technical Support to be provided by Insurance company/TPA**	Separate web / mobile application with login credentials. Exclusive call centers / help line.
33	**Claim Document Submission**	Waiver of the intimation & Document submission Conditions may be considered in extreme cases of hardship where it is proved to the satisfaction of the Bank that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or deliberate or file claim within the prescribed time-limit.

34	**Claim Settlement**	1. On receipt of the final document(s), the company shall within a period of 24(Twenty Four) days offer a settlement of the claim to the insured person. 2. In the cases of delay in the payment, the Insurance company shall pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate that is 2% (two percent) above the bank rate prevalent at the beginning of the financial year in which the claim is paid. 3. However, where the circumstances of a claim warrant an investigation in the opinion of the insurance company, it 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, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document. 4. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is paid, from the date of receipt of last necessary document to the date of payment of claim. 5. The payment of the amount due shall be made by the company, upon acceptance of an offer of settlement as stated above by the insured person, within 7 (seven) days from the date of acceptance of the offer.
35	**Adjuvant Therapy**	Adjuvant Therapy/Hormonal therapy for cancer treatment to be considered.
36	**In-patient treatment**	Hospitalization claims to be allowed if patient is advised for hospitalization by the treating doctor
37	**Cashless claims approvals**	a. Insurance company should give authorization to TPA to approve cashless claims up to ₹2.00 lakhs on receipt of claim intimation. b. And cashless claims above ₹2.00 lakhs need to be approved by Insurance Company within an hour on receipt of claim intimation.
38	**Cashless claim limit tie up with the Hospitals**	If Insurance company has tie up with various hospitals for various ailments with appropriate claim limit and if such limit exceeds then insurance company need to settle claim without delay and should not burden officers/employees of the Bank to pay such differential claim amount.
39	**Premium paid in case of couples working at our Bank**	If sum insured limit of officer/employee exhausts then further claim need to be processed with the limit of sum insured of spouse.
40	**Rejection of claims**	No claim to be rejected without prior approval from the Bank's HR wing.

41	**Claim documents**	Unnecessary claim documents should not be insisted.
42	**Hospital Room Rent:**	Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding INR 5000 per day or the actual amount whichever is less.
43	**ICU Rent:**	Intensive Care Unit (ICU) expenses not exceeding INR 7500 per day or actual amount whichever is less.
44	**Room rent proportionate clause not applicable**	Proportion deduction on entire bill not applicable. Only difference in room rent to be collected.
45	**Cataract Surgery**	Actual Expenses subject to Maximum of ₹50,000/- per eye.
46	**Top up facility**	L1 bidder shall extend the top up facility to willing staff members of the Bank on successful negotiation with the Bank.

ANNEXURE: III

THE SCHEME COVERS OFFICERS / EMPLOYEES OF KARNATAKA GRAMEENA BANK:

DETAILED TERMS AND CONDITIONS OF THE POLICY

SUM INSURED: Rs.3.00 Lakhs & Rs.4.00 Lakhs

1.1 Any Officer / Employee and Dependent shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization/domiciliary hospitalization/ domiciliary treatment expenses for medical/surgical treatment at any Nursing Home/Hospital/ Clinic (for domiciliary Treatment/ daycare center registered with local bodies in India as herein defined (hereinafter called HOSPITAL) or otherwise as specified as per the scheme, the Company will pay through TPA to the Hospital / Nursing Home or Insured the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

1.2 In the event of any claim becoming admissible under this scheme, the company shall pay through TPA to the Hospital / Nursing Home or insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured person but not exceeding the Sum Insured and corporate buffer approved, if any in aggregate mentioned in the schedule hereto.

A. Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding Rs. 5,000 per day or the actual amount whichever is less.

B. Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount whichever is less.

C. Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

D. Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges ,Anesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator Ventilator, orthopedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, , infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor,

E. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.

1.3 Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge.

2. DEFINITIONS:

2.1 ACCIDENT: An accident is a sudden, unforeseen and involuntary event caused resulting in injury.

2.2 "

a) ACUTE CONDITION" – Acute condition is 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.

b) "CHRONIC CONDITION" – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics-

   i. It needs ongoing or long-term monitoring through consultations, examinations, checkups and/or tests –

   ii. It needs ongoing or long-term control or relief of symptoms

   iii. It requires your rehabilitation or for you to be specially trained to cope with it

   iv. It continues indefinitely

   v. It comes back or is likely to come back.

2.3 ALTERNATIVE TREATMENTS:

Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian Context, for Hospitalization only and Domiciliary for treatment only under ailments mentioned under clause number 3.1 in a hospital registered by the Central / State authorities. (Ref: 3.4 Alternative Therapy)

For Ayurvedic, Unani, Siddha, Homeopathy and Naturopathy treatment, hospitalization or domiciliary treatment expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

Company's Liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

2.4 ANY ONE ILLNESS:

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

2.5 CASHLESS FACILITY:

Cashless facility "means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the employee and the dependent family members of the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorization approved.

CASHLESS CLAIMS APPROVALS:

a. Insurance company should give authorization to TPA to approve cashless claims up to Rs 2.00 lakhs on receipt of claim intimation.

b. And cashless claims above Rs 2.00 lakhs need to be approved by Insurance Company within an hour on receipt of claim intimation.

2.6 CONGENITAL ANOMALY:

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body

b. External Congenital Anomaly which is in the visible and accessible parts of the body

2.7 CONDITION PRECEDENT:

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

2.8 CONTRIBUTION:

The Officers/Employees will not share the cost of an indemnity claim on a ratable proportion from their personal Insurance Policies.

2.9 DAYCARE 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 the 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 all 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 companies authorized personnel.

2.10 DAY CARE TREATMENT:

Day care Treatment refers to medical treatment and or surgical procedure which is:

i. undertaken under general or local anesthesia in a hospital/day care Centre in less than a day because of technological advancement, and

ii. Which would have otherwise required a hospitalization of more than a day. Treatment normally taken on an outpatient basis is not included in the scope of this definition.

2.11 DOMICILIARY HOSPITALIZATION:

Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

a) The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
b) The patient takes treatment at home on account of non-availability of room in a hospital.

2.12 DOMICILIARY TREATMENT

Treatment taken for specified diseases which may or may not require hospitalization as mentioned in the Scheme under clause Number 3.1

2.13 GRACE PERIOD:

Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

2.14 HOSPITAL / NURSING HOME:

A Hospital means any institution established for in-patient 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 establishments (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 qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lakhs and at least 15 in-patient beds in all other places;
- 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 makes these accessible to the insurance company's authorized personnel.

The term ' Hospital / Nursing Home ' 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.

This clause will however be relaxed in areas where it is difficult to find such hospitals and in the case of an emergency.

2.15 HOSPITALIZATION:

Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day, as mentioned in clauses 2.9 and 2.10

2.16 ID CARD:

ID Card means the identity card issued to the insured person by the THIRD PARTY ADMINISTRATOR to avail cashless facility in network hospitals.

2.17 ILLNESS:

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.

2.18 INJURY:

Injury means accidental physical bodily harm excluding illness or disease which is verified and certified by a medical practitioner. However all types of Hospitalization is covered under the Scheme.

2.19 IN PATIENT CARE:

In Patient Care means treatment for which the insured person has to stay in a hospital for more than a day for a covered event.

2.20 INTENSIVE CARE UNIT:

Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s) and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

2.21 MATERNITY EXPENSES:

Maternity expenses/treatment shall include:

a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
b) Expenses towards medical termination of pregnancy during the policy period.
c) Complications on Maternity would be covered up to the Sum Insured plus the Corporate Buffer.

2.22 MEDICAL ADVICE:

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

2.23 MEDICAL EXPENSES:

Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident 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.

2.24 MEDICALLY NECESSARY:

Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a 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.

2.25 MEDICAL PRACTITIONER:

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or the homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term medical practitioner would include physician, specialist and surgeon.

(The Registered practitioner should not be the insured or close family members such as parents, in-laws, spouse and children.)

MONTHLY ADDITION OF DEPENDENTS IN THE POLICY: to be considered as per Bank confirmation as Bank's HR team is taking declaration from the officers / employees.

2.26 NETWORK PROVIDER:

Network Provider means hospitals or health care providers enlisted by an insurer or by a Third Party Administrator and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the THIRD PARTY ADMINISTRATOR and the same is subject to amendment from time to time.

2.27 NEW BORN BABY:

A new born baby means baby born during the Policy Period aged between one day and 90 days, both days inclusive.

2.28 NON NETWORK:

Any hospital, Day care Centre or other provider that is not part of the network.

2.29 NOTIFICATION OF CLAIM

Notification of claim is the process of notifying a claim to the Bank, insurer or Third Party Administrator as well as the address/telephone number to which it should be notified.

2.30 OPD TREATMENT:

OPD Treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of medical a practitioner. The insured is not admitted as a day care or in-patient.

2.31 PRE-EXISTING DISEASE:

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, prior to the first policy issued by the insurer.

2.32 PORTABILITY

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

2.33 PRE – HOSPITALISATION MEDICAL EXPENSES:

Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim as mentioned under Item 1.3 above provided that;

A. such medical expenses are incurred for the same condition for which the insured person's hospitalization was required, and
B. the inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
C. **In-patient treatment** – Hospitalization claims to be allowed if patient is advised for hospitalization by the treating doctor. As per current policy, insurance company deny the claims if active in-patient treatment is not present in the hospitalization claims

2.34 POST HOSPITALISATION MEDICAL EXPENSES:

Relevant medical expenses incurred immediately 90 days after the Insured person is discharged from the hospital provided that;

A. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required; and
B. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.35 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 and/or who is employed on recommendation of the attending medical practitioner.

2.36 REASONABLE AND CUSTOMARY CHARGES:

Reasonable Charges means 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.

2.37 RENEWAL:

Renewal defines 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.

2.38 ROOM RENT:

Room Rent shall mean the amount charged by the hospital for the occupancy of a bed on per day basis.

2.39 SUBROGATION:

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. It shall exclude the medical / accident policies obtained by the insured person separately.

2.40 SURGERY:

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.

2.41 THIRD PARTY ADMINISTRATOR

Third Party Administrator means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and Third Party Administrator.

2.42 UNPROVEN/EXPERIMENTAL TREATMENT:

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India.

3. COVERAGES:

3.1 DOMICILIARY TREATMENT:

Medical expenses incurred in case of the following diseases which need domiciliary treatment as may be certified by the attending medical practitioner and / or bank's 'medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100% subject to the overall limit of Sum Insured under the policy.

Cancer , Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy , Leprosy, Kidney Ailment , All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy , Diabetes and its complications, hypertension, Hepatitis –B , Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis , Epidermolysis bullosa, Venous Thrombosis(not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis , Hypothyroidism , Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diptheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature , Cerebral Palsy, , Polio, All Strokes Leading to Paralysis, Haemorrhages caused by accidents, All animal/reptile/insect bite or sting , chronic pancreatitis, Immuno suppressants, multiple sclerosis / motorneuron disease, status asthamaticus, sequalea of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematous (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE), growth disorders, Graves' disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

IBA (Indian Bank's Association) proposed to add the below list of Auto immune Diseases in domiciliary coverage. Hence, the same should be included while participating in the bidding.

The list of such diseases is as

a. Type 1 Diabetes
b. Rheumatoid Arthritis (RA)
c. Psoriasis/Psoriatic Arthritis
d. System Lupus Erythematous
e. Inflammatory Bowel Disease
f. Addition`s Disease
g. Sjogren`s Syndrome
h. Hashimoyo`s Thyroiditis
i. Autoimmune Vasculitis
j. Pernicious Anemia
k. Celiac Disease
l. Autoimmune Myositis
m. Approved targeted therapies for treatment of Cancer in day care and on standalone basis. (Immunotherapy- Monoclonal Antibody Cancer treatment on standalone basis).
n. Treatment for Age related Macular Degeneration (ARMD) and Intra vitreal injections for eye disorders other than ARMD also.

The cost of Medicines, Investigations, and consultations, etc.in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist and / or the attending doctor and / or the bank's medical officer, in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

3.2 Domiciliary Hospitalization means medical treatment for a period exceeding three days for such an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

A. The condition of the patient is such that he/she is not in a condition to be removed to a hospital

Or

B. The patient takes treatment at home on account of non-availability of room in a hospital.

3.3 For Ayurvedic Treatment, hospitalization or domiciliary treatment expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

Company's Liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

3.4 Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments and not limited to any ailment or procedures. All the day care procedures are covered under this policy if treatment is taken is day care in nature.

Adjuvant Therapy – Adjuvant Therapy/Hormonal therapy for cancer treatment to be considered.

1	Adenoidectomy	20	Haemo dialysis
2	Appendectomy	21	Fissurectomy / Fistulectomy

3	Ascitic / Plueral tapping	22	Mastoidectomy
4	Auroplasty not Cosmetic in nature	23	Hydrocele
5	Coronary angiography /Renal	24	Hysterectomy
6	Coronary angioplasty	25	Inguinal/ ventral/ umbilical/ femoral hernia
7	Dental surgery	26	Parenteral chemotherapy
8	D&C	27	Polypectomy
9	Excision of cyst/ granuloma/lump/tumor	28	Septoplasty
10	Eye surgery	29	29 Piles/ fistula
11	Fracture including hairline fracture /dislocation	30	Prostate surgeries
12	Radiotherapy	31	Sinusitis surgeries
13	Chemotherapy including parental chemotherapy	32	Tonsillectomy
14	Lithotripsy	33	Liver aspiration
15	Incision and drainage of abscess	34	Sclerotherapy
16	Varicocelectomy	35	Varicose Vein Ligation
17	Wound suturing	36	All scopies along with biopsies
18	FESS	37	Lumbar puncture
19	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.		

This condition will also not apply in case of stay in hospital of less than a day provided –

A) The treatment is undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and

B) Which would have otherwise required hospitalization of more than a day.

3.5 ALTERNATIVE THERAPY

Reimbursement of Expenses due to hospitalization under the recognized system of medicines, viz Ayurveda, Unani, Sidha, Homeopathy, Naturopathy, if such treatment is taken in a clinic /hospital registered, by the central / state government.

3.6 MATERNITY EXPENSES BENEFIT EXTENSION

The maximum benefit allowable under this clause will be up to Rs. 50,000/- for Normal Delivery and Rs. 75,000/- for Caesarean Section.

Special conditions applicable to Maternity expenses Benefit Extension:

I. 9 months waiting period under maternity benefit will be waived from the policy.
II. Pre-natal & post natal charges in respect of maternity benefit are covered under the policy up to 30 days and 60 days only, unless the same requires hospitalization.
III. Missed Abortions, Miscarriage or abortions induced by accidents are covered under the limit of Maternity.
IV. Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered in the up to the Sum Insured + Corporate Buffer.
    a. Expenses incurred for Medical Termination of Pregnancy.
    b. Claim in respect of delivery to be given irrespective of the number of children.

3.7 BABY DAY ONE COVER

New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity limit.

However if the baby contacts any illness the same shall be considered in the Sum Insured + Corporate buffer. Baby to be taken as an additional member within the normal family floater.

3.8 AMBULANCE CHARGES

Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs 750/- per hospitalization.

Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.

3.9 PRE-EXISTING DISEASES / AILMENTS

Pre-existing diseases are covered under the scheme from day one.

3.10 CONGENITAL ANOMALIES

Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy.

3.11 PSYCHIATRIC DISEASES

Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.

3.12 ADVANCED MEDICAL TREATMENT

All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.

3.13 Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured.

3.14 TAXES AND OTHER CHARGES

All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, and Administration charges to be payable.

Charges for diapers and sanitary pads are payable if necessary as part of the treatment. Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

3.15 Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.

3.16 Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.

3.17 Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

3.18 Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

3.19 PHYSIOTHERAPY CHARGES: Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule and Corporate Buffer if allocated.

4. EXCLUSIONS:

The company shall not be liable to make any payment under this policy in respect of any Expenses whatsoever incurred by any Insured Person in connection with or in respect of :

4.1 Injury/disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).

4.2 A) Circumcision unless necessary for treatment of a disease not excluded here under or as may be necessitated due to an accident.

B) Vaccination or inoculation.

C) Change of life or cosmetic or aesthetic treatment of any description is not covered.

D) Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

4.3 Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.

4.4 Dental treatment or surgery of any kind which are done in a dental clinic and those that is cosmetic in nature.

4.5 Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs/alcohol.

4.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

4.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory Examinations or other diagnostic studies not consistent with or incidental to the diagnosis and Treatment of positive existence of presence of any ailment, sickness or injury, for which Confinement is required at a Hospital/Nursing Home, unless recommended by the attending doctor.

4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as Certified by the attending physician

4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon/materials.

4.10 All non-medical expenses including convenience items for personal comfort such as charges For telephone, television, barber or beauty services, died-t charges, baby food, cosmetics, Tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.

4.11 Attempted suicide, critical illness before the commencement of the policy, war, invasion, nuclear radiation are not covered.

5. CONDITIONS:

5.1 Contract: the proposal form, declaration, and the policy issued shall constitute the complete contract of insurance.

5.2 Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated to the office of the Bank, dealing with Medical Claims, and/or the THIRD PARTY ADMINISTRATOR office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.

5.3 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 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 precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.

5.4 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 the Bank or Regional Office or THIRD PARTY ADMINISTRATOR named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalisation/Domiciliary Hospitalisation .

5.5 All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or THIRD PARTY ADMINISTRATOR within 30 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 90 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 days after completion of such treatment.

Note: Waiver of these Conditions 5.4 and 5.5 may be considered in extreme cases of hardship where it is proved to the satisfaction of the Bank that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or deliberate or file claim within the prescribed time-limit. The same would be waived by the TPA without reference to the Insurance Company.

(a) The Insured Person shall obtain and furnish to the office of the Bank dealing with the claims / THIRD PARTY ADMINISTRATOR with all original bills, receipts and other documents upon which a claim is based and shall also give such additional information and assistance as the Bank through the THIRD PARTY ADMINISTRATOR/ Insurance Company may require in dealing with the claim.

(b) Any medical practitioner authorised by the Bank / Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalisation, if so required.

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

5.7 DISCLOSURE TO INFORMATION NORM
The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.

5.8 Claims will be managed through the same Office of the Bank from where it is managed at present. The Insurance Companies third party administrator will be setting up a help desk at that office and supporting the bank in clearing all the claims on real time basis.

5.9 In case of rejection of claims it would go through a Committee set up of the Bank, Third Party Administrator and Insurance Company. Unless rejected by the committee in real time the claim should not be rejected.

5.10 There would be a continuity of this Scheme / benefits to the Retiring Officers / Staffs and their family and also to the Retired Officers / Staffs and their family.

5.11 The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. If the insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not be refused, unless the Company has reasonable justification to do so.

5.12 ENHANCEMENT OF SUM INSURED

Change in sum insured after commencement of policy to be considered in case of promotion of the employee or vice versa.

5.13 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 the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

5.14 Admissible claims shall be payable in Indian currency. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.

6 IRDA REGULATIONS:

This Policy shall be subject to IRDA (Health Insurance) Regulations 2013 and IRDA Protection of Policyholders' Interest) Regulations 2002 as amended from time to time.

7 CLAIM SETTLEMENT:

1. On receipt of the final document(s), the company shall within a period of 24 (Twenty Four) days offer a settlement of the claim to the insured person.

2. In the cases of delay in the payment, the Insurance company shall pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate that is 2% (two percent) above the bank rate prevalent at the beginning of the financial year in which the claim is paid.

3. However, where the circumstances of a claim warrant an investigation in the opinion of the insurance company, it 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, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.

4. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which

the claim is paid, from the date of receipt of last necessary document to the date of payment of claim.

5. The payment of the amount due shall be made by the company, upon acceptance of an offer of settlement as stated above by the insured person, within 7 (seven) days from the date of acceptance of the offer.

List of Treatments (OPD & Domiciliary)	
Sl. No.	**Treatments**
1	Cancer
2	Leukemia
3	Thalassemia
4	Tuberculosis
5	Paralysis
6	Cardiac Ailments
7	Pleurisy
8	Leprosy
9	Kidney Ailment
10	All Seizure disorders
11	Parkinson's diseases
12	Psychiatric disorder including schizophrenia and psychotherapy
13	Diabetes and its complications
14	Hypertension
15	Asthma
16	Hepatitis –B
17	Hepatitis – C
18	Hemophilia
19	Myasthenia gravis
20	Wilson's disease
21	Ulcerative Colitis
22	Epidermolysisbullosa
23	Venous Thrombosis(not caused by smoking) Aplastic Anemia
24	Psoriasis
25	Third Degree burns
26	Arthritis
27	Hypothyroidism
28	Expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia
29	Glaucoma
30	Tumor
31	Diphtheria
32	Malaria
33	Non-Alcoholic Cirrhosis of Liver
34	Purpura
35	Typhoid
36	Accidents of Serious Nature
37	Cerebral Palsy
38	Polio
39	All Strokes Leading to Paralysis
40	Hemorrhages caused by accidents
41	All animal/reptile/insect bite or sting
42	Chronic pancreatitis
43	Immuno suppressants
44	Multiple sclerosis / motor neuron disease

45	Status asthmatics
46	Sequalea of meningitis
47	Osteoporosis
48	Muscular dystrophies
49	Sleep apnea syndrome(not related to obesity)
50	Any organ related (chronic) condition
51	Sickle cell disease
52	Systemic lupus erythematous (SLE)
53	Any connective tissue disorder
54	Varicose veins
55	Thrombo embolism venous thrombosis/venous thrombo embolism (VTE)]
56	Growth disorders
57	Graves' disease
58	Chronic Pulmonary Disease
59	Chronic Bronchitis
60	Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.
61	Type 1 diabetes
62	Rheumatoid Arthritis
63	Psoriasis/Psoriatic Arthritis
64	System Lupus Erythematous
65	Inflamatory Bowel Disease
66	Additions Diseases
67	Sjogren's Diseases
68	Hashimoyos Thyroiditis
69	Auto immune vacuities
70	Pernicious Anemia
71	Celiac disease
72	Auto immune myositis

Day care procedures	
ENT: Operation of the ear	
1	Stapedotomy or Stapedectomy
2	Myringoplasty (Type -I Tympanoplasty)
3	Tympanoplasty (closure of an eardrum perforation)
4	Reconstruction and other Procedures of the auditory ossicles
5	Myringotomy
6	Removal of a tympanic drain
7	Mastoidectomy
8	Reconstruction of the middle ear
9	Fenestration of the inner ear
10	Incision (opening) and destruction (elimination) of the inner ear
ENT: Procedures on the nose & the nasal sinuses	
11	Excision and destruction of diseased tissue of the nose
12	Procedures on the turbinates (nasal concha)
13	Nasal sinus aspiration
ENT: Procedures on the tonsils & adenoids	
14	Transoral incision and drainage of a pharyngeal abscess
15	Tonsillectomy and / or adenoidectomy
16	Excision and destruction of a lingual tonsil
17	Quinsy drainage
OPTHALMOLOGY: Procedures on the eyes	
18	Incision of tear glands
19	Excision and destruction of diseased tissue of the eyelid

20	Procedures on the canthus and epicanthus
21	Corrective surgery for entropion and ectropion
22	Corrective surgery for blepharoptosis
23	Removal of a foreign body from the conjunctiva
24	Removal of a foreign body from the cornea
25	Incision of the cornea
26	Procedures for pterygium
27	Removal of a foreign body from the lens of the eye
28	Removal of a foreign body from the posterior chamber of the eye
29	Removal of a foreign body from the orbit and eyeball
30	Operation of cataract
31	Chalazion removal
32	Glaucoma Surgery
33	Surgery of Retinal Detachment
Procedures on the skin & subcutaneous tissues	
34	Incision of a pilonidal sinus
35	Other incisions of the skin and subcutaneous tissues
36	Surgical wound toilet (wound debridement)
37	Local excision or destruction of diseased tissue of the skin and subcutanous tissues
38	Simple restoration of surface continuity of the skin and subcutanous tissues
39	Free skin transplantation, donor site
40	Free skin transplantation, recipient site
41	Revision of skin plasty
42	Restoration and reconstruction of the skin and subcutaneous tissues
43	Chemosurgery to the skin
44	Excision of Granuloma 17
45	Incision and drainage of abscess
Procedures on the tongue	
46	Incision, excision and destruction of diseased tissue of the tongue
47	Partial glossectomy
48	Glossectomy
49	Reconstruction of the tongue
Procedures on the salivary glands & salivary ducts	
50	Incision and lancing of a salivary gland and a salivary duct
51	Excision of diseased tissue of a salivary gland and a salivary duct
52	Resection of a salivary gland
53	Reconstruction of a salivary gland and a salivary duct
Procedures on the & face	
54	External incision and drainage in the region of the teeth, jaw and face
55	Incision of the hard and soft palate
56	Excision and destruction of diseased hard and soft palate
57	Incision, excision and destruction in the teeth
58	Plastic surgery to the floor of the teeth
59	Palatoplasty
Trauma surgery and orthopedics	
60	Incision on bone, septic and aseptic
61	Closed reduction on fracture, luxation or epiphysiolysis with osteosynthesis
62	Suture and other Procedures on tendons and tendon sheath
63	Reduction of dislocation under GA
64	Arthroscopic knee aspiration
65	Aspiration of hematoma
66	Excision of dupuytren's contracture

67	Carpal tunnel decompression
68	Surgery for ligament tear
69	Surgery for meniscus tear
70	Surgery for hemarthrosis /pyoarthrosis
71	Removal of fracture pins/nails
72	Removal of metal wire
73	Joint Aspiration - Diagnostic / therapeutic
Procedures on the breast	
74	Incision of the breast
75	Procedures on the nipple
76	Excision of breast lump /Fibro adenoma
Procedures on the digestive tract	
77	Incision and excision of tissue in the perianal region
78	Surgical treatment of anal fistulas
79	Surgical treatment of haemorrhoids
80	Division of the anal sphincter (sphincterotomy)
81	Ultrasound guided aspirations
82	Sclerotherapy
83	Therapeutic Ascetic Tapping
84	Endoscopic ligation /banding
85	Dilatation of digestive tract strictures
86	Endoscopic ultrasonography and biopsy
87	Replacement of Gastrostomy tube
88	Endoscopic decompression of colon
89	Therapeutic ERCP 18
90	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
91	Endoscopic Gastrostomy
92	Laparoscopic procedures e.g. cholecystectomy, appendicectomy etc.
93	Endoscopic Drainage of Pseudo pancreatic cyst
94	Hernia Repair (Herniotomy / herniorrhaphy / hernioplasty)
Procedures on the female sexual organs	
95	Incision of the ovary
96	Insufflation of the Fallopian tubes
97	Dilatation of the cervical canal
98	Conization of the uterine cervix
99	Incision of the uterus (hysterotomy)
100	Therapeutic curettage
101	Culdotomy
102	Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
103	Procedures on Bartholin's glands (cyst)
104	Endoscopic polypectomy
105	Myomectomy , hysteroscopic or laparoscopic biopsy or removal
Procedures on the prostate & seminal vesicles	
106	Incision of the prostate
107	Transurethral excision and destruction of prostate tissue
108	Open surgical excision and destruction of prostate tissue
109	Radical prostatovesiculectomy
110	Incision and excision of periprostatic tissue
Procedures on the scrotum & tunica vaginalis testis	
111	Incision of the scrotum and tunica vaginalis testis
112	Operation on a testicular Hydrocele
113	Excision and destruction of diseased scrotal tissue
114	Plastic reconstruction of the scrotum and tunica vaginalis testis

Procedures on the testes	
115	Incision of the testes
116	Excision and destruction of diseased tissue of the testes
117	Orchidectomy- Unilateral / Bilateral
118	Orchidopexy
119	Abdominal exploration in cryptorchidism
120	Surgical repositioning of an abdominal testis
121	Reconstruction of the testis
122	Implantation, exchange and removal of a testicular prosthesis
Procedures on the spermatic cord, epididymis and Ductus Deferans	
123	Surgical treatment of a varicocele and hydrocele of spermatic cord
124	Excision in the area of the epididymis
125	Epididymectomy
126	Reconstruction of the spermatic cord
127	Reconstruction of the ductus deferens and epididymis
Procedures on the penis	
128	Procedures on the foreskin
129	Local excision and destruction of diseased tissue of the penis
130	Amputation of the penis
131	Plastic reconstruction of the penis
Procedures on the urinary system	
132	Cystoscopical removal of stones
133	Lithotripsy 19
134	Haemodialysis
135	PCNS (Percutaneous nephrostomy)
136	PCNL (Percutanous Nephro-Lithotomy)
137	Tran urethral resection of bladder tumor
138	Suprapubiccytostomy
Procedures of Respiratory System	
139	Brochoscopic treatment of bleeding lesion
140	Brochoscopic treatment of fistula /stenting
141	Bronchoalveolar lavage & biopsy
142	Direct Laryngoscopy with biopsy
143	Therapeutic Pleural Tapping
Procedures of Heart and Blood vessels	
144	Coronary angiography (CAG)
145	Coronary Angioplasty (PTCA)
146	Insertion of filter in inferior vena cava
147	TIPS procedure for portal hypertension
148	Blood transfusion for recipient
149	Therapeutic Phlebotomy
150	Pericardiocentesis
151	Insertion of gel foam in artery or vein
152	Carotid angioplasty
153	Renal angioplasty
154	Varicose vein stripping or ligation
Other Procedures	
155	Radiotherapy for Cancer
156	Cancer Chemotherapy
157	True cut Biopsy
158	Endoscopic Foreign Body Removal
159	Vaccination / Inoculation - Post Dog bite or Snake bite
160	Endoscopic placement/removal of stents
161	Tumorembolisation
162	Aspiration of an internal abscess under ultrasound guidance

ANNEXURE: IV

CRITICAL ILLNESS COVERAGES

CRITICAL ILLNESS COVER: (BENEFIT)

For the purpose of this section "Critical illness cover" means any illness, medical event or surgical procedure as specifically defined whose signs or symptoms first commence since the commencement of the policy year. The benefits under this cover (as set out below) will be over and above the base sum insured. The cover is applicable provided that the critical illness, which the insured person is suffering from, occurs or first manifests itself during the policy year as a first incidence.

Critical Illness is to be provided to the employee subject to a sum insured of Rs. 1,00,000/- . Cover starts on inception of the policy. In case an employee contracts a Critical Illness as listed below, the total sum insured of Rs.1,00,000/- is paid, as a benefit. This benefit is provided on first detection/diagnosis of the Critical Illness.

- Cancer including Leukemia
- Stroke
- Paralysis
- By Pass Surgery
- Major Organ Transplant
- End Stage Liver Disease
- Heart Attack
- Kidney Failure
- Heart Valve Replacement Surgery

Hospitalization shall not be required to claim this benefit. Further the Employee can claim the cost of hospitalization on the same from the Group Medi claim Policy as cashless / reimbursement of expenses for the treatment taken by him.

Under this policy there would be no waiting period for the payment of the claim on the inception of the policy, nor any survival period for the payment of the claim on the individual contracting any of the above mentioned Critical Illness.

ANNEXURE: V : PRICE BID

PRICE BID FOR FAMILY FLOATER GROUP MEDICLAIM INSURANCE FOR OFFICERS / EMPLOYEES OF KARNATAKA GRAMEENA BANK

Ref No.: RFQ No. HRM/PK-25/2025-26 **Dated: 11.11.2025**

We hereby declare and submit the financial bid for your GMC Insurance Policy as per your tender dated **11.11.2025**. I/We hereby reconfirm and declare that I/ We have carefully read and understood all the terms and conditions of the tender as per Annexure-I and its accompanying wording Annexure-II and accompanied Annexure - III, IV , VI & VII and agree to all of them in totality including issued corrigendum if any. We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

(Amount in ₹)

Sum Insured	Net Premium Quoted per Family	GST	Gross Premium Quoted
Option 1: Rs. 3.00 Lakhs (For Employees)			
Option 2: Rs. 4.00 Lakhs (For Officers)			
Total			

We hereby agree that the premium quoted here in has been quoted by taking in to considerations of all terms and conditions of the RFQ and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put to any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shell be the sole responsibility of ours.

1) In case there is any discrepancy between figures and words, that bid will be rejected.

2) The L-1, L-2 and L-3 offer will be evaluated on the basis of the above quoted value

3) Conditional Bids are liable to be rejected.

SIGNATURE OF THE BIDDER

WITH SEAL & DATE

ANNEXURE: VI

PRE CONTRACT INTEGRITY PACT

(This has to be submitted in the non-judicial Stamp Paper of ₹500)

1. GENERAL

1.1. This pre-bid contract Agreement (herein after called the Integrity Pact) is made on ____day of the month_____, 2025, between the Karnataka Grameena Bank, a body corporate constituted under Banking Companies (Acquisition and transfer of undertakings), Act 1970 having its Head office at No.32, Sangankal Road, Ghandhinagar,Ballari-583103,Karnataka. with branches spread over Karnataka (hereinafter referred to as BUYER which expression shall include its successors and assigns) acting through General Manager, HR Wing, HO, Ballari representing Karnataka Grameena Bank, of the BUYER, of the FIRST PART

AND

M/s._____represented by Shri_____Chief Executive Officer/Authorised Signatory (hereinafter called the BIDDER, which expression shall mean and include, unless the context otherwise requires, his successors and permitted assigns), of the SECOND PART

1.2. WHEREAS the BUYER proposes to procure (Group Medical Insurance Cover for Officers/Employees of Karnataka Grameena Bank) /engage the services and the BIDDER is willing to offer/has offered the Policy and

1.3. WHEREAS the BIDDER is a private company/ public company/Government undertaking/ partnership/ LLP/registered service provider, duly constituted in accordance with the relevant law governing its formation/incorporation/constitution and the BUYER is a body corporate constituted under Banking Companies (Acquisition and transfer of undertakings), Act 1970.

1.4. WHEREAS the BIDDER has clearly understood that the signing of this agreement is an essential pre-requisite for participation in the bidding process in respect of Policy proposed to be procured by the BUYER and also understood that this agreement would be effective from the stage of invitation of bids till the complete execution of the agreement and beyond as provided in clause 13 and the breach of this agreement detected or found at any stage of the procurement process shall result into rejection of the bid and cancellation of contract rendering BIDDER liable for any damages and costs incurred by the BUYER.

2. NOW, THEREFORE, the BUYER and the BIDDER agree to enter into this pre-contract integrity agreement, hereinafter referred to as Integrity Pact, which shall form part and parcel of RFQas also the contract agreement if contracted with BIDDER, in the event that the BIDDER turnsout to be successful bidder, and it is intended through this agreement to avoid all forms of corruption by following a system that is fair, transparent and free from any influence/prejudiced dealings prior to, during and subsequent to the Contract to be entered into with a view to:-

2.1. Enabling the BUYER to obtain the desired Policy at a competitive price in conformity with the defined specifications by avoiding the high cost and the distortionary impact of corruption on public procurement, and

2.2. Enabling BIDDER to refrain from bribing or indulging in any corrupt practices in order to secure the contract, by providing assurance to them that the BUYER shall not be influenced in any way by the bribery or corrupt practices emanating from or resorted to by their competitors and that all procurements shall be free from any blemish or

stain of corruption and the BUYER stays committed to prevent corruption, in any form, by its officials by following transparent procedures.

2.3. In case, the BIDDER entity gets merged or amalgamated with some other entity, then thenew entity must oblige to provide the same level of services to the insured.

The parties hereto hereby agree to enter into this integrity Pact and agree as follows:

3. COMMITMENTS OF THE BUYER

The BUYER commits itself to the following: -

3.1. The BUYER represents that all officials of the BUYER, connected whether directly or indirectly with the procurement process are duty bound by rules and regulations governing their service terms and conditions not to demand, take promise for or accept, directly or through intermediaries, any bribe, consideration, gift, reward, favour or any material or immaterial benefit or any other advantage from the BIDDER either for themselves or for any person, organization or third party related to the contract in exchange for an advantage in the bidding process, bid evaluation, contracting or implementation process related to the contract.

3.2. The BUYER will, during the pre-contract stage, treat all BIDDERS alike, and will provide to all BIDDERS the same information and will not provide any such information to any particular BIDDER which could afford an advantage to that particular BIDDER in comparison to the other BIDDERS.

3.3. The BUYER shall report to the appropriate Government Regulators/Authorities any attempted or completed breaches of the above commitments as well as any substantial suspicion of such a breach, as and when the same is considered necessary to comply with the law in force in this regard.

In case any such preceding misconduct on the part of such official(s) is reported by the BIDDER tothe BUYER with the full and verifiable facts and the same is prima facie found to be correct by the BUYER, necessary disciplinary proceedings, or any other action as deemed fit, including criminal proceedings may be initiated by the BUYER and such a person shall Be debarred from further dealings related to the contract process. In such a case, while an enquiry is being conducted by the BUYER, the proceedings under the contract would not be stalled.

4. COMMITMENTS OF BIDDER

The BIDDER commits itself to take all measures necessary to prevent corrupt practices, unfair means and illegal activities during any stage of its bid or during any pre-contract or post- contract stage in order to secure the contract or in furtherance to secure it and in particular commit itself to the following:-

4.1. The BIDDER will not offer, directly or through intermediaries, any bribe, gift, consideration, reward, favour, any material or immaterial benefit or other advantage, commission, fees, brokerage or inducement to any official of the BUYER, connected directly or indirectly with the biding process, or to any person, organization or third party related to the contract in exchange for any advantage in the bidding, evaluation, contracting and implementation of the contract.

4.2. The BIDDER further undertakes that it has not given, offered or promised to give, directly or indirectly any bribe, gift, consideration, reward, favour, any material or

immaterial benefit or other advantage, commission, fees, brokerage, or inducement to any official of the BUYER or otherwise for procuring the Contract or for forbearing to do or for having done any act in relation to the obtaining or execution of the contract or any other contract with the BUYER or for showing or forbearing to show favour or disfavour to any person in relation to the contract or any other contract with the BUYER.

4.3. The BIDDER further confirms and declares to the BUYER that the BIDDER is the original Authorized IRDAI Policy Provider and has not engaged any individual or firm or company whether Indian or foreign to intercede, facilitate or in any way to recommend to the BUYER or any of its functionaries, whether officially or unofficially to the award of the contract tothe BIDDER, nor has any amount been paid, promised or intended to be paid to any such individual, firm or company in respect of any such intercession, facilitation or recommendation.

4.4. The BIDDER either while presenting the bid or during pre-contract negotiations or before signing the contract, shall disclose any payment he has made, is committed to or intends to make to officials of the BUYER or their family members, agents, brokers or any other intermediaries in connection with the contract and the details of services agreed upon for such payments.

4.5. The BIDDER will not collude with other parties interested in the contract to impair the transparency, fairness and progress of the bidding process, bid evaluation, contracting and implementation of the contract.

4.6. The BIDDER will not accept any advantage in exchange for any corrupt practice, unfair means and illegal activities emanating from other competitors or from anyone else.

4.7. The BIDDER shall not use improperly, for purpose of competition or personal gain, or pass on to others, any information provided by the BUYER as part of the business relationship, regarding plans, technical proposal and business details, including information contained in any electronic data carrier. The BIDDER also undertakes to exercise due and adequate care lest any such information is divulged.

4.8. The BIDDER commits to refrain from giving any complaint directly or through any other manner without supporting it with full and verifiable facts.

4.9. The BIDDER shall not instigate or cause to instigate any third person to commit any of the acts mentioned above.

5. PREVIOUS TRANSGRESSION

5.1. The BIDDER declares that no previous transgression occurred in the last three years immediately before signing of this Integrity Pact with any other company in any country in respect of any corrupt practices envisaged hereunder or with any Public Sector Bank, Public Sector Enterprise/Undertaking in India or any Government Department in India that could justify BIDDER's exclusion from the tender process.

5.2. If the BIDDER makes incorrect statement on this subject, BIDDER can be disqualified fromthe tender/bid process or the contract, if already awarded, can be terminated for such reason.

6. SANCTIONS FOR VIOLATIONS

6.1. Any breach of the provisions herein contained by the BIDDER or any one employed by it or acting on its behalf (whether with or without the knowledge of the BIDDER shall entitle the BUYER to take all or any one of the following actions, wherever required:-

i. To immediately call off the pre contract negotiations without assigning any reason or giving any compensation to the BIDDER. However, the proceedings with the other BIDDER (s)would continue.
ii. To cancel all or any other contracts with the BIDDER and the BIDDER shall be liable to pay compensation for any loss or damage to the BUYER resulting from such cancellation/rescission and the BUYER shall be entitled to deduct the amount so payable from the money(s) due to the BIDDER.
iii. To debar the BIDDER from participating in future bidding processes of the BUYER fora minimum period of five years, which may be further extended at the discretion of the BUYER.
iv. To recover all sums paid in violation of this Pact by BIDDER to any middlemen or agent or broker with a view to securing the contract.
v. Forfeiture of The Performance Bond in case of a decision by the BUYER to forfeit the same without assigning any reason for imposing sanction for violation of this Pact.
vi. The BIDDER shall not lend to or borrow any money from or enter into any monetary dealings or transactions, directly or indirectly, with any employee of the BUYER, and if he does so, the BUYER shall be entitled forthwith to rescind the contract and all other contracts with the BIDDER. The BIDDER shall be liable to pay compensation for any loss or damage to the BUYER resulting from such rescission and the BUYER shall be entitled to deduct the amount so payable from the money(s) due to the BIDDER.

6.2. The BUYER will be entitled to take all or any of the actions mentioned at para 6.1 (i) to (vi) of this Pact, also in the event of commission by the BIDDER or anyone employed by it or acting on its behalf (whether with or without the knowledge of the BIDDER), of an offence as defined in Chapter IX of the Indian Penal Code, 1860 or Prevention of Corruption Act, 1988or any other statute enacted for prevention of corruption.

6.3. The decision of the BUYER to the effect that a breach of the provisions of this pact has been committed by the BIDDER shall be final and conclusive on the BIDDER. However, the BIDDER can approach the Independent External Monitor(s) appointed for the purposes of this Pact.

7. FALL CLAUSE

7.1. The BIDDER undertakes that it has not supplied/is not supplying similar policy/s at a price lower than that offered in the present bid to any other Bank or PSU or Government Department or to any other organization/entity whether or not constituted under any lawand if it is found at any stage that similar policy/s was supplied by the BIDDER to any other Bank or PSU or Government Department or to any other organization/entity whether or not constituted under any law, at a lower price, then that very price, with due allowance for elapsed time, will be applicable to the present case and the difference in the cost would be refunded by the BIDDER to the BUYER, if the contract has already been concluded.

8. INDEPENDENT EXTERNAL MONITORS

8.1. The BUYER has appointed two Independent External Monitors (hereinafter referred to as Monitors) for this Pact in accordance with the recommendations and guidelines issued by Central Vigilance Commission.

8.2. The task of the Monitors shall be to review independently and objectively, whether and to what extent the parties comply with the obligations under this Pact.

8.3. The Monitors shall not be subject to instructions by the representatives of the parties and perform their functions neutrally and independently.

8.4. Both the parties accept that the Monitors have the right to access all the documents relating to the project/procurement, including minutes of meetings. The Monitors shall on receipt of any complaint arising out of tendering process jointly examine such complaint, look into the records while conducting the investigation and submit their joint recommendations and views to the Management and Chief Executive of the BUYER. The MONITORS may also send their report directly to the CVO and the commission, in case of suspicion of serious irregularities.

8.5. As soon as any event or incident of violation of this Pact is noticed by the Monitors, or Monitors have reason to believe, a violation of this Pact, they will so inform the Managementof the BUYER.

8.6. The BIDDER(s) accepts that the Monitors have the right to access without restriction to all Procurement documentation of the BUYER including that provided by the BIDDER. The BIDDER will also grant the Monitors, upon their request and demonstration of a valid interest, unrestricted and unconditional access to his documentation pertaining to the procurement for which the RFQ/Tenders/Bid is being /has been submitted by BIDDER. The Monitors shall be under contractual obligation to treat theinformation and documents of the BIDDER with confidentiality.

8.7. The BUYER will provide to the Monitors sufficient information about all meetings among the parties related to the procurement provided such meetings could have an Impact on the contractual relations between the parties. The parties may offer to the Monitors the option to participate in such meetings.

8.8. The Monitors will submit a written report to the BUYER at the earliest from the date of reference or intimation to him by the BUYER/BIDDER and submit proposals for correcting problematic situations.

9. FACILITATION OF INVESTIGATION

In case of any allegation of violation of any provisions of this Pact or payment of commission, the BUYER or its agencies shall be entitled to examine all the documents including the Books of Accounts of the BIDDER and the BIDDER shall provide necessary information of the relevant documents and shall extend all possible help for the purpose of such examination, LAW AND PLACE OF JURISDICTION

This Pact is subject to Indian Law and the place of jurisdiction is Bengaluru.

10. OTHER LEGAL ACTIONS

The actions stipulated in this Integrity Pact are without prejudice to any other legal action that may follow in accordance with the provisions of the any other law in force relating to any civil or criminal proceedings.

11. VALIDITY

11.1. The validity of this Integrity Pact shall be from the date of its signing and extend up to 5 years or such longer period as mentioned in RFQ/Tender/Contract or the complete execution of the contract to the satisfaction of the BUYER whichever is later. In case BIDDER isunsuccessful, this Integrity Pact shall expire after six months from the date of the signingof the contract.

11.2. If one or several provisions of this Pact turn out to be invalid; the remainder of this Pact shall remain valid. In such case, the parties will strive to come to an agreement to their original intentions.

12. The parties hereby sign this Integrity Pact at _____ on _____

BUYER	BIDDER
Name of the Officer	CEO/Authorized Signatory
Designation	
Name of Wing	
Karnataka Grameena Bank	
Witness	Witness
1)	1)
2)	2)

ANNEXURE: VII

AUDITOR'S CERTIFICATE BEARING UDIN TO BE SUBMITTED ALONG WITH TECHNICAL BID

Certified that the following details with respect to _____ (Insurance Company) have been verified to my satisfaction from the records of the said insurance company and are duly audited by me and are found correct.

Parameters	Financial Year		
	2022-23	2023-24	2024-25
Total premium collection (Medical Insurance)			
Number of Family Floater Group Mediclaim policies handled covering more than 4000 families.			
Solvency Ratio			
Net worth (in Crores)			
Claim settlement Ratio (No of claims)			
Claim Settlement Ratio (Benefit Amount)			

We also certify that:

- The said insurance company has valid IRDA license for procuring Health Insurance business in India.
- The said Insurance Company has a track record of Minimum 05 years of operation in Health Insurance in India as on 31.03.2025.

Signature of Authorized Signatory	
Name:	
Designation:	
Seal of the Auditor:	

Date:

Place: